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| Schedule 4 – Application for the renewal of a first aid service licence |
| First Aid Service - Licencing |
| OFFICIAL |

Non-Emergency Patient Transport and First Aid Services (First Aid Services) Regulations 2021 - Regulation 21 (1)

# Section A – Applicant details

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| --- | --- |
| 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 street 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 – Renewal details

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| The class of First Aid Service licence  | [ ]  basic first aid service | [ ]  intermediate first aid service | [ ]  advanced first aid service |
| Date of expiry of current First Aid Service licence |       |

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| --- | --- | --- |
| The 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 |       |

* This application must be accompanied by the prescribed fee and supporting documents.
* Email completed applications to: Attention Manager, NEPTFirstAidRegulation@health.vic.gov.au

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