

## Application for Membership

### National Association of Professional Ambulance Services

(1) Name of Company: \_\_\_\_\_

(2) Name of Registered Owner's: \_\_\_\_\_

(3) Registered Business Address: \_\_\_\_\_

(4) Base's of Vehicles: \_\_\_\_\_

(5) Periods of Ambulance Availability: \_\_\_\_\_

(6) Time for vehicles to become mobile: \_\_\_\_\_

(7) Details of Ambulances / Medical Cars being operated

	Make	Body	Type/Category	Reg. Number
A:	_____	_____	_____	_____
B:	_____	_____	_____	_____
C:	_____	_____	_____	_____
D:	_____	_____	_____	_____
E:	_____	_____	_____	_____

If more please attach additional list ( see code of practice for type/category based on equipment standards)

(8) Please give details of Liability Insurance (s) held:

	Name of Company	Type/amount/cover	Renewal Date
Vehicles:	_____	_____	_____
Professional:	_____	_____	_____
Employers:	_____	_____	_____
Public:	_____	_____	_____

(9) (a) Are all vehicles equipped with communications YES / NO

(b) Type of communication: \_\_\_\_\_

If Range is restricted, briefly what is the procedure for communications in the event of an emergency or vehicle breakdown ? \_\_\_\_\_

(c) Control Telephone Number's) \_\_\_\_\_

(d) Fax: Telephone Number's) \_\_\_\_\_

(e) Mobile Telephone Number's) \_\_\_\_\_

(f) E-mail address: \_\_\_\_\_

(g) Web-Site address: \_\_\_\_\_

(10) **Please attach a separate listing of all staff employed on operational duties including their names and professional qualifications. (Please note that all certification will be needed on inspection do not send this at this stage.)**

(11) **Please attach a list of all main equipment carried on each operational ambulance see Code of practice**

(12) **NAPAS** provide an active help-line for health Insurers, Repatriation Companies, Independent Hospitals, NHS and the General public, together with many Organisations within the sporting, Filming, and Corporate events sector. If you wish to be included within these activities you are requested to include the following information **Provide Details of charges calculated on a mileage and waiting basis, or other timed basis.** (all charging information is confidential and is not released or published to any other person or body.)

Now send this form plus any supporting documents to:

NAPAS 11 FELDALE LANE, COATES, CAMBRIDGESHIRE PE7 2ED  
Telephone 01733-840407 E-mail [napas@ambulanceservices.co.uk](mailto:napas@ambulanceservices.co.uk)