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| Form A7: Application for cancellation of supported residential service registration |
| March 2022**OFFICIAL** |
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# About this application

The proprietor of a supported residential service (SRS) may apply to the Department of Families, Fairness and Housing (the department) to cancel the registration of their SRS.

You must give written notice to any other person with interest in the land, such as the landlord.

The department will cancel the registration on receipt of, and in accordance with, this application.

# What you need to do before submitting this form

You must collect and provide a range of documents. The **document checklist** at the end of this form includes all documents you may need to provide. Throughout the application form the paperclip symbol indicates that a document needs to be attached. Failure to provide required documents may cause delays in the processing of your application.

# Submitting your application

There is no fee to lodge the application.

Make sure you have attached all relevant documents specified in the Document checklist.

## Email and post all documents to:

SRS.registration@dhhs.vic.gov.au

Standards and Regulation team

Department of Families, Fairness and Housing

GPO Box 4057

Melbourne, VIC 3001

# What happens then?

1. You will receive an acknowledgement that your application has been received. You may need to provide further information.
2. If any change occurs in the information you have provided in your application, you must notify the Standards and Regulation team as soon as possible.

# Further information

Further information about SRS is available at <https://www.health.vic.gov.au/ageing-and-aged-care/supported-residential-services>

# Privacy Statement

The Department of Families, Fairness and Housing (the department) is committed to protecting your privacy. The department collects and handles personal and commercially sensitive information in this application for cancellation of registration of a supported residential service for the purpose of the *Supported Residential Services (Private Proprietors) Act 2010* (the Act) and Supported Residential Services (Private Proprietors) Regulations 2012 (the Regulations).

The Act and the Regulations require that applications must include your personal and sensitive information.

# A. Application details

## What type of applicant are you?

**Incorporated Body** [ ]  **Individual** [ ]  (see Applicant 1 below) **Partnership** [ ]  (see Applicant 1 below)

### For Incorporated bodies

[ ]  Company [ ]  Incorporated association [ ]  Cooperative [ ]  Other

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| Name of incorporated body:       |
| ACN (if applicable):       | ABN (if applicable):       |
| Postal address:       |
| Telephone:       |
| Email address:       |
| List the full names of each Director, Secretary or other officer of the incorporated body: |
| 1 .      | 4 .      |
| 2 .      | 5 .      |
| 3 .      | 6 .      |

### For individuals and/or partnerships

**Applicant 1** (Individuals/partnership only)

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| Title:       |
| Family name:       |
| Given names:       |
| ABN (if applicable):       |
| Postal address:       |
| Telephone:       |
| Mobile:       |
| Email:       |

**Applicant 2** (Individuals/partnership only)

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| --- |
| Title:       |
| Family name:       |
| Given names:       |
| ABN (if applicable):       |
| Postal address:       |
| Telephone:       |
| Mobile:       |
| Email:       |

## Contact person

Provide details of the contact person for any enquiries and correspondence about this application.

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| Title:       |
| Family name:       |
| Given names:       |
| Postal address:       |
| Daytime telephone:       |
| Facsimile:       |
| Email address:       |

## SRS premises details

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| Name of SRS:       |
| Street address:       |
| Email address:       |
| Telephone:       |

## SRS Premises Owner

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| Name of Premises Owner:       |
| Postal address:       |
| Telephone:       |

# B. Cancellation details

**1.** Does this cancellation application relate to a change of ownership to a new proprietor who intends to submit an Application for registration of the SRS**:**

[ ]  **No** Go to Question **2**

[ ]  **Yes** Complete the following:

1. Proposed proprietor details:

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| Name of the proposed new proprietor:       |
| Address of the proposed new proprietor:       |
| Contact details of the proposed new proprietor:       |

1. Proposed date the cancellation is to be effective from (tick relevant box):

[ ]  Date of settlement of the contract of sale/purchase agreement

**or**

[ ]  {specify other arrangement}

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1. Attach a copy of your current staff roster.
2. If the application for registration of the new proprietor is refused, do you still wish the cancellation of registration to proceed?

[ ]  **No**, I wish to withdraw my application for cancellation of registration

[ ]  **Yes**

1. During your/your company’s proprietorship, have any payments been made by residents of the SRS or their representatives in the form of security deposits, reservation fees, establishment fees or other ingoing refundable contributions, in connection with their admission to the SRS or at any other time?

[ ]  **No**

[ ]  **Yes** Provide details as below:

1. To whom or to which company were these payments made?

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1. Attach a list of the names of those residents for whom a payment has been received, the date of payment and the amount received.

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1. Provide details of the account number in which funds are held, the name of the account holder and the name and address of the institution holding the funds.

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1. Have you /has your company reached any agreement with the proposed proprietor for the proposed proprietor to assume the role of trustee of these monies paid by current residents?

[ ]  **No**

[ ]  **Yes** Provide details of any agreement and how monies will be transferred to the proposed proprietor should the application for registration to the new proprietor be approved.

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1. If the proposed new proprietor will not be assuming the role of trustee for these monies, how will you/your company account for these monies to residents?

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Go to Section C. Certificate of registration

**2.** For cancellation requests not involving a change of ownership**:**

1. On what date do you propose the cancellation of the registration to take effect?

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1. Why are you requesting cancellation of the registration? Attach any evidence supporting your reasons:

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1. How do you intend to notify the residents about the cancellation of the registration to ensure you comply with the legislative requirements? Describe the arrangements you propose.

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# C. Certificate of registration

The certificate of registration (the original) needs to be sent to the Department once the facility is closed.

## Declaration and signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare/certify that the information in this application is true and correct.

 (Applicant name)

**Authority to the Secretary**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorises to the Secretary of the Victorian Department of Families, Fairness and Housing to make enquiries to establish the truthfulness of the information provided in this application and to seek any other information that the Secretary considers necessary for the purposes of making a decision on the application.

 ***By ticking this box I declare that I have read and understood the above.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ further declare that the appropriate persons (as required by Section 28 of the *Supported Residential Services (Private Proprietors) Act 2010*) have been notified in writing of the lodgement of an application for cancellation of registration subject to approval of an application for registration to …………………………………………..

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| Signature:  | Date:       |
| Print name:       |
| Position (if body corporate):       |

|  |  |
| --- | --- |
| Signature:  | Date:       |
| Print name:       |
| Position (if body corporate):       |

### Who must sign

**Individuals:** The individual applicant(s).

**Partnership**: A managing partner who is authorised to sign on behalf of the partnership. This signature binds all partners.

**Body corporate** (company, incorporated association or cooperative): The application must be signed by those persons authorised by the rules governing the company, incorporated association or cooperative.

# Document checklist

Use this checklist to ensure you have attached all documents required to support the application:

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| --- | --- | --- |
| Question/section Reference | Document | Attached |
| B (1) (c) | Current Staff Roster (only with a change of ownership) | [ ]  |
| B(1) (e) | List of residents who have paid in-going, refundable fees (only with a change of ownership)  | [ ]  |
| C | Copy of Current Certificate of Registration (original to be returned once settlement/closure has taken place) | [ ]  |

To receive this publication in an accessible format email <SRS.registration@dhhs.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at [Forms and templates for SRS proprietors](https://www.health.vic.gov.au/supported-residential-services/forms-and-templates-for-srs-proprietors)

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