Application to transfer aged care places to another provider

This form must be completed by both the approved provider holding the allocation of places (the transferor) and the party seeking the places (the transferee).

If the places are being transferred to more than one party, a separate form must be submitted for each transferee.

This application should be submitted no later than:

- 60 days before the proposed transfer date if the transferee has been approved as a provider of aged care (even if the approval has not yet begun to be in force); or

- 90 days before the transfer day if the transferee has not been approved under section 8-1 of the Aged Care Act 1997 (the Act) as a provider of aged care (or has its approval limited to a particular type of care which does not include the care type being transferred).

Please note that if the information included in this application changes, the application is taken not to have been made under this section unless the transferor and transferee give the Secretary written notice of the changes: subsections 16-2(8) and 16-14(8) of the Act.

If you have any questions about completing this form, please phone 1300 653 227 and ask for aged care services in your state or territory office.

If you require more room, please attach additional pages. Please ensure that any additional pages are clearly labelled with your details and refer to the specific question.

Note: You may be contacted by the Department to discuss your application. The Department may, at its discretion, request documentation to support your claims.

Transferees must attach the last audited company statements for all of its aged care services (if any), unless these have already been provided to the Department.
Please note the following parts to this form as you are only required to complete certain parts.

If this is a transfer of **residential or flexible care places** please complete Parts A, B, C, F, G and I.

If this is a transfer of **home care places**, please complete parts A, B, F, H and I.

If this is a transfer of **provisionally allocated places**, please complete parts A, B, D, E, F, G and I.

<table>
<thead>
<tr>
<th>Relevant Part</th>
<th>To be completed by</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A Details of transferor and transferee</td>
<td>BOTH Transferor &amp; Transferee</td>
<td></td>
</tr>
<tr>
<td>Part B Details of the application</td>
<td>Transferor</td>
<td></td>
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<tr>
<td>Part C For operational residential and flexible care places only</td>
<td>Transferor</td>
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<tr>
<td>Part D For provisionally allocated places only</td>
<td>Transferor</td>
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<tr>
<td>Part E For provisionally allocated places only</td>
<td>Transferee</td>
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<tr>
<td>Part F Details of the application</td>
<td>Transferee</td>
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<tr>
<td>Part G For places relating to residential, flexible care and provisionally allocated places only</td>
<td>Transferee</td>
<td></td>
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<tr>
<td>Part H For places relating to home care only</td>
<td>Transferee</td>
<td></td>
</tr>
<tr>
<td>Part I Declaration – must be signed</td>
<td>BOTH Transferor &amp; Transferee</td>
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</tbody>
</table>

Have you attached the last audited company statements for all relevant aged care services? (Transferee only) □ Yes □ No  
□ Last audited company statements have already been provided  
*Write name of application with which the statements were provided here*

*If you are applying in relation to provisionally allocated places, please address general questions about care recipients as though they are being asked about future care recipients. In some instances, it may be appropriate to simply say ‘not applicable’.  

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# Part A – Details of Transferor and Transferee

## Transferor details

Name of approved provider:

**Address of approved provider**  
Street address / PO Box:  
Suburb:  
State:  
Postcode:

**Key personnel for this application**  
Title:  
Given name(s):  
Family name:  
Position:  
Contact phone:  
Email address:

**Service ID (if applicable):**

Name of aged care service at which the places to be transferred are located and operated from:

**Physical address of the aged care service where the places are located and operate from:**  
Street number and number:  
Suburb/town:  
State/Territory:  
Postcode:

## Transferee details

Name of approved provider:

**Address of approved provider**  
Street address / PO Box:  
Suburb:  
State:  
Postcode:

**Key personnel for this application**  
Title:  
Given name(s):  
Family name:  
Position:  
Contact phone:  
Email address:

**Service ID (if applicable):**
<table>
<thead>
<tr>
<th>Name of aged care service at which the places to be transferred will be located and operated from:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical address of the aged care service where the places will be located and operate from:</strong></td>
</tr>
<tr>
<td>Street number and number:</td>
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<tr>
<td>Suburb/town:</td>
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<tr>
<td>State/Territory:</td>
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<td>Postcode:</td>
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</table>

A1. Please set out any variation of the conditions to which the allocation is subject under section 14-5 of the Act, for which approval is being sought as part of the transfer.

A2. After the transfer, will the places relate to a different aged care service?
   - No   □   Please go to A4.
   - Yes □   Please go to A3.
A3. Please set out your proposal for ensuring that care needs are appropriately met for care recipients who are being provided with care in respect of those places.

A4. If the transferee owns the premises being used by the transferor, and proposed to be used by the transferee, does the premises meet the Accreditation Standards?

- Yes ☐  Please go to B1.
- No ☐  Please go to A5.
- N/A ☐  Please go to B1.

A5. Please outline any steps the transferee has taken to improve the premises.
Part B – Details of the application – Transferor to complete

Details of places to be transferred
Please note, if the places are being transferred to more than one party, a separate form must be submitted for each transferee.

