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| Checklist for an application for renewal of a First Aid Service licence |
| First Aid Service - Licencing |
| OFFICIAL |

Email completed checklist and supporting documents to: [NEPTFirstAidRegulation@health.vic.gov.au](mailto:NEPTFirstAidRegulation@health.vic.gov.au)

Document titles must match attachments. Incomplete applications may be returned to the applicant.

Source referenced forms from the First Aid website at:

* <https://www.health.vic.gov.au/patient-care/applying-for-a-first-aid-licence>

## Contact person for the purposes of the application:

|  |  |
| --- | --- |
| Full name of applicant (person) |  |
| Name of First Aid Service licence holder  (proprietor of licence) |  |
| Name of First Aid Service  *\*if different from above*  *NB: if using a business name, must be registered* |  |

| No. | Item | Q | Document title/comments |
| --- | --- | --- | --- |
| **1** | **Application** | | |
|  | *Schedule 4 – Application for the renewal of a First Aid Service Licence* (attach the completed Schedule) |  |  |
|  | Payment of prescribed fee as per invoice issued from Department of Health |  |  |
| **2a** | **Please provide the appropriate information required for your kind of entity (A., B. or C.)** | | |
|  | **A. *Natural person (individual or partnership)*** | | |
|  | * Name, address, contact phone, email. |  |  |
|  | **B. *Company*** | | |
|  | * Registered company office details |  |  |
|  | * Australian Securities and Investments Commission (ASIC) Full Company Extract *obtained in the last 30 days* |  |  |
|  | * *List of directors, board members or controlling officers* form (attach the completed form) |  |  |
|  | * If subsidiary company, a company structure chart that shows the relationship between entities. |  |  |
| **2a** | **C. *Incorporated Association or other body corporate*** | | |
| Cont. | * Registered office of the incorporated association or body corporate |  |  |
|  | * Certificate of Incorporation or other documents |  |  |
|  | * Most recent Annual Report or Annual Return |  |  |
|  | * *List of directors, board members or controlling officers* form (attach the completed form) |  |  |
| **2b** | **For EACH**   * **natural person (individual or partnership), or** * **director or officer of the body corporate**   **who does or who may exercise control over the First Aid Service**  (i.e., all persons listed on the *List of directors, board members or controlling officers* form): | | |
|  | * *Declaration of fitness and propriety* form (attach the completed form) |  |  |
|  | * Nationally Coordinated Criminal History Check (Police Check) issued within the past 12 months |  |  |
| **3** | **Business Name** | | |
|  | * Registered Business Name extract (where applicable) |  |  |
| **4** | **Financial Capacity** | | |
|  | * *Accountant’s statement* form (attach the completed form) |  |  |
| **5** | **Insurance** | | |
|  | * Public Liability certificate of currency (minimum $20m) |  |  |
|  | * Professional Indemnity certificate of currency (minimum $20m) |  |  |
| **6** | **Clinical Practice Guidelines (CPGs)** | | |
|  | * Copy of CPGs |  |  |
|  | \**Include a Change Log if seeking approval of changes* |  |  |
| **7** | **Clinical Governance** | | |
| * Clinical Oversight Committee (CoC) Terms of Reference |  |  |
|  | * CoC minutes for last 12-month period |  |  |
|  | * CoC review and audit responsibilities |  |  |
|  | * Records of adverse patient safety event reviews (including sentinel events) |  |  |
|  | * Records of patient transport reviews |  |  |
|  | * Patient care record audits |  |  |
|  | * Post event review |  |  |
|  | \**Five examples required for each item listed above. Indicate if you do not have five examples in comments column.* |  |  |
|  | * Staff survey (a copy of the survey and results) |  |  |
|  | * Clinical nominee details |  |  |
| **8** | **Staff Credentialling** | | |
|  | * Staff credentialling policy and procedures (including qualification verification, competency assessment and supervision practices) |  |  |
|  | * Skills maintenance training records |  |  |
|  | * Staff identification (copy or photo) |  |  |
| **9** | **Quality Assurance (Intermediate and Advanced Licence Holders only)** | | |
|  | * Quality Assurance Plan-QAP (including associated policies and procedures) |  |  |
|  | * Complains management policy |  |  |
|  | * Complaints register |  |  |
|  | * Infection control plan |  |  |
|  | * QAP certificate of accreditation (Advanced licence holders only) |  |  |
|  | * QAP audit report (Advanced licence holders only) |  |  |
| **10** | **Records** | | |
|  | * Patient Care Record (PCR) template |  |  |
|  | * Staff record |  |  |
| **11** | **Equipment** | | |
|  | * Equipment maintenance schedule, and evidence of biomedical testing |  |  |
|  | * Medication inventory |  |  |
| **12** | **Event Planning** | | |
|  | * Event risk assessment |  |  |
|  | \**Five examples required.* |  |  |

Please refer to the *Guideline to an application for renewal of a First Aid Service Licence* for further guidance.

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| To receive this document in another format, [email NEPT, First Aid and Investigations](mailto:NEPTFirstAidRegulation@health.vic.gov.au) <NEPTFirstAidRegulation@health.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, February 2024.  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> |