



Government Provider Management System

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# **User Guide: Approved Provider Notifications**

# October 2024

# Version 2.0

This Government Provider Management System (GPMS) User Guide aims to support approved providers to begin, generate and complete a digital notification form to meet their notification obligations with the Aged Care Quality and Safety Commission. The form is designed to help you to provide information about changes to your organisation, Key Personnel and third-party arrangements via GPMS.

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# 1. Introduction

The Government Provider Management System (GPMS) is a flexible IT (Information Technology) system which is a critical part of the Aged Care Digital Transformation Initiative underway to support aged care reform through better technology.

GPMS provides greater connectivity and data sharing between aged care providers and government.

## 1.1 Purpose

This User Guide has been designed to support approved providers to complete and submit a digital notification form that contains information about changes to their organisation, key personal and third party arrangements.

A number of notifiable events or information may be provided in an Approved Provider Notification Form under three main notification types which are:

- material changes that affect the suitability of an approved provider
- Key Personnel changes and suitability events
- third party arrangements

The digital notification form allows approved providers to include any combination of changes as required.

# 1.2 Glossary

A <u>glossary</u> is available on the department's website to help you to understand the terminology used in relation to GPMS functionality.

# **1.3 Login to the GPMS portal**

To login to the GPMS portal please visit Log In to GPMS portal.

If you require assistance logging into the GPMS portal, please refer to the GPMS <u>Logging in to the Aged Care Systems</u>.

Please be advised of the following:

The Department of Health and Aged Care will retain records of your access to GPMS. When prompted upon login to GPMS, you must accept the <u>GPMS Terms</u> of Use to be able to access the system.

Government Provider Management System Terms of Use
Click here to view terms of use
* Do you agree to terms of use?
Ves No
Next

# **1.4 Access Permission**

Your organisation administrator can assign the following roles in the GPMS portal via the **Manage Your Organisation** landing page:

Role	Responsibility	
	Users with this role can:	
Provider staff	<ul> <li>view organisation details.</li> </ul>	
(Service)	<ul> <li>view and edit service details for services they have been associated with.</li> </ul>	
	Users with this role can:	
Provider staff	<ul> <li>view or edit organisation and service details.</li> </ul>	
(Org)	<ul> <li>access, draft and submit Approved Provider Notifications or Governing Body Determination application forms to a Provider Governing Person.</li> </ul>	
	Users with this role can:	
	<ul> <li>view or edit organisation details.</li> </ul>	
Provider Governing	<ul> <li>access, draft, make a declaration and submission of notifications or application forms to the Aged Care Quality and Safety Commission.</li> </ul>	
Person	A governing person is defined by the Aged Care Quality and Safety Act 2018. As a result of this, any person assigned this role <b>must also</b> be listed as key personnel for your organisation.	

# 1.5 Session time out

Before starting work on an online form, the user should be aware of the "time-out" functions when a user is logged in to the GPMS portal.

GPMS has a time-out feature which automatically requires re-entry of username and password after 15 minutes of inactivity on the GPMS portal.

The Department strongly recommends users regularly save digital forms in progress in order to avoid loss of information which may occur given there is no "auto save" feature.

This also applies if you click on a notification that may pop up during the uploading of supporting evidence or if you refresh you page whilst editing a form.

Information which is lost due to "time-out" can not be recovered.

### **1.6 Further information and support**

Please refer to the <u>Government Provider Management System</u> webpage and the <u>Manage Your Organisation</u> webpage for more information.

If you require further assistance to login to GPMS please contact the My Aged Care service provider and assessor helpline on **1800 836 799**, Monday to Friday (8am to 8pm) and Saturday (10am to 2pm) local time across Australia.

For translating and interpreting services, call **131 450** and ask for My Aged Care on **1800 836 799**.

To use the National Relay Service, visit <u>About the National Relay Service (NRS)</u> <u>Access Hub</u> or call **1800 555 660**.

