**Approved Provider Service Key Personnel Notification Form**

Update, cease or notify suitability matters
under S9-2A of the *Aged Care Act 1997*

## When to use this form

You **must only** use this form to update, cease or notify us of suitability matters for your **service key personnel**.

Under Section 9-2A (S9-2A) of the [*Aged Care Act 1997*](https://www.legislation.gov.au/C2004A05206/latest/text) (Aged Care Act) you must notify the Aged Care Quality andSafety Commission (Commission) within 14 days of certainchanges to your key personnel.

You can read about your obligations onour [website](https://www.agedcarequality.gov.au/providers/approval-accreditation/notifying-us-certain-matters). This information explains yourresponsibilities, the type of information we need, and why we need it. Ifyou have any questions about this form, pleaseemail APnotifications@agedcarequality.gov.au.

To complete this form, you may need to provide supporting documents for the changes you’re notifying us about. Each section of the form will list what documents you need to include for that change.

## Privacy and your personal information

Personal information of key personnel is protected by law, including by the:

* + - * *Privacy Act 1988*
			* Australian Privacy Principles
			* *Aged Care Quality and Safety Commission Act 2018* (Commission Act)
			* Aged Care Act.

The Commission collects personal information about key personnel to:

* notify the Commissioner of changes to information we have about key personnel at your services
* cease a person’s role as a key personnel who are, or were, located at your service/s but no longer hold that key personnel role
* update your organisation’s records.

The information you provide to us on this form will be updated on the Government Provider Management System (GPMS) and Commission systems.

We may also share it with other state, territory and Australian Government agencies, and where permitted or required by law.

If you don’t provide this information, your organisation may not meet its notification obligations under section 9-2A of the Aged Care Act.

Not meeting your notification requirements may mean we will impose a sanction under Part 7B of the Commission Act.

You can find more information about how the Commission manages personal information, including our privacy policy, on [our website](https://www.agedcarequality.gov.au/privacy).

## Notice of Collection

Before filling in this form, you need to read the Commission’s [Notice of collection](https://www.agedcarequality.gov.au/resources/notice-collection). This explains how we use personal information.

You need to get consent from the people whose personal information you’re including in this form before you send it.

## Who can approve and submit this form

This form must be reviewed and signed by a governing person before you send it. A governing person is defined under the Commission Act.

They must be:

* a person who your organisation has already notified the Commission about
* listed as key personnel for your organisation
* authorised to give assurance and enter legal contracts for your organisation.

We won’t be able to process the form unless a governing person has signed it.

This means that your information on the Manage Your Organisation page in GPMS won’t be updated if the appropriate person does not sign this form.

## Completing the form

You can use this form to update, cease or notify us of a service key personnel suitability matter. To add a service key personnel, please use the digital Approved Provider Notification form on [GMPS](https://www.health.gov.au/resources/apps-and-tools/government-provider-management-system).

Select the type of notification you’re making in the ‘Approved provider details’ section of the form.

The person completing this form must be one of the approved provider’s governing persons or a person the provider has authorised to complete the form for them.

Make sure you choose an authorised person who can answer queries from the Commission.

The information you include about your organisation, including the GPMS ID, must match the information on GMPS.

You must complete the **Approved provider’s details** and the **Governing person declaration** sections of the form in full.

The section **Events relating to key personnel suitability** is to notify us about certain events relating to service key personnel. These notifications must include information explained in s9-2A(c), (d) and (e) of the Aged Care Act. When considering a person’s suitability to be a key personnel, you must consider the suitability matters listed in section 8C of the Commission Act.

If you’re notifying the Commissioner of more than one key personnel change across several services of the same provider, make sure you enter the service GPMS ID in the relevant field. This makes sure the correct records are updated.

Email the completed form, and all related documents, to APnotifications@agedcarequality.gov.au.

## After you submit the form

We will tell you if any information is missing from the form. It won’t be processed until you provide the missing information.

We will ask you to review and resubmit your form. It’s your responsibility to make sure that you complete all the relevant fields and send the necessary documents with the form.

If we have questions about any of the information you have provided, we will ask for you to clarify it with a notice under section 9-2 of the Aged Care Act. The provider must provide a response within **28 days** of our request being made.

## Updating My Aged Care

The Commission isn’t responsible for the My Aged Care website or the provider portal.

If you have updated any of your information through the My Aged Care provider portal, it won’t automatically update your approved provider or service records. This means that it won’t meet your other approved provider notification obligations.

