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| Checklist for an application for renewal of a Non-Emergency Patient Transport (NEPT) licence |
| Non-Emergency Patient Transport – 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 NEPT website at:

* <https://www.health.vic.gov.au/patient-care/non-emergency-patient-transport-licencing>

**Contact person for the purposes of the application:**

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

| **No.** | **Item** | Q | **Document title/comments** |
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| **1** | **Application** | | |
|  | *Schedule 4 – Application for the renewal of a NEPT 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 NEPT 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 governance** | | |
|  | * Clinical oversight committee – records of meetings since time of last licence renewal |  |  |
|  | * Staff survey results and copy of questions for staff surveys conducted since time of last licence renewal |  |  |
|  | * Annual skills maintenance training schedule since time of last licence renewal |  |  |
| **7** | **Quality Assurance and Infection Control** | | |
| * Quality Assurance Plan-QAP (including associated policies and procedures) |  |  |
|  | * Complains management policy |  |  |
|  | * Complaints register |  |  |
|  | * Infection control plan |  |  |
|  | * QAP certificate of accreditation |  |  |
|  | * QAP audit report from accrediting body |  |  |

| **No.** | **Item** | Q | **Document title/comments** |
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| **8** | **Reporting and Records** | | |
|  | * Records |  |  |
|  | * Patient care record template (PCR’s will be reviewed by an Authorised Officer during the site visit) |  |  |
|  | * Staff records |  |  |
|  | * Complaints |  |  |
|  | * Complaints management policy |  |  |
|  | * Complaint register |  |  |
|  | * Sentinel Events |  |  |
|  | * Sentinel Event reporting process and critical incident register |  |  |
|  | * Other |  |  |
|  | * Copy of the most recent annual report |  |  |
| **9** | **Occupational Health and Safety** | | |
|  | * Occupational Health & Safety Plan |  |  |
|  | * Occupational Health & Safety certificate of accreditation |  |  |
| **10** | **Vehicles and Equipment** | | |
|  | * Copy of the annual vehicle and equipment maintenance schedule |  |  |
|  | * *Vehicle Data Sheet* (attach the completed data sheet) |  |  |
|  | * If you are adding or modifying a vehicle as part of this renewal, for each road vehicle provide a copy of: |  |  |
|  | * the vehicle assessment signatory scheme approval certificate OR |  |  |
|  | * a photograph of the second stage of manufacture compliance plate and vehicle registration number for each vehicle. |  |  |
|  | * Copy of the current Air Operator’s Certificate issued by CASA for each aircraft |  |  |

Please refer to the *Guideline to an application for renewal of a NEPT 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 [NEPT](https://www.health.vic.gov.au/patient-care/non-emergency-patient-transport) <https://www.health.vic.gov.au/patient-care/non-emergency-patient-transport> |