

# Transfers Guidelines

**V 1.1**

**Disclaimer**  
This document is not a stand-alone document and does not contain the entirety of Disability Employment Services Providers' obligations. It should be read in conjunction with the Disability Employment Services Grant Agreement and any relevant guidelines or reference material issued by the Department of Social Services under or in connection with the Disability Employment Services Grant Agreement.

## Table of Contents

[Transfers Guidelines 1](#_Toc525737733)

[Table of Contents 2](#_Toc525737734)

[Document Change History 3](#_Toc525737735)

[Background 3](#_Toc525737736)

[Disability Employment Services Grant Agreement Clauses 4](#_Toc525737737)

[Reference documents relevant to these Guidelines 4](#_Toc525737738)

[Explanatory Note 4](#_Toc525737739)

[Participant initiated Transfer 5](#_Toc525737740)

[Transfer due to Relocation 7](#_Toc525737741)

[Transfer due to Relationship Failure or Better Services with another Provider 9](#_Toc525737742)

[Transfer by Agreement 11](#_Toc525737743)

[Transfer by Assessment 13](#_Toc525737744)

[Attachment A – Transfer due to Relationship Failure form 14](#_Toc525737745)

[Attachment B – Transfer by Agreement form 15](#_Toc525737746)

**Transfers Guidelines**

### Document Change History

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Effective Date** | **End Date** | **Change & Location** |
| 1.1 | 3 Dec 2018 |  | Updated Grant Agreement clause references.  Updated links to Transfer by Agreement form |
| 1.0 | 1 Jul 2018 | 2 Dec 2018 | Original version of document |

### Background

These Guidelines outline Disability Employment Services (DES) Providers’ responsibilities and required actions when transferring or receiving transferred Participants in Disability Employment Services.

A Participant may change Providers upon request, up to five times from Referral until Exit (Participant initiated transfer). The Participant can contact the National Customer Service Line (NCSL) to request a transfer and the NCSL will ask the Participant to confirm whether they wish to use one of their Participant initiated transfers.

If the Participant chooses not to use, or has exhausted, their Participant initiated transfers, a transfer can occur where:

* the Participant is unable to achieve or maintain a reasonable and constructive relationship with their Provider (relationship failure transfer); or
* changing their Provider would increase the Participant’s employment prospects (better servicing transfer); or
* the Participant’s current Provider and a new Provider both agree to the transfer (transfer by agreement)
* the Participant moves to a new location (relocation transfer); or
* the Participant requires a change of Provider as a result of an Ongoing Support Assessment, Employment Services Assessment or Job Capacity Assessment (Assessment transfer).

Impact of transfers

When a Participant transfers to a new Provider, the Participant’s status reverts to ‘pending’. While in this state, the Participant’s service is paused, preventing progress towards payment of the next Service Fee or Outcome Fee. Similarly, periods of employment while at pending status are not counted towards the Participant’s outcome period.

The receiving Provider must immediately facilitate and cooperate with the transfer by conducting an initial appointment and commencing the Participant. Commencing a Participant resumes progress towards the next Service Fee or Outcome Fee, and ensures that services continue to be provided to the Participant without delay.

Funding associated with a Participant transfers with the Participant to the new Provider as follows:

* Service Fees, which are paid in advance to Providers for a three month service period, are recovered proportionately from the relinquishing Provider based on the amount of time left in the Service Fee period from the date of transfer, and that amount is paid to the receiving Provider;
* Outcome Fees, for those participants that transfer while in Post Placement Support, are payable to the Provider servicing the Participant at the time the Outcome becomes payable; and
* Ongoing Support Fees (Moderate and High), are paid on a pro rata basis to the relinquishing provider and the receiving provider, based on the period of time they serviced the Participant in the monthly or quarterly period of Ongoing Support.

**Note**: Job seekers who are receiving Post Placement Support or Ongoing Support do not normally transfer providers. Such a transfer must be approved by the Department.