Approved providers need to make sure their My Aged Care profile is the same as the organisation details you include in this form.

## Questions about this form?

Please send your questions and contact details to APnotifications@agedcarequality.gov.au

Approved provider’s details

## Your organisation

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| Approved provider name as it is on the [Manage Your Organisation page](https://www.health.gov.au/our-work/government-provider-management-system-gpms/government-provider-management-system-gpms-managing-your-organisation) on GMPS. |  | Approved Provider GPMS IDfor example PRV-1234 |
| Enter name |  | Enter GPMS ID |

**Don’t enter the GPMS ID for a Commonwealth Home Support Program or National Aboriginal and Torres Strait Islander Aged Care Program provider record.**

## Authorised representative

The person listed below is authorised to act for the provider and may need to provide more information to help process this form. If this person isn’t a governing person, they will need to be authorised by the governing person signing this form.

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| Full name | Enter name |  | Role or position | Enter role or position |
| Phone | Enter phone number |  | Email | Enter email |

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| Details of this notification | Tick which type of notification is in this form: |

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| [ ]  Updating service key personnel | In this part of the form, only complete the fields you need to update. We will consider any fields you leave blank as not needing to be updated.You can’t update the principal role for a service key personnel. If they are no longer an Aged Care Service Manager or Senior Nursing Staff, for example, cease them in their current role using this form, then add them with their new principal purpose role using the digital form.Go to our [website](https://www.agedcarequality.gov.au/providers/approval-accreditation/notifying-us-certain-matters/notification-form-guide) for more information about a key personnel’s principal purpose. |
| [ ]  Ceasing service key personnel |
| [ ]  Notify of service key personnel suitability event | Approved providers must consider specific suitability matters for their key personnel at least once every 12 months. They must be reasonably satisfied that all members of their key personnel are suitable to be involved in providing aged care. The suitability matters for individuals are set out in section 8C of the Commission Act.You can find guidance information on these requirements on [our website](https://www.agedcarequality.gov.au/resources/provider-responsibilities-relating-governance-guidance-approved-providers-draft-14-november-2022). |

# Updating your service key personnel details

The information in this section will update records in Commission and department databases for **key personnel at your service/s only**.

You can find a definition of key personnel in [section 8B of the Commission Act](https://www.legislation.gov.au/C2018A00149/latest/text).

## Before starting this section

Go to the Manage Your Organisation tile on GMPS to view your service key personnel details and find the relevant service key personnel record that you need to update.

From the person’s key personnel details in GPMS, copy their Contact**ID** into this section of form. Make sure it’s correct before you send the form.

We can’t process the change in this section of the form if:

* the **Contact ID** or **Service ID** are incorrect
* any fields in this section have not been completed.

Check whether you should be updating an existing record or using the digital form to add a person as a new service key personnel. Go to our [website](https://www.agedcarequality.gov.au/providers/approval-accreditation/notifying-us-certain-matters/notification-form-guide) for more information.

## How many records can be updated in this form?

You can update up to 3 service key personnel. To update more, copy the relevant information from this section into a Word document and attach to this form. Let us know you’re attaching more updates by ticking the checkbox below:

[ ]  I confirm that I have attached additional key personnel updates.

****Name the attached document **Additional service key personnel update details**.

## Check which fields you need to complete

Not all the information about a service key personnel will need to be updated.

It’s important that you know what needs to be updated before you start this form. You must provide some basic information so we know which record you’re updating. For example, if you need to update a phone number and email address, then as long as the Contact ID is correct, you will only need to give us the person’s first name, last name, date of birth and the updated contact details.

If you leave a field blank, it will be taken to mean the information doesn’t need to be updated.

## Membership of governing body

Approved providers have responsibilities for their governing body. You may have key personnel whose role is only at one of your services and they’re part of your governing body.

There are fields in this form for you to tell us about their membership.

To understand whether these responsibilities apply to your organisation, refer to s63-1D of the Aged Care Act.

## Police checks, NDIS Worker Screening, qualifications and experience

Providers must consider the suitability of their key personnel at least once every 12 months. They are also responsible for obtaining and maintaining police certificates and NDIS Worker Screening Checks.