To access sign language interpreting and captioning services through Deaf Connect, call <u>1300 773 803</u> or email <u>interpreting@deafconnect.org.au</u>.

# **2.Accessing Notifications**

You can meet your notification obligations by accessing the digital Approved Provider Notification Form through the GPMS portal via the **Manage Your Organisation** tile.

The Manage Your Organisation page allows you to:

- Access previously submitted and draft notification forms
- Initiate a new notification form.

Users with either Provider Staff (Org) or Provider Governing Person are able to initiate the Approved Provider Notification Form. Please contact your Organisation Administrator, if you do not have the required user role.

Government Provider Management System	Home Switch Provider 🐥 🙆
Hi         Image Your Organisation         • Manage Your Organisation         • Manage your provider details, services, personnel, and third party arrangements         • Submit a Notification for a material change to your organisation or key personnel event         • Apply for a Governing Body Determination	C Every something else? Sign in to My Aged Care service provider portal Referrals Referrals Clients Clients Outlets Forms & Reports
<ul> <li>Manage your provider details, services, personnel, and third party arrangements</li> <li>Submit a Notification for a material change to your organisation or key personnel event</li> <li>Apply for a Governing Body Determination</li> </ul>	Sign in to My Aged Care service provider portal  Referrals  Clients  Incidents  Outlets  Forms & Reports

From the **Manage Your Organisation** page you will see two tiles under the heading **Notify or Apply to the Commission**.

- Notifying us [the Commission] of certain matters; and
- Apply for a determination that certain governing body responsibilities do not apply
- 1. Select Begin Notification Form. This will launch the notification form.



Users can also navigate to the notification form from the following pages:

- Provider Details
- Key Personnel and Contacts
- Third Party Arrangements



# 2.1 Form structure and navigation

There are four key areas of the GPMS portal to help you to prepare a notification form, these are:

- 1. Begin Notification Form button. This is found on the Manage Your Organisation landing page.
- 2. Notification workspace found on the Before you start page. See the <u>Notification Workspace</u> section of this guide for more information. This section is used to create individual changes and consolidate when ready for review and submission.
- **3. Notification table**. This is found on the **Manage Your Organisaiton** landing page, see the <u>Notification Table</u> section of this guide for more information. This table is used to manage your notification in draft and track your submission.
- **4. Individual material changes**. Created from the **workspace** page that relate to:
  - Organisation Changes
  - <u>Key Personnel Changes</u>
  - Third Party Arrangement Changes

### 2.1.1 Helpful tips for using the digital form

The digital Approved Provider Notification Form will display a progress stepper located on the left side of the screen. Users will see each individual change that is created and a green tick will appear when a section is complete. A blue circle will appear in the section currently being worked on.

The notification form has a cascading structure. This means that the answers given to certain questions will determine the next sections of the form to appear and the question asked.

You can save a form without completing all mandatory fields on the page.

Please be aware that if you are uploading a file and use the 'save for later' button before it is complete, this could cause an error in the submission of your form.

Mandatory fields are marked with a red \*. Failure to complete a mandatory field will result in an error message when you try to proceed to the next page or submit the form.

The digital form allows multiple users to view and/or edit its contents **at the same time**. Users should ensure that information entered by others is accurate before finalising.

# 3. Begin a Notification

In this section, you will be guided through the process to access the **notification form** after logging into the GPMS portal

1. Once the notification form is launched, you will see the **Before you start** page. This page shows important information that may help users complete the notification form with accuracy and efficiency.

Section	Description
Before you start	General guidance for approved providers about the application form.
Privacy and your	A statement about how personal information is protected. It also contains a link to the Commission's Privacy Policy.
personal information	It is expected that users have read and understood the Commissions Privacy Policy and the Notice of collection before progressing further.
Notice of collection	A link to the Commission's Notice of collection.
	Notification forms need to be reviewed and signed by a governing person prior to submission to the Commission.
Who can approve and submit this form	The person assigned a governing person role in the portal must also be a key personnel listed in your organisations provider record.
	Governing person is defined under the Aged Care Quality and Safety Commission Act 2018.