B1. Please specify the places you wish to transfer in the following table:

<table>
<thead>
<tr>
<th>Type of place (please tick)</th>
<th>Total Number of Places</th>
<th>Please tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care</td>
<td></td>
<td></td>
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<tr>
<td>(including Respite &amp;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisionally Allocated)</td>
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<tr>
<td>Home Care</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Level 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Level 2:</td>
<td></td>
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<td></td>
<td>Level 3:</td>
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<tr>
<td></td>
<td>Level 4:</td>
<td></td>
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<tr>
<td>Flexible Care</td>
<td></td>
<td></td>
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<tr>
<td>• Multi-purpose Service (MPS)</td>
<td>MPS:</td>
<td></td>
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<tr>
<td>• Innovative Pool</td>
<td></td>
<td></td>
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<tr>
<td>• Transition Care</td>
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</tbody>
</table>

B2. If any of the places specified in B1 were allocated to meet the needs of people with special needs\(^1\), will those needs continue to be met after the transfer?

Yes \[\square\]  
No \[\square\]  
N/A \[\square\]

B3. Proposed transfer day: \textit{dd/mm/yyyy}

\(^1\) People with special needs has the meaning given in section 11-3 of the Act and includes people: from Aboriginal and Torres Strait Islander communities; from culturally and linguistically diverse backgrounds; who live in rural and remote areas; who are financially or socially disadvantaged; who are veterans; who are homeless or at risk of becoming homelessness; care-leavers; parents separated from their children by forced adoption or removal; or who are lesbian, gay, bisexual, transgender or intersex.
Notifying Affected Care Recipients and Representatives

For provisionally allocated places go to Part D.

Note: these questions are about the effect that a change of ownership will have on care recipients.

B4. Have you notified the affected care recipients about the proposed transfer?
   Yes ☐     dd/mm/yyyy  Please go to B5.
   No ☐    Please go to B9.

B5. How were affected care recipients notified about the proposed transfer?
   In writing ☐ When were they notified in writing?  dd/mm/yyyy
   At a meeting ☐ When was the meeting held?  dd/mm/yyyy
   Other ☐ Detail here
   Not notified ☐ Detail here

B6. If at a meeting, is there written evidence of the issues discussed at the meeting?
   Yes ☐ Please attach.
   No ☐ Please go to B7.
   N/A ☐ Please go to B9.

B7. If at a meeting, were any concerns about the proposed transfer expressed by the care recipients?
   Yes ☐ Please go to B8.
   No ☐ Please go to B9.

B8. Please state the care recipients’ concerns and the measures being taken by you and the transferee to address these concerns:
B9. Have you notified representatives of the affected care recipients about the proposed transfer?

Yes ☐

No ☐

**Transferring Affected Care Recipients**

B10. While the places are being transferred, what measures do you propose to take to maintain services for affected care recipients?

B11. What guarantees do you propose to give that the affected care recipients will not be disadvantaged because of the proposed transfer?
B12. Please describe how you as the approved provider propose to ensure that the service remains financially viable after the places have transferred. Please include information on the financial and organisational viability of your service and how this relates to the capacity of your service to provide long-term and ongoing care to current and future care recipients within your service and nominated region.

Attach additional information if needed.
Part C – For places relating to residential and flexible care – Transferor to complete

C1. Have any care recipients indicated they do not want to move to the aged care service to which the places are proposed to be transferred?
   Yes ☐ Please go to C2.
   No ☐ Please go to C3.

C2. What measures do you propose to take to help these care recipients find suitable alternate care and accommodation of their choice?

C3. How do you propose to help the affected care recipients move (with their personal possessions) if they are relocated?
C4. What measures do you propose to take to settle the accounts of the affected care recipients, and refund their refundable deposit balances as required by section 52P-1 of the Act?
Part D – For provisionally allocated places – Transferor to complete

D1. Please provide evidence of your progress towards being in a position to provide care in respect of the places, including specific information such as dates and key milestones.

D2. Please outline the reasons why you have not been able to apply to the Secretary to have the provisional allocations take effect under section 15-1 of the Act. Please include associated dates of activities where appropriate.
D3. What are the exceptional circumstances that you consider will justify the transfer in meeting the needs of the aged care community in the region for which the places are provisionally allocated?
Part E – For provisionally allocated places – Transferee to complete

E1. Please provide the date on which, if the transfer were to take place, you would be in a position to provide care in respect of the places
dd/mm/yyyy

E2. What standard of care, accommodation and other services do you propose to provide if the transfer were to occur?

E3. Please demonstrate the suitability of the premises proposed to be used to provide care if the transfer were to occur.
Part F – Details of the application – Transferee to complete

Transfer Day

F1. Have you been approved as a provider of aged care services?
   Yes □ Please go to F2.
   No □ Please go to F3.

F2. Is the proposed date of transfer less than 60 days from now?
   Yes □ Please go to F4.
   No □ Please go to F5.

F3. Is the proposed Date of Transfer less than 90 days from now?
   Yes □ Please go to F4.
   No □ Please go to F5.

F4. Please state the reasons why the proposed date of transfer is less than 60/90 days from now. It is recommended you also call the Department to discuss this.

