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| 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

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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 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* | |
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### Contact person for the purposes of the application

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

# Section B – First aid service

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| 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](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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