## Notifications

#### Before you start

Under Section 9-1 (S9-1) and Section 9-2A (S9-2A) of the <u>Aged Care Act 1997</u>, you are required to notify the Aged Care Quality and Safety Commission (the Commission) within 14 days of certain changes or events that may affect your suitability to continue as an approved provider.

Read the Commission's guidance about your obligations on the <u>website</u>. This provides you with information about your responsibilities, the type of information we need, and why we need it. If you have any questions about this form, please contact <u>APnotifications@agedcarequality.gov.au</u>.

In completing this form, you may be required to provide supporting documents for any changes notified. This will be identified throughout this form within the respective sections.

#### Privacy and your personal information

Your personal information, and personal information of key personnel, is protected by law, including the Privacy Act 1988 the Australian Privacy Principles, the Commission Act and the Aged Care Act, and is being collected by the Commission for the primary purposes of:

- notifying the Commissioner of changes in circumstances that materially affect your organisation's suitability to
  provide aged care services; and/or
- notifying the Commissioner of certain events related to your key personnel; and/or
- reviewing your organisation's ongoing suitability to provide aged care services; and/or
- assuring that your organisation's key personnel and contacts are associated with the correct approved provider record; and/or
- updating your organisation's records.

The information you provide to the Commission on this form may be disclosed to the Department, other State and Commonwealth agencies and where otherwise permitted or required by law.

If you do not provide this information, your organisation may be at risk of failing to meet its notification obligations under sections 9-1 and 9-2A of the Aged Care Act. Failure to comply with notification requirements may result in a sanction being imposed under Part 7B of the Commission Act.

You can get more information about the way in which the Commission will manage personal information, including our privacy policy at <u>agedcarequality.gov.au</u>.

#### Notice of collection

Before completing this form, read the Aged Care Quality and Safety Commission's <u>Notice of Collection</u> that explains how we use personal information.

#### Who can approve and submit this form

Notification forms need to be reviewed and signed by a governing person prior to submission to the Commission. A governing person is defined under the Aged Care Quality and Safety Commission Act 2018, and on the <u>Commission</u> website.

They must also be a person who has already been notified to the Commission and is listed as key personnel within your organisation and be authorised to give assurance and enter legal contracts on your organisation's behalf.

If your organisation does not have a governing person set up in the system, please discuss with your organisation administrator who will need to provision this access.

You will not be prevented from completing this form, but it cannot be progressed until a governing person has reviewed, signed, and submitted this form on behalf of your organisation.

- 2. The next section of this page is the **notification workspace**. This section enables you to:
  - Begin, manage and complete the notification form,
  - Send for Governing Person review
  - Declare and submit the notification form.
- 3. To begin, select + Add next to the type of change you would like to make:
  - Organisational changes
  - Key Personnel changes
  - Third party arrangement changes

Notification ID: Begin your changes by clicking 'ADD' to the relevant categories below. Ensure that all modifications made under this notification are completed and saved before sending it for review or declaration and submission.		View Summary	? Declare and submit
Authorised representative  Cobe assigned	Governing person(s) To be assigned		🖌 Edit
Organisational changes			+ Add
Key personnel changes			+ Add
Third party arrangement changes			+ Add

Refer to the <u>Notification Workspace</u> section of this user guide for more information on the continuation and completion of the notification form.

# **4.Organisational Changes**

This section will guide you through the content of the digital form with regard to making a notification about an organisation change you have made.

You will need to explain the change and how it materially affects the suitability of your organisation as an approved provider.

- **1.** There are five types of organisational changes that can be notified in an Approved Provider Notification form, select from the following:
  - Organisation's details
  - Organisation's
  - Organisation's
  - Organisation's
  - Other Organisational Change

The <u>Commission's website</u> contains guidance about organisation changes that you should notify which will assist you when completing the digital notification form.