F5. After the transfer, will the service to which the places are transferred, or a distinct part of that service, have extra service status?
   □ Yes
   □ No
Meeting Care Arrangements

F6. How do you propose to undertake the responsibilities of an approved provider under Part 4.1 and 4.2 of the Act and 4.2 of the *Aged Care ( Transitional Provisions) Act 1997*?

F7. Briefly outline how you propose to:
- protect the rights of individual care recipients;
- ensure the quality of care for care recipients;
- maintain the independence of care recipients; and
- support the social functioning, including maintaining contact with family, friends and the community?
Part G – For places relating to residential, flexible care and provisionally allocated places – Transferee to complete

G1. How do you propose to ensure the service is financially viable?
G2. Briefly outline how you propose to:
- provide continuing assessment services and evaluation programs for care recipients;
- provide accommodation and care that meets the individual needs of care recipients;
- provide accommodation and care for care recipients with special needs;
- provide a non-institutional environment in which care recipients will be encouraged to keep personal possessions;
- provide varying levels of care relevant to the needs of individual care recipients;
- decide criteria for admission to the proposed aged care service (for example, whether you would only admit people from a particular area).
G3. Are you proposing to construct or develop premises to accommodate the transferred places?

Yes □ Please go to G4.
No □ Please go to Part I.

G4. Please provide a description of the project and a detailed description of the site, including size, suitability, topography and any heritage issues.

G5. Provide an estimate of the total cost and the means by which you propose to meet this cost $ ______________________
G6. What are the ownership arrangements of the proposed site?

G7. How is the land around the site being used?
G8. What are the characteristics of the neighbourhood of the site, including the location of shops, and availability of public transport and community services?

G9. Are there any proposals before an authority in the state or territory concerned about the use of the site (for example, proposals to rezone the site)?

Yes □
No □

If yes, please detail below.
G10. Please provide a detailed timetable for calling tenders, planning and construction and development of the service, the factors likely to affect the achievement of the timetable, and an indication of your ability to meet the timetable.

G11. Are there any existing conditions of allocation attached to the places?
   Yes ☐ Please go to G12.
   No ☐ Please go to G13

G12. How do you intend to comply with any existing conditions of allocation and any conditions that are varied as part of this application?
Accommodation bonds

G13. Have you sought independent financial advice for accepting liability for accommodation bonds relating to the transfer of places?

Yes ☐
No ☐

G14. Do you accept liability for any accommodation bonds from the transferor for residents that will occupy the proposed transfer of places?

Yes ☐
No ☐
N/A ☐
Part H – For places relating to home care – Transferee to complete

H1. Please provide details of the financial viability of your aged care service, including a detailed business plan showing operational revenue and expenditure.

H2. Please provide a timetable for implementing the provision of care before, during and after the transfer, including details of any suspension or reduction of care.

H3. How will you ensure that care recipients are given planned, co-ordinated packages of care services, designed to meet their needs, and provide ongoing assessment and review of care needs?
H4. Please provide details of your case management arrangements.

H5. How will you ensure continuing consumer consultation and involvement in the provision of care?

H6. If you plan to extend your existing service structure, how will you integrate existing and new services?
H7. Please provide details of relationships between your aged care service and community organisations in the region concerned.

H8. How do you intend to ensure that the places become operational in a timely manner? Please include dates or timeframes and activities.
Part I – Declaration – Transferor and transferee to complete

This application must be signed only by those persons who are legally authorised to sign for and on behalf of the approved provider. A person who gives information to a Commonwealth entity, or to a person exercising powers or performing functions under, or in connection with, a law of the Commonwealth, or gives the information in compliance or purported compliance with a law of the Commonwealth, and does so knowing the information is false or misleading, or omits any matter or thing without which the information is misleading, may be guilty of an offence under the Criminal Code Act 1995.

I/We declare that all the information set out in all sections completed in this application, and any associated attachments, is true and complete.

I/We declare that the key personnel in my/our service are, and will continue to be, suitable to provide aged care and are not disqualified individuals.

I/We consent to the Secretary of the Department of Social Services obtaining information and documents from other persons or organisations, including the Australian Aged Care Quality Agency and state, territory and Australian Government Departments/authorities, to assist in assessing the application.

Transferor

Name:______________________________________________________________

Position:____________________________________________________________

Signature: _______________________ Date:_______________________________

Transferee

Name:______________________________________________________________

Position:____________________________________________________________

Signature: _______________________ Date:_______________________________
Please send the completed form to the Department

By post:
Aged Care Branch
Department of Social Services
GPO Box 9820
In the capital city of the state or territory in which the aged care service is located.

By email:
To the state office in which the aged care service is located.
QLDplaces@dss.gov.au; NSWplaces@dss.gov.au; VICplaces@dss.gov.au;
TASplaces@dss.gov.au; SAplaces@dss.gov.au; WAplaces@dss.gov.au;
NTplaces@dss.gov.au.

If you have any questions about completing this form, please phone 1300 653 227 and ask to speak with a Departmental Officer in aged care in your state or territory office.