### Disability Employment Services Grant Agreement Clauses

Clause 80 – Provision of Program Services

Clause 91 – Appointments with Participants

Clause 92 – Initial Interview

Clause 106 – General requirements for a Job Plan

Clause 126 – Reviews of Ongoing Support

Clause 129 – Change of Circumstances Reassessment during Ongoing Support

Clause 132 – Participant initiated transfer

Clause 133 – Relocation of Participant

Clause 134 – Relationship failure, transfer by agreement, transfers by the Department and transfer by assessment

Clause 135 – Provider obligations on transfer

### Reference documents relevant to these Guidelines

Contacts Guidelines

Documentary Evidence for Claims for Payment Guidelines

Eligibility, Referral and Commencement Guidelines

Job Plans Guidelines

Targeted Compliance Framework: Mutual Obligation Failures Guidelines

Ongoing Support Guidelines

Relocation Assistance to Take Up a Job Guidelines

Service Fee Guidelines

Servicing Participants with Challenging Behaviours Guidelines

### Explanatory Note

All capitalised terms have the same meaning as in Disability Employment Services Grant Agreement.

In this document, “must” means that compliance is mandatory and “should” means that compliance represents best practice.

### Participant initiated Transfer

| **Who is Responsible:** | **What is Required:** |
| --- | --- |
| **1. Participant**  Participant initiates transfer to another provider  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 132 | A Participant may transfer to a new Provider, for any reason, up to five times during their time in DES. The Participant may choose to use a Participant initiated transfer rather than another reason if they want to transfer immediately, or do not want to provide justification for the transfer.  Participants can request a transfer by contacting the NCSL and nominating their chosen Provider. Each time a Participant initiated transfer is used, the available number of such transfers will be reduced by one. The NCSL will ask the Participant to confirm that they are willing to use one of their five Participant initiated transfers.  Participants that have exhausted their five transfers, or do not want to use their Participant initiated transfer, may be transferred only where they satisfy one of the other transfer conditions specified in these Guidelines (such as a transfer due to better servicing or relationship failure).   * **Proceed to Step 2.**   **Notes**:   * A Participant may instead choose to request a transfer using one of the other available transfer processes detailed in these Guidelines, where appropriate. Any such transfer must occur using the processes described, and in such a case the number of Participant initiated transfers will not be changed. * Participants with a current Level 3 Incident Report and Pre‑release Prisoners cannot use Participant initiated transfers. In this case, the Provider must contact the Department's Employment Systems Help Desk on 1300 305 520 to facilitate a transfer where agreement has been reached by all parties (for further information refer to the [*Servicing Participants with Challenging Behaviours Guidelines)*](https://ecsnaccess.gov.au/sites/SecureSitePortal/DES/Documents/Current/Servicing%20Participants%20with%20Challenging%20Behaviour.pdf)*.* |
| **2. NCSL**  The NCSL transfers the Participant.  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 134.2 | Upon receiving a request to transfer to a new Provider, the NCSL will check that the Participant is eligible for a Participant initiated transfer by confirming they have not exhausted their available five Participant initiated transfers.  If the Participant requests a transfer but has not chosen a Provider, the NCSL will redirect the Participant to the [JobAccess](https://www.jobaccess.gov.au/) website (https://www.jobaccess.gov.au/) to review the available Providers. The NCSL cannot choose a new Provider on behalf of the Participant.  The NCSL will refer an eligible Participant to the new Provider of their choice.  The original and new Providers will receive a noticeboard message that the Participant has transferred caseloads.   * **Proceed to Step 3.** |
| **3. The Provider**  The new Provider delivers services to the transferred Participant.  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 135 | The new Provider must immediately facilitate and cooperate with the transfer so as to enable services to continue to be provided to the Participant. This includes contacting the Participant to arrange a suitable initial Contact appointment. See the *Contacts Guidelines* and the *Job Plans Guidelines* for more details.  **Note:** Standard compliance rules apply for Activity Tested Participants who do not attend. See the *Targeted Compliance Framework: Mutual Obligation Failures Guidelines*.  An Initial Interview session type will be used in the Calendar for this appointment. The Provider does not have to deliver all of the information and services normally required in the Initial Interview, but must:   * explain the Program Services that the Provider will provide; * review and update the Participant’s Job Plan; and * commence delivering Program Services in accordance with their Job Plan.   The new Provider will have access to Participant records, personal details and history of events. Some information that relates to previous Providers, such as Skills Assessment or Participation Reports will show as completed but the detail will not be accessible to the new Provider.   * **End of Process** |

