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| Application form for renewal of registration as a disability service provider and/or community service (Form B) |
| OFFICIAL |

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# Introduction

Applicants applying for renewal of registration under the *Disability Act 2006* and/or *Children, Youth and Families Act 2005* are required to complete this form and, unless exempt, a copy of their current independent review report or self-assessment against the Human Services Standards.

To download the Human Services Standards self-assessment tool (Excel), visit the [Human Services Standards webpage](https://providers.dffh.vic.gov.au/human-services-standards) <https://providers.dffh.vic.gov.au/human-services-standards>.

Currently, there are no fees associated with making an application for renewal of registration as a disability service provider and/or community service.

All questions in this application must be answered unless otherwise advised by the Human Services Regulator.

For further information, refer to the [*Policy and procedures for the registration of disability service providers and community services*](https://providers.dffh.vic.gov.au/policy-procedures-and-forms-registration-disability-service-providers-and-community-services) https://providers.dffh.vic.gov.au/policy-procedures-and-forms-registration-disability-service-providers-and-community-services.

Alternatively, contact Standards and Regulation, Human Services Regulator on (03) 9096 2745,
email hsstandards@dffh.vic.gov.au or visit the [Human Services Standards webpage](https://providers.dffh.vic.gov.au/human-services-standards) https://providers.dffh.vic.gov.au/human-services-standards.

**Please submit the completed form and independent review report or self-assessment to the Human Services Regulator at** **hsstandards@dffh.vic.gov.au****.**

# Applicant details

The Applicant’s details will be included in the (public) Register/s and published on the Department of Families, Fairness and Housing ’s website. By completing this application, the Applicant consents to their details being included on the Register/s[[1]](#footnote-2).

| Instructions | Applicant details |
| --- | --- |
| Insert the full name of the legal entity |  |
| Insert the full name of the Chief Executive Officer or equivalent (including title e.g., Mr, Ms, Mrs, Dr or Other) |  |
| Insert the email address of the Chief Executive Officer or equivalent |  |
| Insert and attach a copy of ABN |  |
| Insert and attach a copy of ACN |  |
| Insert and attach a copy of Australian Securities and Investments Commission (ASIC) check (if applicable) |  |
| Insert website address of the legal entity |  |
| Insert the street address of the legal entity |  |
| Insert the postal address of the legal entity |  |
| For natural persons, insert the residential street address  |  |
| For natural persons, insert the postal address |  |
| Insert the phone number of the legal entity, for publication on the (public) Register/s |  |
| Insert the email address of the legal entity, for publication on the (public) Register/s |  |
| Insert the contact name (including title e.g., Mr, Ms, Mrs, Dr or Other) of the legal entity, for publication on the (public) Register/s |  |
| Insert the position title of legal entity contact, for publication on the (public) Register/s |  |

# Applicant status

## Is the Applicant funded by the department for the delivery of in scope services?

| Department funding | Mark with an X to select |
| --- | --- |
| Yes (see 2.1.1) |  |
| No |  |
| N/A (only relevant to disability service providers with no direct funding from the department) |  |

### Department funding arrangement

| If yes to 2.1, select relevant department funding arrangement | Mark with an X to select | Name of departmental contact |
| --- | --- | --- |
| Current Service Agreement |  |  |
| Pending Service Agreement |  |  |
| Contingency funding for Out of Home Care |  |  |
| Other invoicing arrangements |  |  |

## Do any of the in scope services include sub-contracting or consortia arrangements?

| Sub-contracting or consortia arrangements | Mark with an X to select |
| --- | --- |
| Yes (see 2.2.1) |  |
| No |  |

### Has the department approved the sub-contracting or consortia arrangements?

| Department approved | Mark with an X |
| --- | --- |
| Yes (see ‘Evidence of department approval’) |  |
| No |  |

#### Evidence of department approval

**Please provide:**

* confirmation of pre-approval from the department
* details of the legal entity name, street and postal address and contact details of all parties
* in scope registration activities to be delivered through sub-contracting or consortia arrangements.

## Is the Applicant a registered NDIS provider?

| Registered NDIS provider? | Mark with an X to select |
| --- | --- |
| Yes |  |
| No |  |

## Has the Applicant or any of the Applicant’s Key Personnel owned, operated or been employed to work in a registered supported residential service within the last 5 years?

| Owned, operated or been employed to work in a registered supported residential service within the last 5 years? | Mark with an X to select | If marked yes provide name/s of registered supported residential services |
| --- | --- | --- |
| Yes |  |  |
| No |  |  |

## Is the Applicant or any of the Applicant’s Key Personnel funded to deliver any other social or health service?

| Funded to deliver any other social or health service? | Mark with an X to select | If marked yes provide name of business/s and details of service provision | If marked yes provide details of funding body / funding bodies |
| --- | --- | --- | --- |
| Yes |  |  |  |
| No |  |  |  |

