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| Schedule 4 – Application for the renewal of a non-emergency patient transport service licence |
| Non-Emergency Patient Transport – Licencing  |
| OFFICIAL |

Non-Emergency Patient Transport Amendment Regulations 2021 - Regulation 27(1)

## Section A – Applicant details

|  |  |
| --- | --- |
| Full name of applicant (person) |       |
| Full postal address of applicant\**cannot be a PO Box* |       |
| If the applicant is a body corporate (e.g., company, charity, incorporated association): the name and address of each director or officer of the body corporate who may exercise control over the NEPT service: |
| Name | **Address** *\*cannot be a PO Box* |
|       |            |
|       |            |
|       |            |
|       |            |

### Contact person for the purposes of the application

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

## Section B – Renewal details

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| **The class of NEPT service for which the licence is sought** *\*select all that apply* | [ ]  transport of low acuity patients | [ ]  transport of medium acuity patients | [ ]  transport of high acuity patients |
| **Date of expiry of current licence** |       |

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| **The name or proposed name of the NEPT service and its street address** | 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 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 |       |
| Municipal district in which the service is, or is to be, located |       |

### Vehicles and aircraft

|  |  |  |
| --- | --- | --- |
| The number and type of stretcher vehicles *\*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** |       |

|  |  |  |
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| The number and type of vehicles (other) and aircraft | ***Type of vehicle*** | ***Number of vehicles*** |
| Sedan, hatchback or station wagon vehicle |       |
| Wheelchair vehicle |       |
| Fixed wing aircraft |       |
| Rotary wing aircraft  |       |

### Authorisation

|  |  |
| --- | --- |
| Signature of applicant |       |
| Name of applicant |       |
| Date |       |

* This application must be accompanied by the prescribed fee and supporting documents.
* Email completed applications to: Attention Manager, NEPTFirstAidRegulation@health.vic.gov.au

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