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| **Service key personnel 1** | GPMS Contact ID (from GPMS profile page): | CON- Enter ID |
| Update personal details |
| Title | Select one |  | Former name/s (if applicable) | Enter former name |
| First name | Enter first name |  | Preferred name (if different to first name) | Enter preferred name |
| Middle name(if applicable) | Enter middle name |  | Date of birth | Enter date |
| Last name | Enter last name |  |  |

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| Updated position details |
| Enter changes to the service key personnel position/s in the following tables. You can make updates to more than one service in this form if needed.  |
| Position 1 - update GPMS Service ID: SRV-Enter ID |
| New position title | Enter title |  | Main phone number | Enter phone number |
| Start date | Enter date |  | Second phone number | Enter phone number |
| Employment type | Select one |  | Email address | Enter email address |
| Employer name (if not employee) | Enter employer name |
| Main duties  | Enter detail of duties to be performed on a day to day basis |
| Position 2 - update GPMS Service ID: SRV-Enter ID |
| New position title | Enter title |  | Main phone number | Enter phone number |
| Start date | Enter date |  | Second phone number | Enter phone number |
| Employment type | Select one |  | Email address | Enter email address |
| Employer name (if not employee) | Enter employer name |  |
| Main duties  | Enter detail of duties to be performed on a day to day basis  |
| Position 3 - update GPMS Service ID: SRV-Enter ID |
| New position title | Enter title |  | Main phone number | Enter phone number |
| Start date | Enter date |  | Second phone number | Enter phone number |
| Employment type | Select one |  | Email address | Enter email address |
| Employer name (if not employee) | Enter employer name |
| Main duties  | Enter detail of duties to be performed on a day to day basis  |

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| To update more positions, copy the above table and paste into a separate document and attach to this form when you send it. |
| Updated individual screening checksWe can’t process your form if you do not provide a recent copy of one of the following documents. We explain why this is needed in the guide on [our website](https://www.agedcarequality.gov.au/providers/approval-accreditation/notifying-us-certain-matters/notification-form-guide).* [Nationally Coordinated Criminal History Check](https://www.acic.gov.au/services/national-police-checking-service) (NCCHC) issued by an accredited service provider. For more information, visit the Australian Criminal Intelligence Commission website.
* [NDIS Worker Screening Clearance](https://www.ndiscommission.gov.au/providers/worker-screening#how), if their role is an identified risk assessed role. Acceptable evidence includes:
* scanned copy of the NDIS Worker Screening Card
* PDF Print of the NDIS Worker Screening database results
* a PDF copy of the original email from NDIS or state-based screening service.
 |
| NCCHC details |
| Issue date on NCCHC | Enter date |  | NCCHC reference number  | Enter Ref number |
| Is the service key personnel’s name different to the one shown on the NCCHC? | Select one |  | Have they lived outside Australia after the age of 16? | Select one |
| I’ve attached a copy of this NCCHC  | Select one |  | I’ve attached a statutory declaration (if applicable) | Select one |

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| NDIS Worker Screening CheckInsolvency check details |
| NDIS Worker Screening Check outcome expiry date | Enter date |  | NDIS Worker Screening application reference number | Enter Ref number |
| I’ve attached a copy of the NDIS Worker Screening Check  | Select one |

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| Insolvency check details |
| Date completed  | Enter date |  |  | [ ]  I confirm that a copy of the key personnel’s insolvency check is attached to this form. |
| Search ID number | Enter ID |

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| Disqualified from managing corporations |
| Since you last provided information about this service key personnel, have they been disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001* (refer 8C(1)(h) of the Commission Act)? | Select one |
| If yes, is the disqualification permanent? | Select one |  | Date disqualification started | Enter date |
| Date ceased/will cease | Enter date |
| Provide a statement detailing the disqualification | Enter statement |

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| AHPRA registration details |
| Only complete if this person is responsible for nursing or clinical care at your service. |
| Are they currently registered with AHPRA? | Select one |  | Registration number | Enter Reg number |

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| Registration type (profession)  | Select one | [ ]  a copy of the current AHPRA certificate is attached |
| Is the key personnel’s name different to the one shown on the AHPRA certificate? | Select one | [ ]  a statutory declaration is attached (if applicable) |

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| Membership of governing body |
| Is the key personnel a member of your governing body or quality care advisory body?  | Select one |
| If the key personnel is a member of your governing body: |  | Do they have clinical experience? | Select one |
| Are they an independent non-executive member? | Select one |

