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| Checklist for the application to transfer a licence to operate a Non-Emergency Patient Transport (NEPT) service |
| Non-Emergency Patient Transport – Licencing |
|  |
| **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 the transfer of a licence to operate a Non-Emergency Patient Transport service*  Email checklist and supporting documents to: Attention Team Leader, [NEPTFirstAidRegulation@health.vic.gov.au](mailto:NEPTFirstAidRegulation@health.vic.gov.au)  Incomplete applications may be returned to the applicant. | |

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

|  |  |
| --- | --- |
| **Full name of applicant** (person) |  |
| **Mobile** |  |
| **Telephone** |  |
| **Email** |  |
| **Name of NEPT licence holder**  (proprietor of licence) |  |
| **Full name of transferee** (licence recipient) |  |
| **Name of NEPT Service** (transferee)  *\*if different from above*  *NB: if using a business name, must be registered* |  |
| **Full postal address** of transferee |  |
| **Contact number** |  |

**Checklist**

| **No.** | **Item** | Q | If not attached, please detail why **(i.e. document not applicable)** |
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| 1 | **Application** | | |
|  | *Schedule 4A– Application for transfer of a licence to operate a NEPT Service* |  |  |
|  | Payment of prescribed fee |  |  |
| 2a | **Provide the appropriate information required for your kind of entity (A., B., or C.** | | |
|  | **A. Natural person (individual or partnership)** | | |
|  | * Name, address, contact number and email |  |  |
|  | * *List of directors or controlling officers* form (*attach the completed form*) |  |  |
|  | **B. Company** | | |
|  | * Registered company office details |  |  |
|  | * Australian Securities and Investments Commission (ASIC) FULL company extract search *obtained in the last 30 days* |  |  |
|  | * List of directors or controlling officersform *(attach the completed form)* |  |  |
|  | * If subsidiary company, a company structure chart that shows the relationship between entities. * If Charity or non-for-profit, Australian charities and Not-for-profits commission (ACNC) annual financial report for year prior to application |  |  |
|  | **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 or controlling officers form (*attach the completed form*) |  |  |
| 2b | **For EACH**   * **natural person (individual or partnership), or** * **director or controlling officer of the body corporate who does or who may exercise control over the NEPT Service**   (i.e., all persons listed on the List of directors, board members or controlling officers form): | | |
|  | * Declaration of fitness and propriety form (attach form/s) |  |  |
|  | * Nationally Coordinated Criminal History Check (Police Check) issued within the past 12 months |  |  |
| 2c | **Business Name** | | |
|  | Registered Business Name extract (where applicable) |  |  |
| 3 | **Financial Capacity** | | |
|  | Accountant’s statementform (*attach the completed form*) |  |  |
| 4 | **Clinical Governance** | | |
| * Clinical Oversight Committee (CoC) composition and terms of reference |  |  |
|  | * CoC review and audit responsibilities: |  |  |
|  | * process to review adverse patient safety event reviews (including sentinel events) |  |  |
|  | * process and supporting policies to conduct patient transport reviews |  |  |
|  | * sample patient care record audit template |  |  |
|  | * Staff survey example |  |  |
|  | * Clinical advice procedure including recording of requests for advice |  |  |
| * Policies or procedures which demonstrate the process for a NEPT request to be received and accepted or rejected by the NEPT service including assigning acuity and crew mix |  |  |
|  | * Patient handover policy or procedure |  |  |
|  | * Clinical nominee details |  |  |
| 5 | **Staff Credentialling** | | |
|  | * Staff credentialling policy and procedures (including qualification verification, competency assessment and supervision practices) |  |  |
|  | * Proposed skills maintenance training schedule |  |  |
|  | * Skills maintenance training record template |  |  |
|  | * Staff identification (copy or photo) |  |  |
| 6 | **Quality Assurance and Occupational Health and Safety (OHS) plan** | | |
|  | * Quality Assurance Plan (QAP) - including associated policies and procedures) |  |  |
|  | * Complaints management policy |  |  |
|  | * Drug security, including storage, use, disposal and records |  |  |
|  | * QAP certificate of accreditation or proof of enrolment in accreditation |  |  |
|  | * QAP certificate of accreditation and last audit report (if already accredited) |  |  |
| 7 | **Infection Control Management Plan (ICMP)** | | |
|  | * Infection Control Management Plan (ICMP) |  |  |
| 8 | **Occupational Health and Safety (OH&S) Plan** | | |
|  | * OHS plan |  |  |
|  | * OHS plan accreditation or proof of enrolment in accreditation |  |  |
|  | * OHS certificate of accreditation and last audit report (if already accredited) |  |  |
| 9 | **Reporting** | | |
|  | * Sentinel event and adverse patient safety event reporting |  |  |
|  | * Patient Care Record (PCR) template |  |  |
|  | * Staff record template |  |  |
| 0 | **Vehicle and equipment** | | |
|  | * Proposed annual equipment maintenance schedule for vehicle and equipment |  |  |
| * Proposed equipment list and inventory |  |  |
|  | * Proposed vehicle procurement plan including details of proposed vehicle fit out |  |  |
|  | * Communication devices details * Proposed medication inventory |  |  |
|  | * Copy of the current Air operator’s certificate issued by CASA for each aircraft if you intend to provide aeromedical transport |  |  |

* Email completed applications to: Attention Team Leader, [NEPTFirstAidRegulation@health.vic.gov.au](mailto: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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