

## Application for review of a decision

*Residential Services (Accreditation) Act 2002*

This form is effective from 28 November 2024

ABN: 86 504 771 740

### OFFICE USE ONLY

Date received

Application number

A:

For review by

Date

Decision

### Instructions

This form needs to be completed to apply for a review of a decision for a residential service, as required under Section 156 of the *Residential Services (Accreditation) Act 2002* (the Act).

### Please note:

- The Notes accompanying this form should be read before completing this form
- Use BLOCK letters when you fill out this form
- Attach extra pages if necessary
- All dates should be DD/MM/YYYY
- If you require further information regarding this form, please contact Regulatory Services on 07 3013 2666 or call 13 QGOV (13 74 68) for after hours enquiries.

### Privacy statement—Please read

The Department of Housing and Public Works is collecting your personal information in accordance with the *Residential Services (Accreditation) Act 2002* in order to process your application. Your personal information will also be provided to the public upon request through the Register of Residential Services or may be disclosed to the Residential Tenancies Authority, the Office of the Public Guardian, the Department of Justice and Attorney General or to other Federal, State and Local government agencies in the performance of a function of, the *Residential Services (Accreditation) Act 2002* or as required or permitted by law. Your personal information will be handled in accordance with the *Information Privacy Act 2009*.

### Fee

No application fee is applicable.

## Part 1—Application for review of a decision

### Applicant Details

Attachment 1

If there is insufficient space on this form you may attach additional information.

Residential Service No .....

Address of Residential Service

.....

### Details of Applicant/s

Preferred title    Mr    Mrs    Ms    Miss    Other (specify)

Full name .....

Address .....

Suburb ..... State ..... Postcode .....

Phone ..... Email .....

Do you require an interpreter or other assistance?    No    Yes

If yes, what language or type of assistance .....

If you would like another person to act as a representative on your behalf (for example, support worker, solicitor, financial advisor, counsellor, doctor), please complete this section. By providing details in this section and signing this application form, you authorise and consent to the Department and its officers contacting the person/s named, disclosing your personal information to the person/s and their agency (if applicable) and for the person/s to make representations on your behalf.

### Details of representative

Preferred title    Mr    Mrs    Ms    Miss    Other (specify)

Full name .....

Agency (if applicable) .....

Address .....

Suburb ..... State ..... Postcode .....

Phone ..... Email .....

### Reviewable decision details

Review of the decision made under section (please insert section)

.....

of the *Residential Services (Accreditation) Act 2002* (see Attachment 1)

Name of decision maker: .....

Date of decision: .....

DD / MM / YYYY



**Attachment 1—Application for review of a decision***Residential Services (Accreditation) Act 2002*

## Section 154

<b>Interested Person</b>	<b>Reviewable Decision</b>
Applicant for registration of a residential service.	To refuse to register the service (s 10(4))
Service provider for a residential service.	<ul style="list-style-type: none"><li>• To cancel registration of the service (s 15(3))</li><li>• To refuse to accredit the service 47(4))</li><li>• To accredit the service on a condition (s 47(5))</li><li>• To refuse to renew the accreditation of the service (s 50(5))</li><li>• To renew the accreditation of the service on a condition (s50(6))</li><li>• To refuse to extend the period of accreditation (s 51(3))</li><li>• To refuse to amend the accreditation of the service in a way the service provider has applied for (s 53(3))</li><li>• To amend the accreditation of the service other than in a way the service provider has applied for 54(3) or 55(2))</li><li>• To cancel the accreditation of the service (s 57(3))</li><li>• To refuse an application for a replacement accreditation certificate (s 60(3))</li><li>• To refuse an application to amend the registration of the service to show new premises as the registered premises 64(4))</li></ul>
Applicant for registration as the service provider for a registered service.	<ul style="list-style-type: none"><li>• To refuse to register the applicant as the service provider for the service (s 61(4))</li></ul>
Personal representative of the estate of a service provider who has died.	<ul style="list-style-type: none"><li>• To refuse to extend the transitional registration period (s 70(5))</li></ul>
Applicant for registration of a continuing service under part 13.	<ul style="list-style-type: none"><li>• To register the service on a condition (s 190(2))</li></ul>