

Non-Emergency Patient Transport (NEPT) Licensing

Ambulance Service Act 1982

Application to Vary a Licence to Operate an NEPT Service

When to use this form

This form is for currently licensees (individuals or companies) who wish to apply for a licence variation to their current NEPT licence. The person completing this form should be the **person legally responsible for the licence**. If you do not already hold an NEPT licence or wish to apply for a renewal, you need to use another form. All forms are available on the Private Health Regulation [website](#).

Submitting the Application

The *Ambulance Service Act 1982* (the Act) allows for an application to vary an NEPT licence to be made by the licensee.

The application for a licence must be submitted in the attached form. The completed form should be returned to:

Post: **Regulation and Licensing Unit**
Department of Health and Human Services
GPO Box 125
HOBART TAS 7001

or via email to: hselicensing@dhhs.tas.gov.au

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 hselicensing@dhhs.tas.gov.au.

Approval Process

All licensees should be familiar with the licensing standards and requirements of the *Ambulance Service Act 1982*. All applications are assessed against this legislation.

Applications are assessed by the Department of Health and Human Services to determine whether the variation will negatively impact the delivery of NEPT services under the licence. The application must specify the variation sought and what impact, if any, it will have on the delivery of NEPT services.

Please note that the assessment process can take up to 12 weeks and will be dependent on whether further supporting documentation is required.

After the application has been assessed, the applicant will be formally notified of the outcome of the application in writing. In the event that a variation is approved, a new licence will be issued to the licensee.

Applicant Details	
Full name of Applicant	
Key contact person for the application: <ul style="list-style-type: none"> - Name - Position within business - Telephone number - Email address 	
If the applicant is a company, the company name	

Variation Details	
Please state the variation of licence being sought.	
*Does the requested variation affect the equipment and vehicles used to provide NEPT services? If yes, please provide details.	
*Does the requested variation affect the arrangements for staff of the NEPT service? If yes, please provide details.	
* Does the requested variation affect the arrangements for maintaining and improving the quality of the NEPT services? If yes, please provide details.	
* Does the requested variation affect the evaluation and monitoring processes in place in respect of the NEPT service? If yes, please provide details.	

* Please note legal responsibilities of the above persons is outlined in Section 35B of the *Ambulance Services Act 1982*

Attached supporting documents	
Evidence to demonstrate that the requested variation will not negatively impact the quality of the NEPT services provided.	
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 and Human Services 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 and Human Services 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 s 35A of the *Ambulance Service Act 1982* and will be used by the Secretary of the Department of Health and Human Services 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.