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| Checklist for application to vary an Approved in Principle (AIP) First Aid Service certificate |
| First Aid Service AIP certificate – {Licence class variation} |
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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 application to vary an Approved in Principle (AIP) First Aid Service certificate.* Email checklist and supporting documents to: Attention Team Leader, NEPTFirstAidRegulation@health.vic.gov.au |

## Contact person for the purposes of the application:

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| --- | --- |
| Full name of applicant  |       |
| Trading name of First Aid Service |       |
| Address of First Aid Service |       |
| Contact Number  |       |

## Checklist

| No. | Topic | Attached (Y/N) | Document/s (incl. version) | Document Status (New/updated/no change) | Comments |
| --- | --- | --- | --- | --- | --- |
| 1 | *Schedule 2 – Application for variation or transfer of certificate of approval in principle to operate a First Aid Service* | Choose an item. |       | Choose an item. |       |
|  | Payment of prescribed fee as per invoice issued from Department of Health  | Choose an item. |       |  |       |
| Compliance officer meeting held  | Choose an item. |       | Choose an item. |       |
| Variation evidence |  |  |
| 2 | **Scope of Practice** |
| * First Aid Service level assessment
 | Choose an item. |       |  |       |
| * Scope of clinical practice (clinical practice guidelines)
 | Choose an item. |       | Choose an item. |       |
| 3 | * Clinical governance
 | Choose an item. |       | Choose an item. |       |
| * [*add more if required*]
 | Choose an item. |       | Choose an item. |       |
| * Staff credentialling process
 | Choose an item. |       | Choose an item.  |       |
| 4 | * Quality Assurance Plan
 | Choose an item. |       | Choose an item.  |       |
| * Quality Assurance Certificate of Accreditation or quote (advanced only)
 | Choose an item. |       | Choose an item. |       |
| 5 | * 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 register
 | Choose an item. |       | Choose an item. |       |
| 7 | **Equipment maintenance**  |
| * Annual equipment maintenance schedule
 | Choose an item. |       | Choose an item. |       |

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