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| Checklist for a First Aid Service Licence |
| First Aid Service - Licencing |
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Please complete the checklist and return it with your application to NEPTFirstAidRegulation@health.vic.gov.au

Incomplete applications may be returned to the applicant.

## Contact person for the purposes of the application:

|  |  |
| --- | --- |
| Full name of applicant  |       |
| Trading name and address of First Aid Service provider  |       |

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| --- | --- | --- | --- |
| No. | Item  | Q | If not attached, please detail why (i.e. document not applicable) |
| 1 | Schedule 3 – Application for a First Aid Services Licence |[ ]  Issued |
|  | Payment of prescribed fee attached |[ ]   |
| 2 | **Please provide the appropriate information required for your kind of entity** |
|  | **A. Natural person (including partnerships)** |
|  | * Name, address, contact phone etc
 |[ ]        |
|  | **B. Company**  |
|  | * Registered company office details
 |[ ]        |
|  | * Australian Securities and Investments Commission (ASIC) company extract search *obtained in the last 30 days*
 |[ ]        |
|  | * Names of directors (*attach form*)
 |[ ]        |
|  | * If subsidiary company, a company structure chart
 |[ ]        |
|  | **C. Incorporated Association or other body corporate** |
|  | * Registered office of the incorporated association or body corporate
 |[ ]        |
|  | * Certificate of Incorporation or other documents
 |[ ]        |
|  | * Most recent Annual Report or Annual Return
 |[ ]        |
|  | * Names of board members or controlling office bearers (*attach form*)
 |[ ]        |
| No. | Item  | Q | If not attached, please detail why (i.e. document not applicable) |
| 2 cont. | **For each natural person or director or officer of the body corporate who does or who may exercise control over the First Aid service** |
|  | Declaration of fitness and propriety (*attach form*) |[ ]        |
|  | Police check certificate issued within the past 6 months  |[ ]        |
| 3 | Accountant’s statement (*attach form*)  |[ ]        |
| 4 | Business name extract  |[ ]        |
| 5 | Clinical governance  |
|  | * First Aid Service Level assessment (*attach form*)
 |[ ]        |
|  | * Scope of clinical practice
 |[ ]        |
|  | * Clinical governance
 |[ ]        |
|  | * Staff credentialling
 |[ ]        |
| 6 | Insurance  |[ ]        |
| 7 | Quality Assurance  |
|  | * Intermediate First Aid License holder
* Quality Assurance Plan
 |[ ]        |
|  | * Advanced First Aid Licence holder
* Development of Quality Assurance Plan or gap analysis provided by accreditation provider
 |[ ]        |
|  | * Accredited Quality Assurance Program and Certificate of Accreditation
 |[ ]        |
| 8 | Infection control management plan \**For Intermediate and Advanced First Aid Service Licence holders only* |[ ]        |
| 9 | Reporting |
|  | * Reporting of sentinel and adverse patient safety events
 |[ ]        |
|  | * Records
 |[ ]        |
|  | * Complaints
 |[ ]        |
| 10 | Inspection and maintenance of equipment  |
|  | * Development of annual maintenance/inspection plan
 |[ ]        |
|  | * Arranged site visit with Senior Clinical Advisor
 |[ ]        |

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

Email completed applications to: Attention Manager, NEPTFirstAidRegulation@health.vic.gov.au

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