### Transfer due to Relocation

| **Who is Responsible:** | **What is Required:** |
| --- | --- |
| **1. Participant**  Participant relocates/changes residential address.  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 133 * Clause 134 | When a Participant notifies Centrelink of a change of address, Centrelink will record the new address and notify the Department via the Department’s IT Systems.  **Participants in Employment Assistance**  When the Department’s IT systems detect a change of address, the Participant will receive a message requesting them to consider whether it is appropriate to change to a Provider closer to their new address. The current Provider should also contact the Participant to discuss the matter if a transfer may be appropriate.  If the Participant wants to change their Provider, they will have five business days to call the National Customer Service Line (NCSL) and request a transfer. This will not consume one of their five Participant Initiated transfers. If the Participant calls the NCSL after five days and requests a transfer, the Participant can still transfer if they use a Participant initiated transfer (if the Participant chooses) or transfer by agreement.  The Participant does not need to contact the NCSL if they do not wish to transfer their Provider. The Provider will continue to deliver Program Services to the Participant without interruption.  The NCSL will facilitate a transfer to the Participant’s nominated Provider if it meets normal Participant choice program settings, otherwise the NCSL will require the Participant to select a Provider that satisfies those settings.   * **Proceed to Step 2**.   If the NCSL cannot confirm that the Participant has changed address, the transfer will not be approved. The Participant’s existing Provider must continue to provide Program Services to the Participant at no additional cost to the Department. The Participant is still able to change their Provider via a Participant initiated transfer if they are within their transfer limit.   * **End of Process**   **Participants in Post Placement Support or Ongoing Support**  Participants in Post Placement Support or Ongoing Support will not be prompted to change their Provider following a change of address.   * **End of Process**   If the Provider does not consider it possible to continue to service the Participant following a change of address, a transfer may be appropriate. See ‘Transfer by Agreement’ or ‘Transfer due to Better Services for the Participant with another Provider’. |
| **2. The Department**  The Department notifies the Providers and the Participant of the transfer. | The Participant will be transferred by the NCSL to the chosen Provider. The relinquishing Provider and the gaining Provider will receive a noticeboard message, and the Participant will receive the details of their new Provider via SMS and/or email if those are identified as being a preferred method of contact.   * **Proceed to Step 3** |
| **3. Provider**  The new Provider arranges an initial Contact appointment and starts delivering services to the Participant.  *Disability Employment Services Grant Agreement Clauses References:*   * Clause 91 * Clause 134 * Clause 135.1 * Clause 135.2 | The new Provider must immediately facilitate and cooperate with the transfer so as to enable services to continue to be provided to the Participant. This includes contacting the Participant to arrange a suitable initial Contact appointment.  **Note:** Standard compliance rules apply for Activity Tested Participants who do not attend. See the *Targeted Compliance Framework: Mutual Obligation Failures Guidelines*.  An Initial Interview session type will be used in the Calendar for this appointment. The Provider does not have to deliver all of the information and services normally required in the Initial Interview, but must:   * explain the Program Services that the Provider will provide; * review and update the Participant’s Job Plan; and * commence delivering Program Services in accordance with his or her Job Plan.   If the Participant is seeking to relocate for employment through *Relocation Assistance to Take Up a Job*, the two Providers should discuss their roles and responsibilities, including support to be provided to the Participant and expenses to be covered under the initiative, including any wage subsidies. If an agreement cannot be reached, the Account Manager or delegate should be notified. The Department will not pay the same expenses to both Providers – Refer to the *Relocation Assistance to Take Up a Job Guidelines.*  The new Provider will have access to Participant’s records, personal details and history of events. Some information that relates to previous Providers, such as Skills Assessment or Participation Reports will show as completed but the detail will not be accessible to the new Provider.   * **End of Process** |

