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| Declaration of fitness and propriety  |
| First Aid Service - Licencing |
| OFFICIAL |

## Who needs to complete this form?

* The person who is, or is likely to be, the First Aid Service licence holder; or
* Where the licence holder is, or is likely to be, a body corporate, all directors (executive and non-executive) and other officers of the body corporate who do or who may exercise control over the First Aid Service.

## Instructions on completing the form

* type or write your answers in block letters
* ensure that you answer all questions
* if you answer “yes” to any questions, ensure that you provide details of the circumstances relating to that answer
* ensure that your signature is witnessed, and the witness signs the form to indicate that this has occurred and records his or her name.

## Privacy Statement

The Department of Health (the department) collects this personal information for the purposes of processing and considering an application under the *Non-Emergency Patient Transport and First Aid Services* *Act 2003* (the application). The department treats all personal information provided by an individual in support of the application in accordance with the *Information Privacy Act 2000 (Vic)* and the *Public Records Act 1973 (Vic).* If you provide us with information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application. Failure to provide some or all of the information requested may mean that the application cannot be processed.

We may share the personal information provided in this form within the department and with third parties. The type of third parties to whom we may disclose the personal information includes service providers or other people or companies identified by you in this form who can assist us in verifying statements contained in this form. If the personal information is provided in support of an application by a body corporate, we may disclose the personal information contained in this form to other officers of the body corporate. The personal information may also be disclosed as required or permitted by law.

You can request access to or correct the information the department holds about you under the *Freedom of Information Act 1982 (Vic).* Please contact privacy.complaints@health.vic.gov.au should you wish to make an application or obtain a copy of the department’s Privacy Policy.

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| **Organisation / Applicant:**      **Your name (individual):**      **Your role / position title:**       |
| **No.** | **Item**  | **Response (please select YES *or* NO)** |
|  | Have you ever * been convicted; or
* had proven against you; or
* been a director or executive officer of a company that has been convicted or had proven against it an offence under the *Non-Emergency Patient Transport and First Aid Services Act 2003* or its associated regulations?
 | [ ]  **YES**  | [ ]  **NO** |
| (if YES, provide details below)      |
|  | Are you or have you ever been declared bankrupt or been the subject of any order under the *Bankruptcy Act 1966 (Cth)*? | [ ]  **YES**  | [ ]  **NO** |
| (if YES, provide details below)      |
|  | Have you been a director or executive officer of a corporation which became insolvent whilst you were director or executive officer? | [ ]  **YES** | [ ]  **NO** |
| (if YES, provide details below)      |
|  | Have you ever been disqualified from acting as a director of a company or acting in the management of an incorporated association? | [ ]  **YES**  | [ ]  **NO** |
| (if YES, provide details below)      |

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| **No.** | **Item**  | **Response (please select YES *or* NO)** |
|  | Have you ever* been found guilty of any offence; or
* been found to have contravened a civil penalty provision under the *Corporations Act 2001 (Cth)* or any of its predecessors Acts; or
* the *Associations Incorporation Act 1981 (Vic*); or
* any equivalent act in another jurisdiction or jurisdictions?
 | [ ]  **YES**  | [ ]  **NO** |
| (if YES, provide details below)      |
|  | Do you have any * convictions; or
* findings of guilt; or
* pending charges against you that are:
	+ indictable offences against the person or offences involving dishonesty, fraud or trafficking in drugs of dependence; and are
	+ less than ten years old; and
	+ where the maximum penalty for the offence is imprisonment for a period of more than 3 months?
 | [ ]  **YES**  | [ ]  **NO** |
| (if YES, provide details below)      |
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I declare that to the best of my knowledge, the information I have provided in this declaration is true and correct. I authorise the Secretary of the Department of Health (the Secretary) or their delegate or authorised officer to undertake any search or inquiry required for the verification of the answers and information provided in this declaration. I am aware that it is an offence under subsection 50(b) of the *Non-Emergency Patient Transport and First Aid Services* *Act 2003* to knowingly make any false or misleading statement in any application to the Secretary under the Act.

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| **Full name of Declarant (please print)** |       |
| **Signature of Declarant** |       | **Date** | Click here to enter a date. |
| **Name of Witness (please print)** |       |
| **Signature of Witness** |       | Date | Click here to enter a date. |

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