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| Application for a First Aid Service Licence |
| Schedule 3 |
|  |

# Section A – Applicant details

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| --- | --- |
| Full name of applicant (licence holder) |  |
| Full postal address of applicant: |  |

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

|  |  |
| --- | --- |
| Name |  |
| Mobile |  |
| Telephone |  |
| Email |  |
| If the applicant is a body corporate:  the name and address of each director or officer of the body corporate who may exercise control over the first aid service: | |
| Name | **Address** |
|  |  |
|  |  |
|  |  |

# Section B – First Aid service

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The class of first aid service for which the licence is sought | Basic | | | Intermediate | | Advanced | |
| The name or proposed name of the First Aid service and its street address | Name of first aid service | | |  | | | |
| Street address | |  | | | | |
| Suburb |  | | | Postcode | |  |

|  |  |
| --- | --- |
| Signature of applicant/s |  |
| Name of each signatory |  |
| Date |  |

Send completed applications to: Attention Manager, [neptfirstaidregulation@health.vic.gov.au](mailto:neptfirstaidregulation@health.vic.gov.au)

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