### Transfer due to Relationship Failure or Better Services with another Provider

| **Who is Responsible:** | **What is Required:** |
| --- | --- |
| **1. Provider or Participant**  Provider or Participant requests a transfer due to a relationship failure or for better servicing reasons.  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 134 | **Provider requested transfer**  If a Provider, after taking all reasonable action to resolve the situation, cannot achieve or maintain a reasonable and constructive service relationship with a Participant, the Provider can apply to the NCSL for a Participant transfer. The Provider should forward to the NCSL for review and determination a completed [*Transfer due to relationship failure Form*](https://ecsnaccess.gov.au/sites/SecureSitePortal/DES/GuidelinesandSupportingDocuments/Operational-Servicing/Transfer%20due%20to%20Relationship%20Failure%20Form.pdf) (available on the DES Provider Portal or at Attachment A), with evidence to support the request.   * **Proceed to Step 2**   **Participant requested transfer**  A Participant may apply to the NCSL for a transfer if they feel they are unable to achieve or maintain a reasonable and constructive service relationship with their Provider, or they believe they will receive better services that could enhance their employment prospects from another Provider.   * **Proceed to Step 2** |
| **2. NCSL**  The NCSL reviews the request and determines if the Participant is to be transferred.  Disability Employment Services Grant Agreement Clause Reference:   * Clause 134 | When a transfer request is received the NCSL may take into account any relevant matter including, but not limited to, the following:   * the ability of the Provider and the Participant to work together to service the Participant’s needs; * whether the services outlined in the Participant’s Job Plan and the Service Guarantee are available from the Provider. For example, a Participant may receive more appropriate services from a Specialist Service Provider; * whether the Participant, general public or any staff member of a Provider is likely to be harmed as a result of a continuing relationship (harm may include violence or harassment) or whether there is a lack of sensitivity to the cultural needs of groups such as Indigenous Participants and Participants from culturally and linguistically diverse backgrounds; or * the reasons provided by the Participant as to why he or she would receive better services that could enhance their employment prospects from the other Provider.   The evidence for this decision could include:   * evidence of counselling, conflict resolution or mediation services; * entries on the Participant’s file; * ongoing entries by NCSL staff in the Department’s IT Systems; or * Participant Incident Report/s (as relevant).   The NCSL may also contact the Provider or the Participant for more details regarding the request to transfer as part of their investigation into the relationship failure.   * If the NCSL approves the transfer, **proceed to Step 3** * If the NCSL determines not to approve the transfer, **proceed to Step 4** |
| **3. NCSL**  The NCSL approves the transfer. | If the transfer is approved, NCSL staff will arrange for the transfer of the Participant. The original and new Providers will receive a noticeboard message that the Participant has transferred caseloads.   * **Proceed to Step 5** |
| **4. NCSL**  The NCSL determines not to approve the transfer.  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 134.2 | If the application to transfer is not approved, the NCSL will notify the requesting party of the result of the determination. The Participant will not be transferred and the original Provider must continue to deliver Program Services to the Participant.  Where a Provider or a Participant is not satisfied with the result of the determination, they may request that the decision be reviewed.  If a Participant or a Provider requests an internal review they must contact the NCSL to request a review within 14 business days of the original decision. Reviews are preferably requested in writing to [nationalcustomerserviceline@jobs.gov.au](mailto:nationalcustomerserviceline@jobs.gov.au) and are to be processed within five business days from receipt of a review request where possible.   * If NCSL review determines that the transfer should occur, the process will continue from **Step 3**. |
| **5. Provider**  The new Provider delivers services to the transferred Participant  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 135 | The new Provider must immediately facilitate and cooperate with the transfer so as to enable services to continue to be provided to the Participant. This includes contacting the Participant to arrange a suitable initial Contact appointment. See the *Job Plans Guidelines* for more details.  An Initial Interview session type will be used in the Calendar for this appointment. The Provider does not have to deliver all of the information and services normally required in the Initial Interview, but must:   * explain the Program Services that the Provider will provide; * review and update the Participant’s Job Plan; and * commence delivering Program Services in accordance with their Job Plan.   The new Provider will have access to Participant records, personal details and history of events. Some information that relates to previous Providers, such as Skills Assessment or Participation Reports will show as completed but the detail will not be accessible to the new Provider.  **Note:** Standard compliance rules apply for Activity Tested Participants who do not attend. See the *Targeted Compliance Framework: Mutual Obligation Failures Guidelines*.   * **End of Process** |

