

**Application to become a registered service provider of a currently registered residential service (change of service provider)***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

Lodgement details

Lodgement unit number

Amount allocated

\$

Total amount

\$

**Instructions**

This form needs to be completed to apply to become a registered service provider of a currently registered residential service, as required under Section 61 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
- 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 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 also be used for the purpose of publishing contact details (phone number and email address) on the Find Registered Accommodation website so that members of the public can obtain additional information regarding accommodation and optional services available. Limited personal information may be used for related research, policy or planning functions. Your personal information will be handled in accordance with the *Information Privacy Act 2009*.

**Fee**

Fees are applicable for this application. Refer to Notes for current fees. Goods and Services tax (GST) is not payable on the application fees.

**Part 1—Registered residential service premises****Registered residential service premises**

Addresses at which the registered residential service is conducted

.....

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

Maximum number of residents who can be accommodated in the residential service

.....

Current registration certificate number .....

## Part 1—Registered residential service premises continued

### Registered residential service premises continued

Has the registered residential service premises undergone any changes since the last application for accreditation? Please see Notes for examples of changes you should include.

No      Yes—Please provide further information

Please note that **Form 7: Notice of other changes** should be completed where changes have occurred.

## Part 2—New service provider details

### Additional or replacement service provider

Are you applying to become an additional service provider for the relevant registered residential service or a replacement for a currently registered service provider?

Additional      Replacement

### Changes to residential service

Will there be any change to the level of service provided?

No      Yes—Please provide further information

Will there be additional/changes to policies and procedures currently operating in the residential service?

No      Yes—Please provide further information

### New service provider

Do you want the change of service provider to take effect on a particular date?

No      Yes—Please state the date .....  
DD / MM / YYYY


This should be no later than three months after this application is made. Is the applicant an individual, or a corporation?

Individual—Go to Part 3      Corporation—Go to Part 4

### Part 3—Service provider details—individual or partner

<b>Applicant details</b> Complete for each individual or partner.	Preferred title      Mr      Mrs      Ms      Miss      Other (specify) _____  Last name _____  First names _____  <b>Have you been known by any other name?</b> No      Yes—Give other name(s) _____ _____
<b>Place of birth and date of birth</b> See notes for who can certify a document	Place of birth (town, state and country) _____ Date of birth _____ DD / MM / YYYY  (Please supply a certified copy of your birth certificate, birth extract, passport or driver licence.)
<b>Contact details</b>	Phone (business) _____ Mobile _____ Email _____ Preferred contact method      Phone      Mobile      Email      Mail
<b>Residential address</b>	Address _____ Suburb _____ State _____ Postcode _____
<b>Postal address</b> If same as above, please check box	Postal address _____ Suburb _____ State _____ Postcode _____
<b>Suitability</b> Disclosure of previous convictions does not automatically disqualify you from being involved in the operation of a residential service.  However, ongoing failure to disclose convictions may result in service registration being cancelled.  You are required to complete a criminal history check and submit a National Police Certificate for each individual listed on this form. Go to <a href="http://www.police.qld.gov.au/documents-for-purchase/national-police-certificates">www.police.qld.gov.au/documents-for-purchase/national-police-certificates</a> to apply.	Do you have any convictions less than five years old? No      Yes—Please attach details  Do you have any convictions greater than five years old where the sentence imposed was 30 months imprisonment or greater? No      Yes—Please attach details  Have you ever been bankrupt or had your estate assigned for the benefit of your creditors? No      Yes—Please attach details  Have you ever had an application refused or cancelled under the <i>Residential Services (Accreditation) Act 2002</i> or similar Act of any state, territory or country? No      Yes—Please attach details  I have checked the answers I have given in this part and state that they, and the additional documents provided, are true and correct in every detail.  Name of signatory _____ Signature _____ Date _____ DD / MM / YYYY

## Part 4—Service provider details—Corporation

<b>Corporation service provider</b>	ACN (Australian Company Number) ..... Full name of corporation .....
<b>Corporation registered office address</b>	Address ..... Suburb ..... State ..... Postcode .....
<b>Postal address</b> If same as above, please check box	Postal address ..... Suburb ..... State ..... Postcode .....
<b>Nominated director</b> Director nominated as main contact	Preferred title    Mr    Mrs    Ms    Miss    Other (specify) ..... Last name ..... First names ..... Address ..... Suburb ..... State ..... Postcode ..... Phone (business) ..... Mobile ..... Email ..... Preferred contact method    Phone    Mobile    Email    Mail
<b>Suitability</b> Disclosure of previous convictions does not automatically disqualify you from being involved in the operation of a residential service.  However, ongoing failure to disclose convictions may result in service registration being cancelled.  You are required to complete a criminal history check and submit a National Police Certificate for each individual listed on this form. Go to <a href="http://www.police.qld.gov.au/documents-for-purchase/national-police-certificates">www.police.qld.gov.au/documents-for-purchase/national-police-certificates</a> to apply.  <b>Sign here</b> 	Do you have any convictions less than five years old? No    Yes—Please attach details  Do you have any convictions greater than five years old where the sentence imposed was 30 months imprisonment or greater? No    Yes—Please attach details  Have you ever been bankrupt or had your estate assigned for the benefit of your creditors? No    Yes—Please attach details  Have you ever had an application refused or cancelled under the <i>Residential Services (Accreditation) Act 2002</i> or similar Act of any state, territory or country? No    Yes—Please attach details  I have checked the answers I have given in this part and state that they, and the additional documents provided, are true and correct in every detail.  Name of signatory ..... Signature ..... Date ..... DD / MM / YYYY