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| Arrow containing exclamation mark  indicating that the information it points to is important Only complete the *qualification and experience* fields if this is a new position |
| Qualification relevant to the new position/s |
| Qualification 1 - Enter name of qualification |
| Educational facility | Enter name |  | Enter date obtained | Enter date |
| Are they still studying for this qualification? | Select one |  | Enter date started | Enter date |
| Qualification 2 - Enter name of qualification |
| Educational facility | Enter name |  | Enter date obtained | Enter date |
| Are they still studying for this qualification? | Select one |  | Enter date started | Enter date |
| Qualification 3 - Enter name of qualification |
| Educational facility | Enter name |  | Enter date obtained | Enter date |
| Are they still studying for this qualification? | Select one. |  | Enter date started | Enter date |

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| Experience relevant to the new position/s |
| **Employer 1** - Enter employer name |
| Date role started | Enter date |  | Role title and description*Include any previous roles and describe how the duties are relevant to the key personnel position.* | Enter title and describe duties |
| Date role ceased | Enter date |  |
| **Employer 2** - Enter employer name |
| Date role started | Enter date |  | Role title and description*Include any previous roles and describe how the duties are relevant to the key personnel position.* | Enter title and describe duties |
| Date role ceased | Enter date |  |
| **Employer 3** - Enter employer name |
| Date role started | Enter date |  | Role title and description*Include any previous roles and describe how the duties are relevant to the key personnel position.* | Enter title and describe duties |
| Date role ceased | Enter date |  |

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| Statement confirming key personnel suitability matters  |
| For this service key personnel, the approved provider:1. has considered the suitability matters for the individual
2. after considering the suitability matters, is reasonably satisfied that the individual is suitable to be involved in providing aged care.
 | Select one |
| Note: under s53 of the Accountability Principles, you need to keep certain records including decisions about key personnel suitability. We can request a copy of your records at any time as part of our monitoring powers. |

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| **Service key personnel 2** | GPMS Contact ID (from GPMS profile page): | CON- Enter ID |
| Update personal details |
| Title | Select one |  | Former name/s (if applicable) | Enter former name |
| First name | Enter first name |  | Preferred name (if different to first name) | Enter preferred name |
| Middle name(if applicable) | Enter middle name |  | Date of birth | Enter date |
| Last name | Enter last name |  |  |

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| Updated position details |
| Enter changes to the service key personnel position/s in the following tables. You can make updates to more than one service in this form if needed.  |
| Position 1 - update GPMS Service ID: SRV-Enter ID |
| New position title | Enter title |  | Main phone number | Enter phone number |
| Start date | Enter date |  | Second phone number | Enter phone number |
| Employment type | Select one |  | Email address | Enter email address |
| Employer name (if not employee) | Enter employer name |
| Main duties  | Enter detail of duties to be performed on a day to day basis |
| Position 2 - update GPMS Service ID: SRV-Enter ID |
| New position title | Enter title |  | Main phone number | Enter phone number |
| Start date | Enter date |  | Second phone number | Enter phone number |
| Employment type | Select one |  | Email address | Enter email address. |
| Employer name (if not employee) | Enter employer name |
| Main duties  | Enter detail of duties to be performed on a day to day basis  |
| Position 3 - update GPMS Service ID: SRV-Enter ID |
| New position title | Enter title |  | Main phone number | Enter phone number |
| Start date | Enter date |  | Second phone number | Enter phone number |
| Employment type | Select one |  | Email address | Enter email address |
| Employer name (if not employee) | Enter employer name |
| Main duties  | Enter detail of duties to be performed on a day to day basis  |

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| Arrow containing exclamation mark  indicating that the information it points to is important To update more positions, copy the above table and paste into a separate document and attach to this form when you send it. |
| Updated individual screening checksWe can’t process your form if you do not provide a recent copy of one of the following documents. We explain why this is needed in the guide on [our website](https://www.agedcarequality.gov.au/providers/approval-accreditation/notifying-us-certain-matters/notification-form-guide).* [Nationally Coordinated Criminal History Check](https://www.acic.gov.au/services/national-police-checking-service) (NCCHC) issued by an accredited service provider. For more information, visit the Australian Criminal Intelligence Commission website.
* [NDIS Worker Screening Check](https://www.ndiscommission.gov.au/providers/worker-screening#how), if their role is an identified risk assessed role. Acceptable evidence includes:
* scanned copy of the NDIS Worker Screening Card
* PDF Print of the NDIS Worker Screening database results
* a PDF copy of the original email from NDIS or state-based screening service.
 |
| NCCHC details |
| Issue date on NCCHC | Enter date |  | NCCHC reference number  | Enter Ref number |
| Is the service key personnel’s name different to the one shown on the NCCHC? | Select one |  | Have they lived outside Australia after the age of 16? | Select one |
| I’ve attached a copy of this NCCHC  | Select one |  | I’ve attached a statutory declaration (if applicable) | Select one |