For any of the organisational changes listed above, Users can only select one type of change per form. For example, if a user needs to update the organisation's ABN, they should check that no other information captured on the **Change to the organisation's details** page needs to be updated.

If you have completed a draft for one of these changes and have identified additional changes to add, you can select to **Edit** the change from the **Workspace**.

2. Once a change is selected, select **Next** to proceed. Alternatively, you can select **Back** to navigate to the **workspace** page.

#### Please note:

You can only select one change at a time. If you need to make more than one change, you can click on the 'Save for later' button. This will navigate you to the Workspace page, and you have the option to select the 'add' button for each additional change.

Organisational changes		
Choose the organisational change that occurred ———————————————————————————————————		
*Organisational change Change to organisation's details Change to the organisation's incorporated structure Change to the organisation's governance Change affecting organisation's financial status Other change		
	Back	Next →

# 4.1 Organisation's details

After selecting **Change to organisation's details**, you can use the checkbox to select one or more from the options below for any changes to your organisation's details that require you to notify the Commission. When you select a checkbox, the fields for each option will appear under the header.

- Organisation name
- <u>ABN</u>
- <u>Registered incorporation ID type</u>
- <u>Registered incorporation number</u>
- Phone number
- Email
- Physical address
- Postal address

ganisational changes				
Cha Pleas	Change to the organisation's details 			
* Se	Select one or more			
	Organisation name: Apollo Care Operations Pty Ltd AP			
	ABN (Australian Business Number): 123			
	Registered incorporation ID type: ACN			
	Registered incorporation number			
	Phone number			
=	Email			
	Physical address: 55 COLLINS STREET, MELBOURNE, VIC, 3000			

1. Make sure you have identified all changes you need to make before moving to the next step. If you are not certain whether other changes are needed in this section, you can save the form at this step and return to **Edit** at a later time.

This will not result in a 'double up' of organisation detail updates.

- 2. Select:
  - The **Complete** button which will re-direct you to the **Workspace** page. This change will display a **Complete** status; or
  - The Save for later button.



• If selecting **Save for later** a pop-up will appear to confirm your selection. Click **OK** to navigate to the **Workspace** page, this change will display the **in progress** status. Alternatively, select **Cancel** to return.

Are you sure you w	ant to save it for later?		
	Cancel	ок	

3. The Notifications table will also display a notification in Draft Status.

### 4.1.1 Update Organisation Name

- 1. Select **Organisation name** from <u>Organisation's details</u> page and enter the new organisation name. It must match the organisation name in the supporting document that you are required to upload.
- 2. To upload your supporting documents, select the document category and document type from the dropdown list, then click upload or drop files to evidence the new orgaisation name.
- **3.** Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that the change came into effect.
- 4. In the text box provided, explain the reason for change.
- 5. In the text box provided, explain how the change affects the suitability of the approved provider. Read the <u>Commission's guidance</u> to understand what you should think about when completing this field.

Change to the organisation's details
lease select from the options below all recent changes to your organisation's details that require notification to the Commission.
Select one or more
Organisation name:
*Enter the updated organisation
Upload any supporting documents
These may include an ASIC or legal document if the change results from a merger.
File Management
Document Category Document Type
Select Type
The selected category and type applies to all the uploaded files.
*When did the change come into effect?
Detail the reasons for change
Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner the organisation with another company to build capability and strengthen our ability to deliver aged care.
For more information and examples, please visit our FAQs.
*Enter the reason below
How do the change(s) affect the suitability of the approved provider?
Explain what affect the change described has, or will have on your suitability to be an approved provider. Provide statement that:
describes the effect on your suitability.
detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.      Forter the reason below

As stated at the beginning of this section, make sure you have entered **all** necessary changes before you progress. If you are not certain whether other changes are needed in this section, you can save the form at this step and return to **Edit** at a later time.