## Part 5—Associate details (to be completed by each associate)

For a definition of 'associate' please refer to notes.	<p>Will there be any additional/replacement associates accompanying the change of service provider? (Only complete if a change to already provided details)</p> <p>Yes—Please complete this part for each associate      No—Go to Part 7</p>
<b>Associate</b>	<p>Preferred title      Mr      Mrs      Ms      Miss      Other (specify) .....</p> <p>Last name .....</p> <p>First names .....</p> <p><b>Have you been known by any other name?</b></p> <p>No      Yes—Give other name(s) .....</p> <p>.....</p>
<b>Place of birth and date of birth</b>	<p>Place of birth (town, state and country) .....</p> <p>..... Date of birth ..... DD / MM / YYYY</p> <p>(Please supply a certified copy of your birth certificate, birth extract, passport or driver licence.)</p>
<b>Contact details</b>	<p>Phone (business) ..... Mobile .....</p> <p>Email .....</p> <p>Preferred contact method      Phone      Mobile      Email      Mail</p>
<b>Residential address</b>	<p>Address .....</p> <p>Suburb ..... State ..... Postcode .....</p>
<b>Postal address</b> If same as above, please check box	<p>Postal address .....</p> <p>Suburb ..... State ..... Postcode .....</p>
<b>Position</b>	<p>What position will the associate hold in the business?</p> <p>.....</p>
<b>Current registration</b>	<p>Are you, or have you been registered as a service provider or associate for any other residential service in Queensland?</p> <p>No      Yes—Please provide further information</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

## Part 5—Associate details continued

### Suitability

Disclosure of previous convictions does not automatically disqualify you from being involved in the operation of a residential service.

However, ongoing failure to disclose convictions may result in service registration being cancelled.

You are required to complete a criminal history check and submit a National Police Certificate for each individual listed on this form. Go to [www.police.qld.gov.au/documents-for-purchase/national-police-certificates](http://www.police.qld.gov.au/documents-for-purchase/national-police-certificates) to apply.

**Sign here** 

Do you have any convictions less than five years old?

No Yes—Please attach details

Do you have any convictions greater than five years old where the sentence imposed was 30 months imprisonment or greater?

No Yes—Please attach details

Have you ever been bankrupt or had your estate assigned for the benefit of your creditors?

No Yes—Please attach details

Have you ever had an application refused or cancelled under the *Residential Services (Accreditation) Act 2002* or similar Act of any state, territory or country?

No Yes—Please attach details

I have checked the answers I have given in this part and state that they, and the additional documents provided, are true and correct in every detail. I also acknowledge that it will be the ongoing responsibility of the Service Provider to maintain my correct contact details (phone number and email address), with Regulatory Services.

Name of signatory .....

Signature ..... Date .....  
DD / MM / YYYY

## Part 6—Details of the residential service

### Management of the residential service

Will there be an on-site manager? If so, please provide details below

.....  
.....  
.....  
.....  
.....

### Current registration

**Have you/corporation ever been a registered service provider for another registered residential service in Queensland?**

No Yes—Please provide the registration certificate number and address of the registered residential service

.....  
.....  
.....

## Part 6 Details of residential service continued

### Business particulars

What business structure does your service operate under?

Sole Trader      Partnership      Corporation

Trading-entity name .....

Australian Business Number (ABN) .....

Business name .....

Business name registration number .....

Is this the business name to be used in correspondence? ..... Yes      No

If no, please indicate name to be used in correspondence

.....

## Part 7—Criminal history check (to be completed by each individual applicant and associate)

### Criminal history check

A criminal history check is required and you must supply a National Police Certificate for each individual listed on this form.

You can apply for National Police Certificates at [www.police.qld.gov.au/documents-for-purchase/national-police-certificates](http://www.police.qld.gov.au/documents-for-purchase/national-police-certificates) . Fees may apply.

## Part 8—Checklist and declaration of applicant

### Section 1—Checklist and declaration

N/A=Not applicable

Have you completed the following?

I have read all the accompanying Notes for this form.

I have completed all relevant parts of the form.

I have enclosed the appropriate fee for an amendment to registration (change of service provider).

I have completed a criminal history check for each individual listed on this form and enclosed the National Police Certificate/s (issued within the last 12 months).

**I have checked the answers I have given on this form and state that they, and the additional documents provided, are true and correct in every detail to the best of my knowledge.**

Name of signatory .....

Signed .....

Date ..... DD / MM / YYYY


Name of signatory .....

Signed .....

