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| Schedule 2 – Application for variation or transfer of certificate of approval in principle to operate a non-emergency patient transport service |
| Non-Emergency Patient Transport – Licencing  |
| OFFICIAL |

Non-Emergency Patient Transport Amendment Regulations 2021 – Regulation 24(1)

## Section A – Applicant details

|  |  |
| --- | --- |
| **Full name of applicant (person)** |       |
| **Full postal address of applicant** **\****cannot be a P.O. 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 NEPT (AIP) service: |
| **Name**  | **Address** *\*cannot be a P.O. Box* |
|       |            |
|       |            |
|       |            |
|       |            |

Contact person for the purposes of the application

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

## Section B – Variation or transfer details

|  |  |
| --- | --- |
| Name (or proposed name) of the NEPT service  |       |
| **Application type** | [ ]  Variation of the certificate of approval in principle or any conditions to which it is subject | [ ]  Transfer of the certificate of approval in principle to another person |

### Proposed variation details

|  |  |
| --- | --- |
| **Provide the reason for the proposed variation**[ ]  *Variation of the certificate of AIP* *or* [ ]  *Any conditions to which it is subject* |      \*or N/A for transfer only |
| **This application for an AIP for a NEPT service intending to undertake***\*select all that apply* | [ ]  transport of low acuity patients | [ ]  transport of medium acuity patients | [ ]  transport of high acuity patients |

### \_ \_ \_

### Proposed transfer details

#### Transferor (*transferring from*)

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

#### Transferee (*transferring to*)

|  |  |
| --- | --- |
| Name  |       |
| Mobile  |       |
| Postal address *\*cannot be a PO Box* |       |
| Telephone  |       |
| Email  |       |
| **The name or proposed name of the NEPT (AIP) service and its street address****(transferee)** | Name of NEPT service AIP certificate holder (proprietor of licence)  |       |
| Name of NEPT service\**if different from above**NB: must be a registered business name*  |       |
| ABN |       |
| Entity TypeNote -* *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 |       |
| Municipal district in which the service is, or is to be, located |       |

### Vehicles and aircraft

|  |  |  |
| --- | --- | --- |
| The number and type of stretcher vehicles (even if no changes are proposed)*\*licenced for stretcher vehicles only* | ***Type of vehicle*** | ***Number of stretcher vehicles*** |
| Double stretcher vehicle |       |
| Single stretcher vehicle |       |
| Other stretcher vehicle (e.g., High acuity transport vehicle / CPAV) |       |
| **Total stretcher vehicles** |       |

|  |  |  |
| --- | --- | --- |
| The number and type of vehicles (other) and aircraft (even if no changes are proposed) | ***Type of vehicle*** | ***Number of vehicles*** |
| Sedan, hatchback or station wagon vehicle |       |
| Wheelchair vehicle |       |
| Fixed wing aircraft |       |
| Rotary wing aircraft  |       |

### Authorisation

|  |  |
| --- | --- |
| Name of proposed transferee |       or N/A for variation only  |
| Signature of proposed transferee |       or N/A for variation only |
| Date  |       or N/A for variation only |
|  |  |
| Name of licensee (transferer or for variation) |       |
| Signature of licensee (transferer or for variation) |       |
| 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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