This will not result in a 'double up' of organisation detail updates.

- 6. Once all required information has been added, you can proceed by:
  - Selecting the **Complete** button
  - Selecting the Save for later button
  - Proceeding to the next organisational change

### 4.1.2 Update ABN

1. Select ABN from from Organisation's details page and click Find ABN.

ABN (Australian Business Number): 123		
* Updated ABN		
Find ABN		

2. Enter your orgninsation's ABN into the field and select **Search** to conduct an ABN Lookup search of the Australian Business Register (ABR). You must hold a valid ABN to complete the form.

ABN Lookup		
fate the 280 in the field being		
Search by ABN		
Q Search		
	Cancel	Continn

**3.** Confirm the returned result is correct and select **Confirm** or **Cancel** to navigate back to the search field.

ABN Lookup	
Enter the ABN in the field below	
Q Search	
We found a match. Please confirm this result, or search using a different ABN	L.
ABN Details	
ABN	Organisation name
ADN status	ADN active tree
	Abivenity type
Main business location	
	Cancel Confirm

#### **Please note:**

If the Australian Business Register (ABR) lookup is unable to validate the ABN or the ABN you have searched is invalid, cancelled or does not exist an error message will be returned. User are required to contact the ABR to fix any errors with ABNS – the department and Commission are unable to assist with ABN related enquiries.

- **4.** To upload your supporting documents, select the document category and document type from the dropdown list, then click upload files or drop files to evidence the changed ABN.
- **5.** Manually enter the date (DD/MM/YYYY) or select the date from the pop-up calendar that the change came into effect.

- 6. In the text box provided, explain the reason for change.
- 7. In the text box provided, explain how the change affects the suitability of the approved provider. Read the <u>Commission's guidance</u> to understand what you should think about when completing this field.

Pile Management	former the		
Select Category	Select Type	▼ Dpload Files Or drop files	
The selected category and type applies to all th	e uploaded files.		
When did the change come into effect?	]		
hat all the second for shares			
xplain the reasons for making the above identifi te organisation with another company to build o	ed change/s including any rationale that sets out how t apability and strengthen our ability to deliver aged care	the change has or will improve your organisational capabilities, e.g. the board dec e.	ided to pa
or more information and examples, please visit	our FAQs.		
Enter the reason below			
	ility of the approved provider?		
low do the change(s) affect the suitab		r.	
Sow do the change(s) affect the suitab invalue of the change described has, or rovide statement that:	will have on your suitability to be an approved provider		
Now do the change(s) affect the suitab inplain what affect the change described has, or hovide statement that: describes the effect on your suitability. detail the steps you are taking to ensure that	will have on your suitability to be an approved provider you are meeting your responsibilities as an approved p	provider.	

- 8. Once all required information has been added, you can proceed by:
  - Selecting the Complete button
  - Selecting the Save for later button
  - Proceeding to the next organisational change

#### 4.1.3 Update Registered Incorporation ID type

- 1. Select **Registered Incorporation ID type** from <u>Organisation's details</u> page and select the registered incorporation ID type from the drop-down list. If you cannot find the incorporation type please select **Other** from the list.
- 2. To upload your supporting documents, select the document category and documet type from the dropdown list, then click upload files or drop files that evidence the change to your incorporation ID
- **3.** Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that the change came into effect.
- **4.** In the text box provided, explain the reason for change.

5. In the text box provided, explain how the change affects the suitability of the approved provider. Read the <u>Commission's guidance</u> to understand what you should think about when completing this field.

