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| Schedule 5 – Application for variation of a non-emergency patient transport service licence |
| Non-Emergency Patient Transport – Licencing  |
| OFFICIAL |

Non-Emergency Patient Transport Amendment Regulations 2021 - Regulation 28(1)

## Section A – Applicant details

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| Full name of applicant (person) |       |
| Full postal address of applicant*\*cannot be a P.O. Box* |       |

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

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

## Section B – Variation details

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| The nature of the variation sought | [ ]  Variation of licence  |
| [ ]  Variation of condition to which the licence is subject |

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| Details of the variation sought, including the proposed acuity level if relevant* If you are seeking a variation to a higher class of NEPT service licence (e.g., from medium to high acuity), you will be required to supply supporting evidence of your organisation’s capacity to provide this level of service.
 |       |

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| The number and type of vehicles (even if no changes are proposed)\**licenced for stretcher vehicles and aircraft only* | ***Type of vehicle*** | ***Number of vehicles*** |
| Current | Variation0 or + / - | **Total** |
| ***Stretcher vehicles*** |  |  |  |
| Double stretcher vehicle |       |       |       |
| Single stretcher vehicle |       |       |       |
| Other stretcher vehicle (e.g., High acuity transport vehicle / CPAV) |       |       |       |
| **Total stretcher vehicles** |       |
| ***Other*** |  |  |  |
| Sedan, hatchback or station wagon vehicle |       |       |       |
| Wheelchair vehicle |       |       |       |
| Fixed wing aircraft |       |       |       |
| Rotary wing aircraft  |       |       |       |
| If regulation 52A(1) (*change to vehicle category code*) applies to the variation, attach | [ ]  a copy of the vehicle assessment signatory scheme approval certificate; or  |
| [ ]  a photograph of the second stage of manufacture compliance plate |

### Authorisation

|  |  |
| --- | --- |
| Signature of applicant |       |
| Name of applicant |       |
| 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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