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| Checklist for an application for a First Aid Service Approval in Principle (AIP) Certificate |
| First Aid Service – Approval in Principle (AIP) {licence class} |
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Please complete the checklist and return it with your application to [NEPTFirstAidRegulation@health.vic.gov.au](mailto:NEPTFirstAidRegulation@health.vic.gov.au)

Incomplete applications may be returned to the applicant.

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| **Instructions:**   * Complete each field marked with the following text field * Complete the ‘attached’ column with either ‘Y’ or ‘N’ * Complete the ‘Document’ column with the exact document title and version number. Ensure version control has been updated for any amended documents (add rows as needed if attaching multiple documents) * Complete the ‘Document Status’ column with either: new/ updated/ no change   For additional information refer to the *Guideline for an application for an Approval in Principle for a First Aid Service Licence*  Email checklist and supporting documents to: Attention Team Leader, [NEPTFirstAidRegulation@health.vic.gov.au](mailto:NEPTFirstAidRegulation@health.vic.gov.au) |

## Contact person for the purposes of the application

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| **Full name of applicant** (person) |  |
| **Mobile number** |  |
| **Email** |  |
| **Name of First Aid Services licence holder**  (proprietor of licence) |  |
| **Name of First Aid Service**  *\*if different from above*  *NB: if using a business name, must be registered* |  |
| **Address of First Aid Service** |  |

## Checklist

| No. | Topic | Attached (Y/N) | Document/s (incl. version) | Document Status (New / updated / no change) | Comments |
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| 1 | Schedule 1 – Application for Approval in Principle of a First Aid Service Licence | Choose an item. |  | Choose an item. |  |
|  | Payment of prescribed fee as per invoice issued from Department of Health | Choose an item. |  | Choose an item. |  |
| Compliance officer meeting held | Choose an item. |  | Choose an item. |  |
| 2 | Please provide the appropriate information required for your kind of entity (A., B. or C.) | | | | |
| a | A. Natural person (individual or partnership) | | | | |
|  | Name, address, contact phone, email. | Choose an item. |  | Choose an item. |  |
| a | B. Company | | | | |
|  | * Registered company office details * Australian Securities and Investments Commission (ASIC) Full Company Extract obtained in the last 30 days * List of directors, board members or controlling officers form (attach the completed form) * If subsidiary company, a company structure chart that shows the relationship between entities. | Choose an item. |  | Choose an item. |  |
| a | C. Incorporated Association or other body corporate | | | | |
|  | * Registered office of the incorporated association or body corporate * Certificate of Incorporation or other documents * Most recent Annual Report or Annual Return * List of directors, board members or controlling officers form (attach the completed form) | Choose an item. |  | Choose an item. |  |
| 2b | For EACH - natural person (individual or partnership), or - director or officer of the body corporate who does or who may exercise control over the First Aid Service (i.e., all persons listed on the List of directors, board members or controlling officers form): | | | | |
|  | * Declaration of fitness and propriety form (attach the completed form * Nationally Coordinated Criminal History Check (Police Check) issued within the past 6 months | Choose an item. |  | Choose an item. |  |
| 3 | Business Name | | | | |
|  | Registered Business Name extract (where applicable) | Choose an item. |  | Choose an item. |  |
| 4 | Financial Capacity | | | | |
|  | Accountant’s statement form (attach the completed form) | Choose an item. |  | Choose an item. |  |
| 5 | Insurance |  |  |  |  |
|  | * Public Liability certificate of currency (minimum $20m) * Professional Indemnity certificate of currency (minimum $20m) | Choose an item. |  | Choose an item. |  |
| 6 | ***Scope of Practice*** | | | | |
| First Aid Service level assessment | Choose an item. |  | Choose an item. |  |
| Scope of clinical practice (clinical practice guidelines) | Choose an item. |  | Choose an item. |  |
| 7 | Clinical governance | Choose an item. |  | Choose an item. |  |
|  | Staff credentialling | Choose an item. |  | Choose an item. |  |
| 8 | Quality Assurance Plan | Choose an item. |  | Choose an item. |  |
|  | Quality Assurance Certificate of Accreditation or gap analysis by accrediting agency (advanced only) | Choose an item. |  | Choose an item. |  |
|  | Infection control management plan | Choose an item. |  | Choose an item. |  |
| 6 | **Reporting** | | | | |
|  | Staff records | Choose an item. |  | Choose an item. |  |
|  | Patient Care Records | Choose an item. |  | Choose an item. |  |
|  | Complaint policy | Choose an item. |  | Choose an item. |  |
|  | Complaint registers | Choose an item. |  | Choose an item. |  |
| 7 | **Event Planning** |  |  |  |  |
|  | Event risk assessment  (5 examples required) | Choose an item. |  | Choose an item. |  |
| 8 | **Equipment maintenance** | | | | |
|  | Annual equipment maintenance schedule | Choose an item. |  | Choose an item. |  |

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