Registered incorporation ID type: ACN   Ear: the updated registered in.  (pload any supporting documents) Its may include an ABC or legit documents fine change results from a merger.  File Management Select Clategory Select Type Select Type Upload Files Or drop files Or drop files The selected category and type applies to all the uploaded files. Wend dit the change come into effect? Inter action that the above identified change's including any resonale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to particle activation and examples, please wills our FAQs. Enter the reasons for change Vision the the ange come into effect? Inter the reasons below Vow do the change(s) affect the suitability of the approved provider? Uplicate affect on our suitability to the an approved provider? Inter the reasons the offend change (s) affect the suitability of the approved provider? Uplication the fifted on jour suitability to ensure that your an aneting your responsibilities as an approved provider. Inter the reasons below	
Enter the updated registered in.	Registered incorporation ID type: ACN
Enter the updated registered in.	
In the reasons for change     In the reasons for the reasons for the reasons     In the reasons for the reasons     In the reasons for the reasons for the reasons     In	'Enter the updated registered in
Pload any supporting documents         It's management         Decument Gasgary         Select Category       Select Type         Select Category and type applies to all the uploaded files.         When did the change come into effect?         Image in the reasons for change         upliant the reasons for change         upliant the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to particle a organization with another company to build capability and strengthen our ability to deliver aged care.         or one information and examples, please visit our FAQs.         Enter the reasons blow	•
by Dard any supporting documents There is not use a ASIC or legal document if the change results from a merger.	
his may include an ASIC or legal document if the change results from a merger.  File Management Decomerer Category  File Acategory  Decomerer Type Select Category  Decomerer Type Select Category Decomerer Type Select Category Decomerer Type Select Category Decomerer Type Select Category Decomerer Type Select Category	
his may include an ASIC or legal document if the change results from a merger.	Jpload any supporting documents
File Management   Document Type   Select Category   The selected category and type applies to all the uploaded files.   When did the change come into effect? Image the reasons for change training the above identified change's including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner to regarding the above identified change's including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner to regarding the above identified change's including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner to regarding the above identified change's including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner to arone information and examples, please visit our FAQS. Ever the reason below   but do the change(s) affect the suitability of the approved provider?   uplain what affect the change described has, or will have on your suitability to be an approved provider.   usite statement that:	This may include an ASIC or legal document if the change results from a merger.
Decument Category       Decument Type         Select Category       Select Type         The selected category and type applies to all the uploaded files.    When did the change come into effect?         Image: The selected category and type applies to all the uploaded files.    When did the change come into effect?         Image: The selected category and type applies to all the uploaded files.    When did the change come into effect?         Image: The selected category and type applies to all the uploaded files.   When did the change come into effect?      Provide: The selected category and type applies to all the uploaded files.  Provide: The selected category and type applies to all the uploaded files.  Provide: The selected category and type applies to all the uploaded files.  Provide: The selected category and type applies to all the uploaded files.  Provide: The selected category and type applies to all the uploaded files.  Provide: The selected category and type applies to all the uploaded files.  Provide: The selected category and type applies to all the uploaded files.  Provide: The selected category and type applies to all the uploaded files.  Provide: The selected category and type applies to all the uploaded provider: Provide: The selected category and type applies to all the uploaded provider: Provide: The selected category and thinks to be an approved provider.  Provide: The selected category and tating to ensure that you are meeting your responsibilities as an approved provider.  Provide: The selected category and tating to ensure that you are meeting your responsibilities as an approved provider.  Provide: The selected category and tating to ensure that you are meeting your responsibilitie	File Management
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Enter the reason below	<ul> <li>detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.</li> </ul>
	Enter the reason below

- 6. Once all required information has been added, you can proceed by:
  - Selecting the Complete button
  - Selecting the Save for later button
  - Proceeding to the next organisational change

#### 4.1.4 Update Registered Incorporation Number

- 1. Select **Registered Incorporation number** from <u>Organisation's details</u> page and enter the updated registered incorporation number.
- 2. To upload your supporting documents, select the document category and documet type from the dropdown list, then click upload files or drop files to evidence the changed incorporation number.
- **3.** Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that the change came into effect.