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| NDIS Worker Screening Check |
| NDIS Worker Screening Check expiry date | Enter date |  | NDIS Worker Screening application reference number | Enter Ref number |
| I’ve attached a copy of the NDIS Worker Screening Check  | Select one |

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| Insolvency check details |
| Date completed  | Enter date |  |  | [ ]  I confirm that a copy of the key personnel’s insolvency check is attached to this form. |
| Search ID number | Enter ID |

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| Disqualified from managing corporations |
| Since you last provided information about this service key personnel, have they been disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001* (refer 8C(1)(h) of the Commission Act)? | Select one |
| If yes, is the disqualification permanent? | Select one |  | Date disqualification started | Enter date |
| Date ceased/will cease | Enter date |
| Provide a statement detailing the disqualification | Enter statement |

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| AHPRA registration details |
| Only complete if this person is responsible for nursing or clinical care at your service. |
| Are they currently registered with AHPRA? | Select one |  | Registration number | Enter Reg number |

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| Registration type (profession)  | Select one | [ ]  a copy of the current AHPRA certificate is attached |
| Is the key personnel’s name different to the one shown on the AHPRA certificate? | Select one | [ ]  a statutory declaration is attached (if applicable) |

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| Membership of governing body |
| Is the key personnel a member of your governing body or quality care advisory body?  | Select one |
| If the key personnel is a member of your governing body: | Do they have clinical experience? | Select one |
| Are they an independent non-executive member? | Select one |

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| Arrow containing exclamation mark  indicating that the information it points to is important Only complete the following *qualification and experience* fields if this is a new position. |
|  |
| Qualification relevant to the new position/s |
| Qualification 1 - Enter name of qualification |
| Educational facility | Enter name |  | Enter date obtained | Enter date |
| Are they still studying for this qualification? | Select one |  | Enter date started | Enter date |
| Qualification 2 - Enter name of qualification |
| Educational facility | Enter name |  | Enter date obtained | Enter date |
| Are they still studying for this qualification? | Select one |  | Enter date started | Enter date |
| Qualification 3 - Enter name of qualification |
| Educational facility | Enter name |  | Enter date obtained | Enter date |
| Are they still studying for this qualification? | Select one |  | Enter date started | Enter date |

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| Experience relevant to the new position/s |
| **Employer 1** - Enter employer name |
| Date role started | Enter date |  | Role title and description*Include any previous roles and describe how the duties are relevant to the key personnel position.* | Enter title and describe duties |
| Date role ceased | Enter date |  |
| **Employer 2** - Enter employer name |
| Date role started | Enter date |  | Role title and description*Include any previous roles and describe how the duties are relevant to the key personnel position.* | Enter title and describe duties |
| Date role ceased | Enter date |  |
| **Employer 3** - Enter employer name |
| Date role started | Enter date |  | Role title and description*Include any previous roles and describe how the duties are relevant to the key personnel position.* | Enter title and describe duties |
| Date role ceased | Enter date |  |

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| --- |
| Statement confirming key personnel suitability matters  |
| For this service key personnel, the approved provider:1. has considered the suitability matters for that individual
2. after considering the suitability matters, is reasonably satisfied that the individual is suitable to be involved providing aged care.
 | Select one |
| Note: under s53 of the Accountability Principles, you need to keep certain records including decisions about key personnel suitability. We can request a copy of your records at any time as part of our monitoring powers. |

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| Service key personnel 3  | **GPMS Contact ID (from GPMS profile page): CON-Enter ID** |

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| Update personal details |
| Title | Select one |  | Former name/s (if applicable) | Enter former name |
| First name | Enter first name |  | Preferred name (if different to first name) | Enter preferred name |
| Middle name(if applicable) | Enter middle name |  | Date of birth | Enter date |
| Last name | Enter last name |  |  |