### Transfer by Agreement

| **Who is Responsible:** | **What is Required:** |
| --- | --- |
| **1. Participant or Provider**  All parties agree to a transfer.  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 134.1 (b) | A Participant may discuss with their Provider the option of transferring to a different Provider. The current Provider should inform the Participant of their transfer options and discuss whether a transfer by agreement would be appropriate.  The current Provider or the Participant may approach a new Provider regarding a Transfer by Agreement.  When the original Provider, the new Provider and the Participant agree, a Participant is eligible for Transfer by Agreement.  The reason for the transfer may include transport or financial difficulties or that the new Provider would be more appropriate to the Participant’s needs, for example, a Specialist Service Provider.  When considering a transfer request, the current Provider should assess the Participant’s assistance requirements and level of engagement and make a decision on whether the transfer may be beneficial.   * If all parties agree to the transfer, **proceed to Step 3** * If all parties do not agree to the transfer, **proceed to Step 2** |
| **2. The Provider**  Existing Provider continues to deliver services to the Participant.  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 134.2 | If all parties do not agree to a transfer, the Participant will not be transferred and the Provider must continue to deliver Program Services to the Participant.  If the decision is made to reject a transfer request, the original Provider should inform the Participant of the reason. However, if the Participant feels that they can demonstrate that they will receive better services that could enhance their employment prospects from another Provider, they may contact the NCSL to request a transfer due to Relationship failure or better servicing.   * **End of Process** |
| **3. The Provider**  The original Provider, the new Provider and the Participant complete and sign the transfer form. | Where all parties agree to the transfer, a request for a Transfer by Agreement must be completed by both the current and proposed Providers and the DES Participant. There are two options for lodgement:  **Lodgement on the jobactive website**  The DES Participant can lodge a request for Transfer by Agreement on the jobactive (powered by Australian JobSearch) website. The DES Participant's request will first be sent to the proposed Provider and, if that Provider agrees, will be sent on to the DES Participant's current Provider. If both Providers agree, the DES Participant will be automatically transferred.  The current and proposed Providers must action the request for a transfer by agreement within three business days of receiving the request otherwise the request will be automatically declined.  If either the current or proposed Provider declines the request, the transfer will not be actioned and the reason will be entered into the online form. The form will then be sent to the DES Participant.  **Note:** Participants with a current Level 3 Incident Report and Pre‑release Prisoners cannot have their transfer completed through the jobactive website. In this case, the Provider must contact the Department's Employment Services Systems Help Desk on 1300 305 520 to facilitate a transfer where agreement has been reached by all parties (for further information refer to the *Servicing Participants with Challenging Behaviours Guidelines*).  **Lodgement through the Employment Services System (ESSweb)**  A transfer by agreement request can also be lodged in the Department's IT Systems using the *Transfer by Agreement Form*, which is available on the Provider Portal or at Attachment B.  When all parties agree and sign the *Transfer by Agreement Form*, the current Provider must enter the details into the Department's IT Systems to action the transfer. The current Provider must retain a copy of the signed form.  Where either the current or the proposed Provider declines the transfer request, the other parties should be informed of the outcome of the request.  **Proceed to Step 4** |
| **4.** **Provider**  The new Provider arranges an initial Contact appointment and delivers services to the transferred Participant.  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 135.1 | The gaining Provider must immediately facilitate and cooperate with the transfer so as to enable services to continue to be provided to the Participant. This includes contacting the Participant to arrange a suitable initial Contact appointment.  An Initial Interview session type will be used in the Calendar for this appointment. The Provider does not have to deliver all of the information and services normally required in the Initial Interview, but must:   * explain the Program Services that the Provider will provide; * review and update the Participant’s Job Plan; and * commence delivering Program Services in accordance with his or her Job Plan.   The new Provider will have access to the Participant’s records, personal details and history of events. Some information that relates to previous Providers, such as Skills Assessment or Participation Reports will show as completed but the detail will not be accessible to the new Provider.  **Note:** Standard compliance rules apply for Activity Tested Participants who do not attend. See the *Targeted Compliance Framework: Mutual Obligation Failures Guidelines*.   * **End of Process** |

