

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 3 September 2018

ABN: 86 504 771 740

OFFICE USE ONLY

Date received

Application number

Lodgement details

Lodgement unit number

Amount allocated

\$

CHC amount

\$

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 3008 3450 or Department of Housing and Public Works on 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 disclosed to the Queensland Police Service, who will then pass on your personal information to other law enforcement agencies in Australia (including federal, states and territories) in order to verify details of your criminal history. 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

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

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

Applicant details Complete for each individual or partner.	Preferred title Mr Mrs Ms Miss Other (specify) _____ Last name _____ First names _____ Have you been known by any other name? No Yes—Give other name(s) _____
Place of birth and date of birth See notes for who can certify a document	Place of birth (town, state and country) _____ _____ Date of birth _____ <div style="text-align: right;">DD / MM / YYYY</div> (Please supply a certified copy of your birth certificate, birth extract, passport or driver licence.)
Contact details	Phone (business) _____ Fax (business) _____ Phone (home) _____ Mobile _____ Email _____ Preferred contact method Phone Fax Mobile Email Mail
Residential address	Address _____ Suburb _____ State _____ Postcode _____
Postal address If same as above, please check box	Postal address _____ Suburb _____ State _____ Postcode _____
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. A criminal history check will be conducted in accordance with the Act.	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. Signature _____ Date _____ <div style="text-align: right;">DD / MM / YYYY</div>
Sign here ➡	

Part 4—Service provider details—Corporation

Corporation service provider	ACN (Australian Company Number) Full name of corporation
Corporation registered office address	Address Suburb State Postcode
Postal address If same as above, please check box	Postal address Suburb State Postcode
Nominated director Director nominated as main contact	Preferred title Mr Mrs Ms Miss Other (specify) Last name First names Address Suburb State Postcode Phone (business) Fax (business) Phone (home) Mobile Email Preferred contact method Phone Fax Mobile Email Mail
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. A criminal history check will be conducted in accordance with the Act. 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 <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. Signature Date DD / MM / YYYY

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

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

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.

A criminal history check will be conducted in accordance with the Act.

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.

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)

Signature of all individual applicants and associates.

Please attach separate sheet for additional signatures.

Sign here ➡

A criminal history check will be conducted on each individual applicant and associate. The fee for the check conducted is \$39.75 (inclusive of \$1.17 GST) and the processing of the application will not be progressed until this fee is paid.

Criminal history checks will be conducted in accordance with the legislation as outlined in the *Residential Services (Accreditation) Act 2002*.

Criminal history check fee \$39.75 x = \$

The application fee does not include the criminal history check fee of \$39.75 per individual applicant and associate (i.e. a company with two associates will be required to pay \$79.50 being 2 x \$39.75 for the criminal history checks).

I/We also consent to a national criminal history check being conducted by the Queensland Police Service (QPS) and for QPS and other Australian police services to disclose criminal history information and any impending charges to the Department of Housing and Public Works. I understand any disclosures will be subject to applicable Commonwealth, state or territory legislation and/or police policy.

Signature

Signatory's name

Date
DD / MM / YYYY

Signature

Signatory's name

Date
DD / MM / YYYY

Part 8—Checklist and declaration of applicant

Section 1—Checklist and declaration

N/A=Not applicable

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

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 a certified copy of a birth certificate, birth extract, passport or drivers licence—for each individual applicant and associate

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

I have included the criminal history check fee for each person whose date and place of birth has been requested.

Criminal history check fee \$39.75 x = \$

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.

Signed

Date
DD / MM / YYYY

Signed

Date
DD / MM / YYYY

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

Part 9—Current service provider

[illegible]

Part 10—Lodgement and payment details

Lodgement

Please post the completed application, any supporting documentation and fees to the address below:

Regulatory Services
Department of Housing and Public Works
GPO Box 690
Brisbane QLD 4001

If you would like more information regarding this application, contact Regulatory Services on 07 3008 3450, email regulatoryservices@hpw.qld.gov.au, or visit our website at www.hpw.qld.gov.au.

After hours enquiries can be made to the Department of Housing and Public Works on 13 QGOV (13 74 68).

Payment Details

Money Order Cheque BPOINT

Please make money order or cheque payable to Regulatory Services. Pay via BPOINT at www.bpoint.com.au/pay/DHPWREGULATORYSERVICES Biller Code: **1655554**

A receipt will not be issued unless specifically requested.

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

Residential Services Form 4—Notes



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 3 September 2018

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*.

A certified copy of a birth certificate, birth extract, passport or driver licence is required for each partner/individual. A Justice of the Peace, Commissioner for Declarations, solicitor or notary public can certify copies of documents.

Definitions

Associates All associates of the applicant must be listed in, and must sign, Parts 5 and 7 of this form. A criminal history check will be performed for all associates.

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 \$163.80 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 \$26,110). The penalty for a corporation may be up to 1000 penalty units (maximum penalty \$130,550).