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| Updated position details |
| Enter changes to the service key personnel position/s in the following tables. You can make updates to more than one service in this form if needed.  |
| Position 1 - update GPMS Service ID: SRV-Enter ID |
| New position title | Enter title |  | Main phone number | Enter phone number |
| Start date | Enter date |  | Second phone number | Enter phone number |
| Employment type | Select one |  | Email address | Enter email address |
| Employer name (if not employee) | Enter employer name |
| Main duties  | Enter detail of duties to be performed on a day to day basis |

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| Position 2 - update GPMS Service ID: SRV-Enter ID |
| New position title | Enter title |  | Main phone number | Enter phone number |
| Start date | Enter date |  | Second phone number | Enter phone number |
| Employment type | Select one |  | Email address | Enter email address |
| Employer name (if not employee) | Enter employer name |
| Main duties  | Enter detail of duties to be performed on a day to day basis |

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| Position 3 - update GPMS Service ID: SRV-Enter ID |
| New position title | Enter title |  | Main phone number | Enter phone number |
| Start date | Enter date |  | Second phone number | Enter phone number |
| Employment type | Select one |  | Email address | Enter email address |
| Employer name (if not employee) | Enter employer name |
| Main duties  | Enter detail of duties to be performed on a day to day basis |
| Arrow containing exclamation mark  indicating that the information it points to is important To update more positions, copy the above table and paste into a separate document and attach to this form when you send it. |
| Updated individual screening checksWe can’t process your form if you do not provide a recent copy of one of the following documents. We explain why this is needed in the guide on [our website](https://www.agedcarequality.gov.au/providers/approval-accreditation/notifying-us-certain-matters/notification-form-guide).* [Nationally Coordinated Criminal History Check](https://www.acic.gov.au/services/national-police-checking-service) (NCCHC) issued by an accredited service provider. For more information, visit the Australian Criminal Intelligence Commission website.
* [NDIS Worker Screening Check](https://www.ndiscommission.gov.au/providers/worker-screening#how), if their role is an identified risk assessed role. Acceptable evidence includes:
* scanned copy of the NDIS Worker Screening Card
* PDF Print of the NDIS Worker Screening database results
* a PDF copy of the original email from NDIS or state-based screening service.
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| NCCHC details |
| Issue date on NCCHC | Enter date |  | NCCHC reference number  | Enter Ref number |
| Is their name different to the one on the NCCHC? | Select one |  | Have they lived outside Australia after the ageof 16? | Select one |
| I’ve attached a copy of this NCCHC | Select one |  | I’ve attached a statutory declaration(if applicable) | Select one |

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| NDIS Worker Screening Check details |
| NDIS Worker Screening Check expiry date | Enter date |  | NDIS Worker Screening application reference number | Enter Ref number |
| I’ve attached a copy of the NDIS Worker Screening Check  | Select one |

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| --- |
| Insolvency check details |
| Date completed  | Enter date |  |  | [ ]  I confirm that a copy of the key personnel’s insolvency check is attached to this form. |
| Search ID number | Enter ID |

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| --- |
| Disqualified from managing corporations |
| Since you last provided information about this service key personnel, havethey been disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001* (refer 8C(1)(h) of the Commission Act)? | Select one |
| If yes, is the disqualification permanent? | Select one | 1. Date disqualification started
 | Enter date |
| 1. Date it ceased/will cease
 | Enter date |
| Provide a statement detailing the disqualification | Enter statement |

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| --- |
| AHPRA registration details |
| Only complete if this person is responsible for nursing or clinical care at your service. |
| Are they currently registered with AHPRA? | Select one |  | Registration number | Enter Reg number |

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| --- | --- | --- |
| Registration type (profession)  | Select one | [ ]  a copy of the current AHPRA certificate is attached |
| Is the key personnel’s name different to the one shown on the AHPRA certificate? | Select one | [ ]  a statutory declaration is attached (if applicable) |

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| --- |
| Membership of governing body  |
| Is the key personnel a member of your governing body or quality care advisory body?  | Select one |
| If the key personnel is a member of your governing body: | 1. Do they have clinical experience?
 | Select one |
| 1. Are they an independent non-executive member?
 | Select one |

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| --- |
| Arrow containing exclamation mark  indicating that the information it points to is important Only complete the following qualification and experience fields for a new position. |
| Qualifications relevant to the new position |
| Qualification 1 - Enter name of qualification |
| Educational facility | Enter name |  | Enter date obtained | Enter date |
| Are they still studying for this qualification? | Select one |  | Enter date started | Enter date |
| Qualification 2 - Enter name of qualification |
| Educational facility | Enter name |  | Enter date obtained | Enter date |
| Are they still studying for this qualification? | Select one |  | Enter date started | Enter date |
| Qualification 3 - Enter name of qualification |
| Educational facility | Enter name |  | Enter date obtained | Enter date |
| Are they still studying for this qualification? | Select one |  | Enter date started | Enter date |

