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

**Licensing**

***Ambulance Service Act 1982***

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

When to use this form

This form is for current licensees (individuals or companies) who wish to apply for a renewal of their licence to continue to operate an NEPT service. The person completing the form should be the **person legally responsible for the licence**. If you do not already hold an NEPT licence, you need to use another form. All forms are available on the Department of Health’s private NEPT [website](http://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 Act requires an application to renew an NEPT licence **at least** three months prior to the licence expiry date. Any applications received three months or less before the expiry date will be subject to any prescribed late fee and may not be accepted.

The application for a licence renewal 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 3854 or NEPT@health.tas.gov.au.

Approval Process

All licensees should be familiar 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, and
* Australian Securities and Investments Commission check.

cont..

To enable the Secretary to renew the licence, the application must provide evidence to demonstrate:

the quality of the NEPT services provided under the NEPT licence

* the NEPT services provided comply with the Act, the regulations and any other relevant law, and
* the conditions of the NEPT licence have been complied with.

If an application for renewal has been received and accepted by the Department prior to the expiry date of the current licence, that licence will continue until a decision is made by the Secretary on the renewal application. Please note that the assessment process can take up to 12 weeks and will be dependent on whether further supporting documentation is required. If a licence is reissued, the licensee will be informed in writing and the licensee is responsible for the conduct of the service from the date of the licence.

|  |
| --- |
| **Applicant Details**  |
| Full name of applicant/licensee |  |
| 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 |  |

|  |
| --- |
| **NEPT Business Details**  |
| Name of NEPT Service |  |
| Proposed new NEPT Service name (if applicable) |  |
| 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 |  |

|  |
| --- |
| **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 operating arrangements for the staff of the NEPT service (eg: number of staff, full time, part time, casual) |
| A list of 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** |
| Does the service transport children (endorsement for children is for patients 2 – 14 years) |
| The maximum number of children to be transported at any one time |
| The arrangements for transferring children to hospitals providing appropriate treatment and care in the event of medical complications |

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

|  |
| --- |
| **Attached Supporting Documents**  |
| 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** |
| --- | --- | --- |
|  |  |  |

**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.