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| Schedule 5 – Application for transfer of a first aid service licence |
| First Aid Service - Licencing |
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Non-Emergency Patient Transport and First Aid Services (First Aid Services) Regulations 2021 - Regulation 22 (1)

# Section A – Applicant details

|  |  |
| --- | --- |
| Full name of transferor |       |
| Full postal address of transferor\**cannot be a PO Box* |       |
| **If the proposed transferee 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 – Transfer details

|  |  |
| --- | --- |
| **Summary of the proposed transfer** |       |
| The class of First Aid Service licence to be transferred | [ ]  basic first aid service | [ ]  intermediate first aid service | [ ]  advanced first aid service |
| Date of expiry of current First Aid Service licence |       |

### Proposed transfer details

#### Transferor (*transferring from*)

|  |  |
| --- | --- |
| Name (individual) |       |
| Mobile  |       |
| Postal address *\*cannot be a PO Box* |       |
| Telephone  |       |
| Email  |       |

#### Transferee (*transferring to*)

|  |  |
| --- | --- |
| Name (individual) |       |
| Mobile  |       |
| Postal address *\*cannot be a PO Box* |       |
| Telephone  |       |
| Email  |       |

|  |  |  |
| --- | --- | --- |
| **The name or proposed name of the First Aid Service and its street address****(transferee)** | 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

|  |  |
| --- | --- |
| Name of transferor  |  |
| Signature of transferor |  |
| Date  |  |
|  |  |
| Name of transferee  |  |
| Signature of transferee  |  |
| 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*.*

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