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| Experience relevant to the position held  |
| **Employer 1** - Enter employer name |
| Date role started | Enter date |  | Role title and description*Include any previous roles and describe how the duties are relevant to the key personnel position.* | Enter title and describe duties |
| Date role ceased | Enter date |  |
| **Employer 2** - Enter employer name |
| Date role started | Enter date |  | Role title and description*Include any previous roles and describe how the duties are relevant to the key personnel position.* | Enter title and describe duties |
| Date role ceased | Enter date |  |
| **Employer 3** - Enter employer name |
| Date role started | Enter date |  | Role title and description*Include any previous roles and describe how the duties are relevant to the key personnel position.* | Enter title and describe duties |
| Date role ceased | Enter date |  |

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| Statement confirming key personnel suitability matters  |
| For this service key personnel, the approved provider:1. has considered the suitability matters for that individual
2. after considering the suitability matters, is reasonably satisfied that the individual is suitable to be involved in providing aged care.
 | Select one |
| Note: under s53 of the Accountability Principles, you need to keep certain records including decisions about key personnel suitability. We can request a copy of your records at any time as part of our monitoring powers. |

# Cessation of service key personnel

## Before you start this section

Go to the Manage Your Organisation tile on GMPS to view the details about the key personnel at your service/s.

From the person’s key personnel details in GPMS, copy their **Contact ID** into this section of form. Make sure it’s correct before you send the form.

We can’t process the change in this section of the form if:

* the **Contact ID** or **Service ID** is incorrect
* any fields in this section have not been completed.

You can cease up to 3 service key personnel in this section. If one of your service key personnel is starting a new key personnel position and ending a current one, but their **principal purpose** isn’t changing, please make sure you fill in the update section of this form with the new position, and the cessation section with the position they’re ending.

If you’re ceasing more than 3 key personnel, attach additional information in a separate document and select the checkbox below. You need to copy this section of the form into your attachment.

[ ]  I confirm that I have attached additional key personnel cessation notifications.

****Name the attached document ***Additional key personnel cessation details***.

|  |  |  |
| --- | --- | --- |
| Service key personnel 1 | **GPMS Contact ID** **(from GPMS profile page):** | CON-Enter ID |

|  |  |  |
| --- | --- | --- |
|  | Personal details  |  |
| Title | Select one |  | Former name/s (if applicable) | Enter former name |
| First name | Enter first name |  | Preferred name (if different to first name) | Enter preferred name |
| Middle name(if applicable) | Enter middle name |  | Date of birth | Enter date |
| Last name | Enter last name |

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| --- |
| Position to be ceased  |
| Enter the positions to be ceased in the following tables. You can cease more than one service position in this form if needed.  |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| Select the reason for cessation | Select one |
| Considering the reason given above, provide details of any event that resulted in the cessation of this key personnel.*If multiple reasons apply, enter them here* | Enter ‘other’ reason and details of cessation event |
| Is this key personnel ceasing their employment with your organisation?*Selecting yes will end all roles, including point of contact roles* | Select one |
| Date role or employment ceased | Enter date |
| How will their cessation affect your organisation’s suitability as an approved provider?  | Enter statement  |

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| --- | --- | --- |
| **Service key personnel 2** | GPMS Contact ID (from GPMS profile page): | CON- Enter ID |
| Personal details  |
| Title | Select one |  | Former name/s (if applicable) | Enter former name |
| First name | Enter first name |  | Preferred name (if different to first name) | Enter preferred name |
| Middle name(if applicable) | Enter middle name |  | Date of birth | Enter date |
| Last name | Enter last name |

