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| Approval in Principle (AIP) |
| Checklist for an AIP for a Non-Emergency Patient Transport service  April 2016 |

# Checklist for an Approval in Principle for a Non-Emergency Patient Transport (NEPT) service

Please complete the checklist and return it with your application to the Private Hospitals Unit, Private Hospitals Branch, Department of Health and Human Services, GPO Box 4541, MELBOURNE VIC 3001.

Incomplete applications may be returned to the applicant.

Service/Applicant name:

### Service Address:

| No. | Item | 🗵 | If not attached, please detail why (i.e. document not applicable) |
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| 1 | Schedule 1 – Application for AIP |  |  |
|  | Payment of prescribed fee attached |  |  |
| 2 | **Please provide the appropriate information required for your kind of entity.** |  |  |
|  | **A. Natural person (including partnerships)** |  |  |
|  | Name, address etc |  |  |
|  | **B. Company** |  |  |
|  | Registered company office details |  |  |
|  | Australian Securities and Investments Commission (ASIC) company extract search obtained in last 30 days |  |  |
|  | Names of directors (see attached form) |  |  |
|  | If subsidiary company, a company structure chart |  |  |
|  | **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 |  |  |
|  | Names of board members or controlling office bearers (see attached form) |  |  |

| No. | Item | 🗵 | If not attached, please detail why (i.e. document not applicable) |
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| 2 cont. | **For each natural person or director or officer of the body corporate who does or who may exercise control over the NEPT service** | | |
|  | Statutory Declaration – Fitness and Propriety |  |  |
|  | Police check certificate issued within the past 6 months |  |  |
| 3 | Statement by accountant |  |  |
| 4 | Business name extract |  |  |
| 5 | Details of vehicle numbers and type |  |  |
| 6 | Management and staffing |  |  |
| 7a | Draft of the Quality Assurance Plan |  |  |
| 7b | Infection control management plan |  |  |

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