### Transfer by Assessment

| **Who is Responsible:** | **What is Required:** |
| --- | --- |
| **1. The Provider**  The Ongoing Support Assessment recommendation results in a Disability Management Service Participant’s transfer to Employment Service Support.  *Disability Employment Services Grant Agreement* Clause References:   * Clause 122.4 * Clause 126.3(b) * Clause 134.3(a) | A Participant may need to change Provider due to an assessment when:   * an Ongoing Support Assessment (OSA) recommends that a Disability Management Service (DES-DMS) Participant requires the Employment Support Service (DES-ESS) of Moderate or High Ongoing Support (See Ongoing Support Guidelines) or * an Employment Services Assessment (ESAt) or Job Capacity Assessment (JCA) recommends DES-DMS or DES-ESS when the Participant is currently in the other service.   An ESAt or JCA recommended referral is normally actioned by the responsible assessor, but Providers can request a transfer if the referral is not made.  If the Participant needs to move to another site, either with the current or another Provider, in order to receive the new service, the Participant can be transferred to another Provider of their choice.   * **Proceed to Step 2.** |
| **2. The Department’s IT Systems**  Participant transfers to new Provider. | The original Provider should organise a discussion with the Participant to review the assessment recommendation and ascertain the Participant’s choice of Provider.  The original Provider will organise a teleconference with the NCSL, and the Participant will confirm their choice of Provider. The NCSL will arrange for the transfer of the Participant. The original and new Providers will receive noticeboard messages that the Participant has transferred.   * **Proceed to Step 3.** |
| **3. The Provider**  The Provider delivers services to the transferred Participant.  *Disability Employment Services Grant Agreement Clause Reference:*   * Clause 135.1 | The new Provider must immediately facilitate and cooperate with the transfer so as to enable services to continue to be provided to the Participant. This includes contacting the Participant to arrange a suitable initial Contact appointment.  An Initial Interview session type will be used in the Calendar for this appointment. The Provider does not have to deliver all of the information and services normally required in the Initial Interview, but must:   * explain the Program Services that the Provider will provide; * review and update the Participant’s Job Plan; and * commence delivering Program Services in accordance with his or her Job Plan.   The new Provider will have access to Participant’s records, personal details and history of events. Some information that relates to previous Providers, such as Skills Assessment or Participation Reports will show as completed but the detail will not be accessible to the new Provider.  **Note:** Standard compliance rules apply for Activity Tested Participants who do not attend. See the *Targeted Compliance Framework: Mutual Obligation Failures Guidelines*.   * **End of Process** |

### Australian Government, Department of Social Services and Disability Employment Services LogoAttachment A – Transfer due to Relationship Failure form

**Transfer due to Relationship Failure Form**

Disability Employment Services (DES) providers should complete this form to request transfer of a DES Participant where, after taking all reasonable actions to resolve their problems, the DES provider and the Participant can no longer work together to service the Participant’s needs.

**It is recommended that the following Participant be transferred from this DES Site due to relationship failure**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant details** | | |  |  | **Action taken** | |  |
|  |  |  |  |  | The following actions have been taken to resolve differences with the Participant: | |  |
| Title |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Family name |  |  |  |  |  | Complaints process used |  |
|  |  |  |  |  |  |  |  |
| First name(s) |  |  |  |  |  | Change of consultant |  |
|  |  |  |  |  |  |  |  |
| Job seeker ID |  |  |  |  |  | Temporary withdrawal of contact  (eg, remote servicing due to site ban) |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | Change of site |  |
|  |  |  |  |  |  |  |  |
| **Provider contact details** | | |  |  |  | Use of CRRS |  |
|  |  |  |  |  |  |  |  |
| Family name |  |  |  |  |  | Other (please specify) |  |
|  |  |  |  |  |  |  |  |
| First name(s) |  |  |  |  |  | | |
|  |  |  |  |  |  | | |
| Signature |  |  |  |  |  | | |
|  |  |  |  |  |  | | |
| Site / org codes |  |  |  |  |  | | |
|  |  |  |  |  |  |  |  |
| Site name |  |  |  |  | **Evidence of action undertaken** | |  |
|  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  | Job Seeker Incident Report (attached) |  |
|  |  |  |  |  |  |  |  |
| Email |  |  |  |  |  | Police Report |  |
|  |  |  |  |  |  |  |  |
| Date |  |  |  |  |  | Other evidence (attached) |  |
|  |  |  |  |  |  |  |  |