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| Position to be ceased  |
| Enter the positions to be ceased in the following tables. You can cease more than one service position in this form if needed. |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |

|  |  |
| --- | --- |
| Select the reason for cessation | Select one |
| Considering the reason given above, provide details of any event that resulted in the cessation of this key personnel.*If multiple reasons apply, enter them here* |  | Enter ‘other’ reason and details of cessation event |
| Is this key personnel ceasing their employment with your organisation?*Selecting yes will end all roles, including point of contact role/s* | Select one |
| Date role or employment ceased | Enter date |
| How will their cessation affect your organisation’s suitability as an approved provider?  | Enter statement  |

|  |  |  |
| --- | --- | --- |
| **Service key personnel 3** | GPMS Contact ID (from GPMS profile page): | CON- Enter ID |
| Personal details  |
| Title | Select one |  | Former name/s (if applicable) | Enter former name |
| First name | Enter first name |  | Preferred name (if different to first name) | Enter preferred name |
| Middle name(if applicable) | Enter middle name |  | Date of birth | Enter date |
| Last name | Enter last name |

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| Position to be ceased  |
| Enter the positions to be ceased in the following tables. You can cease more than one service position in this form if needed.  |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |

|  |  |
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| Select the reason for cessation | Select one |
| Considering the reason given above, provide details of any event that resulted in the cessation of this key personnel.*If multiple reasons apply, enter them here* | Enter ‘other’ reason and details of cessation event |
| Is this key personnel ceasing their employment with your organisation?*Selecting yes will end all roles, including point of contact role/s* | Select one |
| Date role or employment ceased | Enter date |
| How will their cessation affect your organisation’s suitability as an approved provider?  | Enter statement  |

# Events relating to service key personnel suitability

Under section 9-2A(1)(c) of the Aged Care Act, an approved provider must notify the Commissioner of a change of circumstances that relates to a suitability matter in relation to one of its key personnel.

|  |  |  |
| --- | --- | --- |
| **Service key personnel 1** | GPMS contact ID (from GPMS profile page): | CON- Enter ID |
| Personal details  |
| Title | Select one |  | Former name/s (if applicable) | Enter former name |
| First name | Enter first name |  | Preferred name (if different to first name) | Enter preferred name |
| Middle name(if applicable) | Enter middle name |  | Date of birth | Enter date |
| Last name | Enter last name |  |  |

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| Position details  |
| Enter the position details of the service key personnel in the following tables. You can enter more than one service position in this form if needed.  |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| GPMS service ID (eg SRV-1234) | Enter service ID |  | Position title | Enter position title |
| Provide details of the change of circumstances that relates to a suitability matter in relation to the individual. |  | Enter change of circumstances |
| Have suitability matters been considered for this individual? | Select one |
| Are you reasonably satisfied that the individual continues to be suitable to be involved in the provision of aged care? | Select one |
| Is this key personnel ceasing their employment with your organisation? | Select one |
| *If yes is selected all roles will be ceased, including their point of contact roles.* |
| If they’re not ceasing as key personnel for your organisation, what have you done, or will you do, about the person? | Enter statement  |
| [ ]  I confirm that I have attached documents surrounding the suitability event and that support our decision concerning the individual’s ongoing suitability. |

Governing person declaration

Only persons who are lawfully authorised to act on behalf of/represent the organisation (for instance, to enter contracts) can sign this notification form.

## Declaration

**By signing this declaration, you confirm that *ALL* the following declarations apply:**

* I/we declare that I/we am/are lawfully authorised to act on behalf of/represent the approved provider.
* I/we declare that I/we have read and understood the above privacy notice and the Commission’s Privacy Policy.
* I/we understand that an approved provider that is a corporation commits an offence if it fails to notify the Commissioner of a material change within 14 days after the change occurs.
* I/we understand that an approved provider that is a corporation commits an offence if it fails to notify the Commissioner of any of the events set out in section 9-2A(1) of the Aged Care Act within 14 days after the event occurs.
* I/we understand that Chapter 2 of the Criminal Code applies to all offences under the Aged Care Act. It is also an offence under section 137.1 of the Criminal Code to provide false or misleading information to the Commission.
* I/we declare that the approved provider has considered the suitability matters in relation to its key personnel and is reasonably satisfied the key personnel are suitable to be involved in the provision of aged care.
* I/we authorise the person identified as the Authorised Representative in this form to act on the approved provider’s behalf and receive information about the affairs of the approved provider, where that person is not listed as a governing person of the approved provider.
* I/we declare that all information provided in this form and any attachments are true and correct.

|  |  |
| --- | --- |
| **Governing person 1** | **Governing person 2** |
| Name | Enter full name | **Name** | Enter full name |
| Position | Enter position title | **Position** | Enter position title |
| Signature\* |  | **Signature\*** |  |
| Date | Enter date | **Date** | Enter date |

\*You may use an uploaded digital signature for the declaration.