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| Schedule 4A – Application for transfer of licence to operate a non-emergency patient transport service  |
| Non-Emergency Patient Transport – Licencing  |
| OFFICIAL |

Non-Emergency Patient Transport Amendment Regulations 2021 - Regulation 27A(1)

## Section A – Applicant details

|  |  |
| --- | --- |
| Full name of applicant (person) |       |
| Full postal address of applicant\**cannot be a PO 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 service: |
| **Name**  | **Address** |
|       |            |
|       |            |
|       |            |
|       |            |

### Contact person for the purposes of the application:

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

## Section B – Transfer details

|  |  |
| --- | --- |
| **Summary of the proposed transfer** |       |

### Proposed transfer details

#### Transferor (*transferring from*)

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

#### Transferee (*transferring to*)

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

|  |  |  |
| --- | --- | --- |
| **The name or proposed name of the NEPT service and its street address****(transferee)** | Name of NEPT service licence 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 |       |

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### The number and type of vehicles

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of vehicle***\*licenced for stretcher vehicles only* | **Number of vehicles**  | **Number of vehicles** **\*(if an existing NEPT licence holder)** | ***Updated total***  |
| ***Transferor***  | ***Transferee******To whom the licence is to be transferred*** |
| ***Stretcher vehicles*** |  |  |  |
| Double stretcher vehicle |       |       |       |
| Single stretcher vehicle |       |       |       |
| Other stretcher vehicle (e.g., High acuity transport vehicle / CPAV) |       |       |       |
| **Total stretcher vehicles** |       |
| ***Other vehicles*** |  |  |  |
| Sedan, hatchback or station wagon vehicle |       |       |       |
| Wheelchair vehicle |       |       |       |
| Fixed wing aircraft |       |       |       |
| Rotary wing aircraft  |       |       |       |

### Authorisation

|  |  |
| --- | --- |
| Name of transferor  |  |
| Signature of transferor |  |
| Date  |  |
|  |  |
| Name of transferee  |  |
| Signature of transferee  |  |
| 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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