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| Schedule 2 – Application for variation or transfer of certificate of approval in principle to operate a first aid service |
| First Aid Service - Licencing |
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Non-Emergency Patient Transport and First Aid Services (First Aid Services) Regulations 2021 - Regulation 18(1)

# Section A – Applicant details

The applicant is the person who is seeking to transfer the certificate, or to vary the certificate.

|  |  |
| --- | --- |
| 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 First Aid Service (AIP): |
| **Name**  | **Address** |
|       |            |
|       |            |
|       |            |
|       |            |

### Contact person for the purposes of the application

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

# Section B – Variation or transfer details

|  |  |
| --- | --- |
| Name (or proposed name) of the First Aid Service (AIP) |       |
| **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 |
| The class of First Aid Service certificate (AIP) to be transferred | [ ]  basic first aid service | [ ]  intermediate first aid service | [ ]  advanced first aid service |

### \_ \_ \_

### Proposed transfer details

#### Transferor (*transferring from*)

|  |  |
| --- | --- |
| Name  |       |
| Mobile  |       |
| Postal address  |       |
| Telephone  |       |
| Email  |       |

#### Transferee (*transferring to*)

|  |  |
| --- | --- |
| Name  |       |
| Mobile  |       |
| Postal address  |       |
| Telephone  |       |
| Email  |       |

|  |  |  |
| --- | --- | --- |
| **The name or proposed name of the First Aid Service (AIP) and its street address****(transferee)** | Name of First Aid Service AIP certificate holder (proprietor of certificate)  |       |
| Name of First Aid 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 |       |

### 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(transferor or for variation) |       |
| Signature of licensee (transferor or for variation) |       |
| Date  |       |

* Email completed applications to: Attention Manager, 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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