Email this form and any attachments to the National Customer Service Line (NCSL) at ([nationalcustomerserviceline@jobs.gov.au](mailto:nationalcustomerserviceline@jobs.gov.au))

**Notes**

* This request may be declined if evidence showing action taken to resolve the issues with the Participant is not provided.
* A Customer Service Officer may contact you to confirm or clarify some of the information submitted with the request.
* Transfer requests will generally be processed within 10 working days of receipt of all relevant information.
* You can request a review if you believe that the administrative process was not correctly followed, or if information not originally considered has become available to you, by writing to the NCSL within 14 days of the request being declined. The request will be processed within 5 working days of receipt wherever possible.

### Australian Government, Department of Social Services and Disability Employment Services LogoAttachment B – Transfer by Agreement form

**Transfer by Agreement Form**

| **Job seeker details** |  | **Section A – Job Seeker** | | | | |  |  | **Instructions** | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  |  | | | | |  |  | Please complete this form to request a Transfer by Agreement.  Sections A, B and C must each be completed and signed to demonstrate that the transfer is supported by the job seeker, the current Disability Employment Service (DES) provider and the proposed DES provider.  This form/process can be initiated by either the job seeker or one of the DES providers.  The current DES provider must keep the completed form as evidence that a Transfer by Agreement was agreed to.  Please refer to the DES Transfers Guidelines before completing this form. | | | | |  |
|  |  |  | | | | |  |  |  |
| Family name |  |  | | | | |  |  |  |
|  |  |  | | | | |  |  |  |
| First name(s) |  |  | | | | |  |  |  |
|  |  |  | | | | |  |  |  |
| Preferred name |  |  | | | | |  |  |  |
|  |  |  | | | | |  |  |  |
| Job seeker ID |  |  | | | | |  |  |  |
|  |  |  | | | | |  |  |  |
| Reason for transfer |  |  | | | | |  |  |  |
|  |  |  | | | | |  |  |  |
| Signature |  |  | | | | |  |  |  |
|  |  |  | | | | |  |  |  |
| Date |  |  | | | | |  |  |  |
|  |  |  | | | | |  |  |  | | | | |  |
|  |  |  | | | | |  |  |  | | | | |  |
| **Provider details** |  | **Section B - Current Provider** | | | | |  |  | **Section C - Proposed Provider** | | | | |  |
|  |  |  | | | | |  |  |  | | | | |  |
| Site / org codes |  |  | | | | |  |  |  | | | | |  |
|  |  |  | | | | |  |  |  | | | | |  |
| Site name |  |  | | | | |  |  |  | | | | |  |
|  |  |  | | | | |  |  |  | | | | |  |
| Contact name |  |  | | | | |  |  |  | | | | |  |
|  |  |  | | | | |  |  |  | | | | |  |
| Telephone |  |  | | | | |  |  |  | | | | |  |
|  |  |  | | | | |  |  |  | | | | |  |
| Email |  |  | | | | |  |  |  | | | | |  |
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| Transfer Approved? |  | Yes |  | No |  | If No, why not? ⮷ |  |  | Yes |  | No |  | If No, why not? ⮷ |  |
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| Approver |  |  | | | | |  |  |  | | | | |  |
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| Position / Title |  |  | | | | |  |  |  | | | | |  |
|  |  |  | | | | |  |  |  | | | | |  |
| Signature |  |  | | | | |  |  |  | | | | |  |
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| Date |  |  | | | | |  |  |  | | | | |  |
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