## For Applicants with no direct funding from the department, indicate the relevant category of service provision

| Relevant category of service provision | Mark with an X to select |
| --- | --- |
| Gazetted disability group homes under Part 5, Division 2 of the Disability Act.If selecting this option, include the number of gazetted disability group homes managed by the Applicant. |  |
| Providers delivering supervised treatment under a Supervised Treatment Order in a property that is not operating as a Supported Disability Accommodation under the *Residential Tenancies Act 1997*. |  |
| Transport Accident Commission funded services. |  |
| Party to approved sub-contracting or consortia arrangements for the delivery of in scope services. |  |

## Current category of registration

Indicate the current category of registration by ticking the appropriate box. All current categories must be selected.

| Current category of registration[[2]](#footnote-3) | Mark with an X to select  |
| --- | --- |
| Disability service provider [under the *Disability Act 2006* (Vic)] |  |
| Out-of-home care [Category A under the *Children, Youth and Families Act 2005* (Vic)] |  |
| Community-based child and family services [Category B under the *Children, Youth and Families Act 2005* (Vic)] |  |

## Category of registration for renewal

Indicate the category of registration for renewal by ticking the appropriate box.

| Category of registration applying for[[3]](#footnote-4) | Mark with an X to select |
| --- | --- |
| Disability service provider [under the *Disability Act 2006* (Vic)] |  |
| Out-of-home care [Category A under the *Children, Youth and Families Act 2005* (Vic)] |  |
| Community-based child and family services [Category B under the *Children, Youth and Families Act 2005* (Vic)] |  |

## Are/will any of the in scope services be delivered by the Applicant under a different business/trading name?

| Services delivered under a different business/trading name? | Mark with an X to select |
| --- | --- |
| Yes (see 2.9.1) |  |
| No |  |

### Contact Information

List the names and contact details of each business/trading name and the activities delivered by each business name. List each name in a separate row, adding new rows if required.

| Business/trading name | Contact details | Activities delivered |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

## Where relevant, which division/s does the Applicant deliver in scope registration activities?

Indicate the division/s for delivery of in scope registration activities.

| Division | Funded activity number/s | Addresses of sites from which department funded activities will be delivered |
| --- | --- | --- |
| North |  |  |
| South |  |  |
| East |  |  |
| West |  |  |
| Statewide |  |  |

# Out of home care services (if applicable)

## Is the Applicant funded by the department for residential out of home care services?

| Funding for residential out of home care services? | Mark with an X to select |
| --- | --- |
| Yes (see 3.1.1) |  |
| No |  |

### Insert all out-of-home care site addresses

| Out of home care site addresses |
| --- |
|  |

## Does the Applicant deliver department funded out of home care services to NDIS participants?

| Delivery of department funded out of home care services to NDIS participants? | Mark with an X to select |
| --- | --- |
| Yes |  |
| No |  |

# Key Personnel (only relevant to department funded providers)

## Provide details of Key Personnel[[4]](#footnote-5)

| Full name | Job Title (for example Chief Executive Officer, Director, Chairperson, Manager, etc) | Date of Birth |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## In Australia or overseas has the Applicant or any of the Applicant’s Key Personnel ever been charged with and found guilty of an offence or had charges pending (excluding parking fines)?

| Charged or found guilty of an offence or had charges pending? | Mark with an X to select |
| --- | --- |
| Yes |  |
| No |  |

# Compliance with standards

## Has the Applicant undertaken a self-assessment or independent review against the Standards?[[5]](#footnote-6)

Note: If the self-assessment was completed by a person other than the Applicant (e.g. consultant or franchise), ensure they complete Part 6 below.

| Self-assessment or independent review undertaken? | Mark with an X to select |
| --- | --- |
| Yes (complete 5.1.1) |  |
| No |  |

### Provide details and attach evidence of compliance (self-assessment or independent review report)

| Date of self-assessment[[6]](#footnote-7) or independent review against the Standards | Name of independent review body (where applicable) | Certification against the Standards end date (where applicable) |
| --- | --- | --- |
|  |  |  |

### Has the self-assessment been completed by a consultant?

| Self-assessment completed by a consultant? | Mark with an X |
| --- | --- |
| Yes |  |
| No |  |

## Has the Applicant undertaken a certification audit against the NDIS Practice Standards?

| Certification audit undertaken? | Mark with an X to select |
| --- | --- |
| Yes (complete 5.2.1) |  |
| No |  |

### Provide details and attach NDIS certification audit report

| Date of NDIS certification review | Name of independent review body |
| --- | --- |
|  |  |

# Declaration

## Declaration of Applicant

In making this Application I:

* Declare that the information contained in this application is true and correct.
* Authorise the Regulator to make enquiries to establish the truthfulness of the information provided in this application and to seek any other information that the Regulator considers necessary for the purposes of making a decision on the application.
* Understand that the Applicant is required to comply with the obligations under the *Disability Act 2006* (Vic) and/or *Children Youth and Families Act 2005* (Vic) and any conditions placed on the Applicant’s registration by the Regulator (where applicable).
* Agree to the Regulator revoking the current period of registration (as applicable) in order to commence a new period of registration.
* Understand that the Regulator may:
	+ undertake checks relating to the Applicant and its Key Personnel (where applicable), against information held in any of the department’s databases including, but not limited to:
		- disqualified out of home carers
		- quality of care investigations
		- the Client Incident Management System
		- regulatory compliance and enforcement public registers.
	+ require the Applicant, and where applicable its Key Personnel, to obtain and submit to the Regulator Police Record Checks
	+ contact the Applicant and/or its Key Personnel in relation to the results of such checks
	+ where applicable, warrant that the Applicant has obtained the requisite consents from the Applicant’s Key Personnel authorising:
		- the provision of Key Personnel’s information to the Regulator
		- the Regulator to use such information to undertake checks against information held in the department’s databases as described above
		- where required, the Regulator to contact relevant Key Personnel in relation to the results of such checks.
* Declare that neither the Applicant or any of the Applicant’s Key Personnel (where applicable) have been or are currently, the subject of any investigation or disciplinary proceedings involving harm, abuse, sexual misconduct or any other questionable behaviour against a person.
* Agree that the Applicant will immediately notify the Regulator if the Applicant becomes aware that any of the information contained in this Application changes, including but not limited to, if the Applicant or the Applicant’s Key Personnel become subject to an investigation relating to behaviour against a person or any criminal charge.
* Declare a commitment to the principle of zero tolerance of abuse as described in the *Disability Act 2006* (Vic), sections 5(3) (ma) and (mb), to provide services in a manner that promotes the upholding of the rights, dignity, wellbeing and safety of people with a disability and does not tolerate or normalise abuse, neglect or exploitation of people with a disability.
* Will ensure that all disability service workers are aware of and understand the principle of zero tolerance of abuse of people with a disability and their obligations under the code of conduct for disability service workers, and that they sign a declaration acknowledging their agreement to abide by the obligations.
* Understand and agree that a copy of the registration letter and any other relevant information about the Applicant may be shared between the Regulator and the Disability Services Commissioner (where applicable).
* Acknowledge and agree that the Regulator may visit and inspect the Applicant’s premises, in order to satisfy itself that the Applicant is able to provide services for persons with a disability in accordance with section 41(1) of the Disability Act (Vic).
* Acknowledge and agree that the Regulator may visit and inspect the Applicant’s premises, in order to satisfy itself that the Applicant is able to provide services for children and families in accordance with section 46 (1) of the Children, Youth and Families Act (Vic).
* Confirm, where applicable, that I am authorised to apply for registration as a DSP and/or Community Service on behalf of the Applicant.
* Consent that the name, street and postal address and contact details of the Applicant will be made available for public inspection on the register of disability service providers and/or register of community services in the event the Applicant is granted registration. This includes the publication of a private address for natural persons where the postal address and private address are the same.

**Signature of Applicant**

|  |  |
| --- | --- |
| Signature of Chief Executive Officer or equivalent(insert signature image in right column) |  |
| Name |  |
| Date |  |

## Collection notice for personal information

The Department of Families, Fairness and Housing is committed to protecting your privacy. The department collects and handles personal information in this application for the purpose of assessing the Applicant’s suitability for registration under the Disability Act and/or Children, Youth and Families Act.

If required or authorised by or under law, the department may disclose the Applicant’s personal information in accordance with the information privacy principles.

For more information, please refer to the department’s [privacy policy](https://www.dffh.vic.gov.au/publications/privacy-policy) https://www.dffh.vic.gov.au/publications/privacy-policy.

**Please submit this application and evidence of compliance with the Standards to the Human Services Regulator at** **hsstandards@dffh.vic.gov.au**.

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| To receive this document in another format, phone (03) 9096 2745, using the National Relay Service 13 36 77 if required, or email the Human Services Regulator at hsstandards@dffh.vic.gov.au.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Families, Fairness and Housing, December 2022.Available at the [Human Services Standards webpage](https://providers.dffh.vic.gov.au/human-services-standards) https://providers.dffh.vic.gov.au/human-services-standards. |

1. Register of disability service providers under section 46 of the Disability Act and Register of community services under section 54 of the Children, Youth and Families Act. [↑](#footnote-ref-2)
2. Refer to in-scope registration activities for department-funded disability service providers and community services in the *Policy and procedures for the registration of disability service providers and community services.* [↑](#footnote-ref-3)
3. Refer to in-scope registration activities for department-funded disability service providers and community services in the *Policy and procedures for the registration of disability service providers and community services.* [↑](#footnote-ref-4)
4. Date of birth for Key Personnel is required for the purpose of safety screening checks as per the Declaration in Part 6. [↑](#footnote-ref-5)
5. Human Services Standards or other standards recognised by the Regulator as consistent with the Human Services Standards. [↑](#footnote-ref-6)
6. Self-assessment refers to the approved Human Services Regulator self-assessment against the Standards. [↑](#footnote-ref-7)