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| Schedule 2 – Application for variation or transfer of certificate of approval in principle to operate a non-emergency patient transport service |
| Non-Emergency Patient Transport – Licencing |
| OFFICIAL |

Non-Emergency Patient Transport Amendment Regulations 2021 – Regulation 24(1)

## Section A – Applicant details

|  |  |
| --- | --- |
| **Full name of applicant (person)** |  |
| **Full postal address of applicant**  **\****cannot be a P.O. Box* |  |
| **If the proposed transferee is a body corporate (e.g., company, charity, incorporated association):**  the name and street address of each director or officer of the body corporate who may exercise control over the NEPT (AIP) service: | |
| **Name** | **Address** *\*cannot be a P.O. Box* |
|  |  |
|  |  |
|  |  |
|  |  |

Contact person for the purposes of the application

|  |  |
| --- | --- |
| **Name** |  |
| **Mobile** |  |
| **Telephone** |  |
| **Email** |  |

## Section B – Variation or transfer details

|  |  |  |
| --- | --- | --- |
| Name (or proposed name) of the NEPT service |  | |
| **Application type** | Variation of the certificate of approval in principle or any conditions to which it is subject | Transfer of the certificate of approval in principle to another person |

### Proposed variation details

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide the reason for the proposed variation**  *Variation of the certificate of AIP*  *or*  *Any conditions to which it is subject* | \*or N/A for transfer only | | |
| **This application for an AIP for a NEPT service intending to undertake**  *\*select all that apply* | transport of low acuity patients | transport of medium acuity patients | transport of high acuity patients |

### \_ \_ \_

### Proposed transfer details

#### Transferor (*transferring from*)

|  |  |
| --- | --- |
| Name |  |
| Mobile |  |
| Postal address *\*cannot be a PO Box* |  |
| Telephone |  |
| Email |  |

#### Transferee (*transferring to*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | |  | | | |
| Mobile | |  | | | |
| Postal address *\*cannot be a PO Box* | |  | | | |
| Telephone | |  | | | |
| Email | |  | | | |
| **The name or proposed name of the NEPT (AIP) service and its street address**  **(transferee)** | Name of NEPT service AIP certificate holder (proprietor of licence) | |  | | |
| Name of NEPT service  \**if different from above*  *NB: must be a registered business name* | |  | | |
| ABN | |  | | |
| Entity Type  Note -   * *Entity “Holder Type” must match ASIC extract* * *The licence holder cannot be* *a trust* | | Individual  Partnership  Company  Charity or Not-for-profit   * ACNC number   Incorporated Association   * Registration number   Other ­­­­­­­­­­­ | | |
| Street address  *\*cannot be a P.O. Box* | |  | | |
| Suburb | |  | | |
| State | |  | Postcode |  |
| Municipal district in which the service is, or is to be, located | |  | | |

### Vehicles and aircraft

|  |  |  |
| --- | --- | --- |
| The number and type of stretcher vehicles (even if no changes are proposed)  *\*licenced for stretcher vehicles only* | ***Type of vehicle*** | ***Number of stretcher vehicles*** |
| Double stretcher vehicle |  |
| Single stretcher vehicle |  |
| Other stretcher vehicle (e.g., High acuity transport vehicle / CPAV) |  |
| **Total stretcher vehicles** |  |

|  |  |  |
| --- | --- | --- |
| The number and type of vehicles (other) and aircraft (even if no changes are proposed) | ***Type of vehicle*** | ***Number of vehicles*** |
| Sedan, hatchback or station wagon vehicle |  |
| Wheelchair vehicle |  |
| Fixed wing aircraft |  |
| Rotary wing aircraft |  |

### Authorisation

|  |  |
| --- | --- |
| Name of proposed transferee | or N/A for variation only |
| Signature of proposed transferee | or N/A for variation only |
| Date | or N/A for variation only |
|  |  |
| Name of licensee  (transferer or for variation) |  |
| Signature of licensee  (transferer or for variation) |  |
| Date |  |

* Email completed applications to: Attention Manager, [NEPTFirstAidRegulation@health.vic.gov.au](mailto:NEPTFirstAidRegulation@health.vic.gov.au)
* Following receipt and review of an application an invoice will be issued.

NB: The application will be processed once payment is received*.*

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