**Non-Emergency Patient Transport (NEPT)**

**Licensing**

***Ambulance Service Act 1982***

**Application for a Licence to Operate an NEPT Service**

When to use this form

This form is for applicants (individuals or companies) who wish to apply for a new licence to operate an NEPT service. The applicant completing the form will be the **person legally responsible for the licence**. If a licence is already held and you wish to transfer the licence or amend the licence, you need to use another form. All forms are available on the Department of Health’s private NEPT [website](https://www.dhhs.tas.gov.au/nept).

Submitting the Application

Operating an NEPT service in Tasmania without a licence is an offence under the *Ambulance Service Act 1982* (the Act). The application for a licence must be submitted in the attached form and emailed to NEPT@health.tas.gov.au or returned to:

**The Secretary**

**Department of Health**

**GPO Box 125**

**HOBART TAS 7001**

During the application process, the Department may consult with the applicant and may, at any time, request further information to be provided within a specified period.

If you have any questions about the application, or the licensing requirements generally, please contact the Regulation Unit on 03 6166 3856 or NEPT@health.tas.gov.au.

Approval Process

All applicants should familiarise themselves with the licensing standards and requirements of the Act as all applications are assessed against this legislation.

Applications are assessed by the Department to determine whether the applicant (individual or corporation) is fit and proper to be a licensee of an NEPT service. The assessment process involves:

* Australian National Police criminal conviction check
* Australian Securities and Investments Commission check, and
* Assessing whether the application meets the criteria for an NEPT service under the Act, and the suitability of the applicant to provide these services.

Please note that the assessment process can take up to 12-16 weeks and will be dependent on whether further supporting documentation is required. Once assessed, the applicant will be formally notified of the outcome of the application in writing. If a licence is issued, the licensee will be informed in writing and is responsible for the conduct of the NEPT Service from the date of the licence.

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| **Applicant Details**  |
| Full name of applicant |  |
| Key contact person for the application:NamePosition to be held within the NEPT ServiceTelephone numberEmail address  |  |
| If the applicant is a company, the company name |  |
| Details of the applicant’s professional qualifications and curriculum vitae or resume |  |
| Professional referee details for the applicant |  |

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| **NEPT Business Details**  |
| Name of proposed NEPT Service |  |
| Registered office address |  |
| Principal place of business |  |
| If the business is operated by a company:* company ownership structure
* Board of Directors, including all individual names, addresses and dates of birth

(Each Director will be subject to Fitness and Probity checks in accordance with section 35B of the Act) |  |
| If the business is operated by a partnership, provide all details of the Partners(Each Partner will be subject to Fitness and Probity checks in accordance with section 35B of the Act) |  |
| If the business is operated by a Trust, details of the Trust ownership and beneficiaries (Each Trust owner/beneficiary will be subject to Fitness and Probity checks in accordance with section 35B of the Act) |  |
| Business ABN/ACN |  |

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| **NEPT Service Details**  |
| The type of vehicles intended to provide NEPT services (eg: motor vehicle, aircraft, marine vessel) |
| The equipment intended to provide NEPT services (attach separate document if necessary) |
| The intended operating arrangements for the staff of the NEPT service (eg: number of staff, full time, part time, casual) |
| A list of intended staff and their qualifications and/or experience to provide NEPT services (attach separate document if necessary) |
| The clinical governance arrangements: complete **Form 5 – Clinical Governance Arrangements** |
| Do you wish to transport children (endorsement for children is for patients 2 – 14 years) |
| The maximum number of children seeking approval to transport at any one time |
| The arrangements for transferring children to hospitals providing appropriate treatment and care in the event of medical complications |

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| **Vehicle Details**  |
| Vehicle details, including the make, model, date of manufacture and registration number |
| If the vehicles proposed are to be leased, details of the proposed lease arrangements |
| Evidence vehicles are properly equipped and comply with AS/NZS 3551:2004 and AS/NZS 4535:1999 |

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| **Attached Supporting Documents**  |
| Applicant’s professional qualifications and curriculum vitae |  |
| Completed Form 2 – Statutory Declaration |  |
| Completed Form 3 – Fitness and Probity Checks |  |
| Completed Form 4 – Conviction Check Consent Form |  |
| Completed Form 5 – Clinical Governance Arrangements |  |
| Infection Control Policy |  |
| Quality Assurance Plan |  |
| Vehicle livery and signage (NB: must be approved by the Secretary) |  |
| List of vehicle inventory |  |
| Certificate of Insurance for public liability to the value of $10 million and professional indemnity to the value of $5 million |  |
| Any other relevant information to support this application |  |

**Declaration**

I declare that the information I have provided above and any attachments in support of my application are complete and true.

I accept that the Secretary of the Department of Health may obtain a report from the Commissioner of Police or a government department, statutory authority or agency in order to determine this application.

I have read the **Personal Information Statement** below and consent to the Department of Health collecting, using and disclosing my personal information in order to assess this application and for other purposes permitted under the *Ambulance Service Act 1982*.

| **Applicant name** | **Signature** | **Date** |
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**Personal Information Statement**

Your personal information is collected in connection with an application for a licence under section 35A of the *Ambulance Service Act 1982* and will be used by the Secretary of the Department of Health and departmental officers for the purposes of managing, assessing, advising upon and determining the relevant application and may be used for other purposes permitted by the *Ambulance Service Act 1982*. Failure to provide the information may result in the application being delayed or not being considered. The information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Department, regulatory authorities in other jurisdictions, law enforcement agencies, courts and other organisation authorised to collect it. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to the Department. You may be charged a fee for this service.