

|  |
| --- |
| Schedule 3 – Application for a first aid service licence |
| First Aid Service - Licencing |
| OFFICIAL |

Non-Emergency Patient Transport and First Aid Services (First Aid Services) Regulations 2021 - Regulation 19(1)

# Section A – Applicant details

|  |  |
| --- | --- |
| Full name of applicant (person) |       |
| Full postal address of applicant \**cannot be a PO Box* |       |
| If the applicant is a body corporate (e.g., company, charity, incorporated association): the name and address of each director or officer of the body corporate who may exercise control over the First Aid Service: |
| Name | **Address** *\*cannot be a PO Box* |
|       |            |
|       |            |
|       |            |
|       |            |

### Contact person for the purposes of the application

|  |  |
| --- | --- |
| Name |       |
| Mobile |       |
| Telephone |       |
| Email |       |

# Section B – First aid service

|  |  |  |  |
| --- | --- | --- | --- |
| The class of First Aid Service for which the licence is sought | [ ]  basic first aid service | [ ]  intermediate first aid service | [ ]  advanced first aid service |
| The name or proposed name of the first aid service and its street address | Name of First Aid Service licence holder (proprietor of licence)  |       |
| Name of First Aid Service \**if different from above**NB: must be a registered business name* |       |
| ABN |       |
| Entity Type\*Note* *Entity “Holder Type” must match ASIC extract*
* *The licence holder cannot be a trust*
 | [ ]  Individual[ ]  Partnership[ ]  Company[ ]  Charity or Not-for-profit* ACNC number

[ ]  Incorporated Association* Registration number

[ ]  Other ­­­­­­­­­­­      |
| Street address*\*cannot be a P.O. Box* |       |
| Suburb |       |
| State  |       | Postcode |       |

### Authorisation

|  |  |
| --- | --- |
| Signature of applicant |       |
| Name of applicant |       |
| Date |       |

* Email completed applications to: Attention Manager, 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*.*

|  |
| --- |
| To receive this document in another format, email NEPT, First Aid and Investigations <NEPTFirstAidRegulation@health.vic.gov.au>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, September 2023.Available at [First Aid](https://www.health.vic.gov.au/patient-care/first-aid-services) <https://www.health.vic.gov.au/patient-care/first-aid-services> |