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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](mailto: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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