Date ..... DD / MM / YYYY

**New service provider  
applicant/s  
Sign here** ➡

## Part 9—Current service provider

<b>Service provider</b>	<p>Is the service provider an individual or a corporation?</p> <p>Individual—Go to individual service      Corporation—Go to corporate service</p>
<b>Individual service provider</b>	<p>Preferred title      Mr      Mrs      Ms      Miss      Other (specify) _____</p> <p>Last names _____</p> <p>First names _____</p>
<b>Corporate service provider</b>	<p>Full name of corporation _____</p> <p>ACN (Australian Company Number) if applicable _____</p>
<p><b>Declaration by current registered service provider</b></p> <p>For corporation— 1 x director and 1 x director or secretary unless you are a sole director—see section 127 of the <i>Corporations Act 2001</i> (Cth).</p> <p><b>Current service providers sign here</b></p> <p>For corporation— 1 x director and 1 x director or secretary unless you are a sole director—see section 127 of the <i>Corporations Act 2001</i> (Cth).</p> <p><b>Sign here</b> </p>	<p>I (print name and position) _____</p> <p>Being the current registered service provider for the registered residential service at (print address of registered residential service) _____</p> <p>_____</p> <p>To which registration certificate number (insert number) _____ applies, confirm that:</p> <p>*I surrender my position as the registered service provider for the above registered residential service on the approval of (insert name of applicant) _____</p> <p>_____</p> <p>as the new registered service provider; <b>or</b></p> <p>*(insert name of applicant) _____</p> <p>will be an additional service provider to those currently shown on the current registration certificate number (insert certificate number) _____</p> <p>_____</p> <p>for the residential service located at (insert address of registered residential service) _____</p> <p>_____</p> <p>_____</p> <p><i>*delete as appropriate</i></p> <p>Name of signatory _____</p> <p>Signature _____ Date _____ DD / MM / YYYY</p> <p>Name of signatory _____</p> <p>Signature _____ Date _____ DD / MM / YYYY</p>



**Part 10—Lodgement and payment details**

<b>Lodgement</b>	<p>Please email the completed application, any supporting documentation and fees to <a href="mailto:regulatoryservices@housing.qld.gov.au">regulatoryservices@housing.qld.gov.au</a>.</p> <p>If you would like more information regarding this application, contact Regulatory Services on 07 3013 2666, email <a href="mailto:regulatoryservices@housing.qld.gov.au">regulatoryservices@housing.qld.gov.au</a>, or visit our website at <a href="http://www.housing.qld.gov.au">www.housing.qld.gov.au</a>.</p> <p>After hours enquiries can be made by calling 13 QGOV (13 74 68).</p>
<b>Payment Details</b>	<p>Pay via BPOINT at:</p> <p><a href="http://www.bpoint.com.au/pay/DHPWREGULATORYSERVICES">www.bpoint.com.au/pay/DHPWREGULATORYSERVICES</a>      Biller Code: <b>1655513</b></p> <p><b>Receipts will not be generated unless specifically requested via BPOINT.</b></p>

**Left blank intentionally,  
please turn over for more details**

## Application to become a registered service provider of a currently registered residential service (change of service provider)

*Residential Services (Accreditation) Act 2002*

This form is effective from 28 November 2024

ABN: 86 504 771 740

### Instructions

One or more persons may be registered as the service provider for a residential service.

Each applicant applying to become a registered service provider of a currently registered residential service should complete a copy of this form. Please make as many copies as required. If the service is run by a partnership/group of individuals please ensure that each partner/individual completes a copy of this form.

An individual or corporation may register as a service provider for more than one registered residential service. Separate applications should be submitted for each residential service.

This form should only be completed if applying to become a service provider for a currently registered residential service. If the service is not currently registered, complete *Form 1—Application for registration of a residential service*.

### Definitions

**Associates** All associates of the applicant must be listed in, and must sign, Parts 5 and 7 of this form.

A person is an ‘associate’ of a service provider for a residential service if the person makes decisions, in the course of the service, that influence the operation of the service, or the health, safety or other interests of residents in the service.

Examples of an associate are

1. persons employed by the service provider to:
  - a) negotiate and enter into agreements with residents on the service providers behalf
  - b) make house rules for a registered premises
  - c) manage a personal care service provided to residents in the service
  - d) manage the medication of residents in the service, and
  - e) manage the finances, or financial transactions of residents in the service.
2. for a service provider that is a corporation—an executive officer of the corporation who takes part in the management of the services (i.e. a director or other executive)

A person is not an associate merely because they do one or both of the following:

1. collects rent from residents in the service
2. cleans or maintains the registered premises or facilities.

A **change** to a registered residential service premises means if it is destroyed, damaged, renovated or otherwise changed, in a significant way (section 69). A change can also include the where an additional premises is added to the residential service (section 64). NOTE: completion of *Form 7—Notice of other changes* will be required.

### Fee schedule

The fee for an application to change a service provider is \$190.05 as outlined in the *Residential Services (Accreditation) Regulation 2018*.

**Note:** to supply incorrect or misleading information may subsequently result in the cancellation of registration. Conducting a residential service without registration may attract a maximum penalty of 200 penalty units (maximum penalty \$33,380). The penalty for a corporation may be up to 1000 penalty units (maximum penalty \$166,900).