- 4. In the text box provided, explain the reason for change.
- 5. In the text box provided, explain how the change affects the suitability of the approved provider. Read the <u>Commission's guidance</u> to understand what you should think about when completing this field.

Registered incorporation number
Updated registered incorporation number Such as, Australian Company Number ACN, Incorporated Association Number (IAN), Australian Registered Business Number (ARBN), Indigenous Corporation Number (ICN). *Enter the registered incorporat
Upload any supporting documents
These may include an ASIC or legal document if the change results from a merger.
File Management
Document Category Document Type
Select Category   Select Type
The selected category and type applies to all the uploaded files.
Detail the reasons for change Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner the organisation with another company to build capability and strengthen our ability to deliver aged care. For more information and examples, please visit our FAQs.
* Enter the reason below
How do the change(s) affect the suitability of the approved provider? Explain what affect the change described has, or will have on your suitability to be an approved provider. Provide statement that: • describes the effect on your suitability. • detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider. * Enter the reason below

6. Once all required information has been added, you can proceed by:

- Selecting the Complete button
- Selecting the Save for later button
- Proceeding to the next organisational change

#### 4.1.5 Update Contact Number

- 1. Select **Phone number** from <u>Organisation's details</u> page and enter in the updated contact number. You can provide either an Australian landline (with area code) or mobile number.
- 2. Manually enter the date (DD/MM/YYYY) or select the date from the pop-up calendar that the change came into effect.
- **3.** In the text box provided, explain the reason for change.

**4.** In the text box provided, explain how the change affects the suitability of the approved provider. Read the <u>Commission's guidance</u> to understand what you should consider when completing this field.

Phone number
ipdated contact number
ou can provide either a landline (with area code) or mobile number.
Enter the contact number
When did the change come into effect?
#
etail the reasons for change
xplain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner
ie organisation with another company to build capability and strengthen our ability to deliver aged care.
or more information and examples, please visit our FAQs.
Enter the reason below
low do the change(s) affect the suitability of the approved provider?
xnlain what affect the channe described has, or will have on your suitability to be an approved provider.
rovide statement that:
describes the effect on your suitability.
<ul> <li>detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.</li> </ul>
Enter the reason below

- 5. Once all required information has been added, you can proceed by:
  - Selecting the **Complete** button
  - Selecting the Save for later button
  - Proceeding to the next organisational change

#### 4.1.6 Update Email

- 1. Select Email from Organisation's details page and enter the updated email
- 2. Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that the change came into effect.
- 3. In the text box provided, explain the reason for change.
- **4.** In the text box provided, explain how the change affects the suitability of the approved provider. Read the <u>Commission's guidance</u> to understand what you should think about when completing this field.

2 Email	
* Enter the updated email	]
*When did the change come into effect?	
Detail the reasons for change	
Explain the reasons for making the above identified change/s including any rationale that sets o the organisation with another company to build capability and strengthen our ability to deliver a	ut how the change has or will improve your organisational capabilities, e.g. the board decided to partner ged care.
For more information and examples, please visit our FAQs.	
*Enter the reason below	
How do the change(s) affect the suitability of the approved provider?	
Explain what affect the change described has, or will have on your suitability to be an approved provide statement that:	arovider.
describes the effect on your suitability.	
<ul> <li>detail the steps you are taking to ensure that you are meeting your responsibilities as an application of the steps of the</li></ul>	roved provider.
* Enter the reason below	
	18

- 5. Once all required information has been added, you can proceed by:
  - Selecting the **Complete** button
  - Selecting the Save for later button
  - Proceeding to the next organisational change

#### 4.1.7 Update Physical Address

1. Select **Physical address** from <u>Organisation's details</u> page and enter the updated physical address by typing your new address into the search bar. Options will prepopulate in a dropdown format for you to select from.

Your physical address is where your primary business activities are conducted. For a residential care provider, this would likely be the address of the care home you operate or it could be the head office for a larger provider. For a home care provider, this will likely be where your office is located.

Physical address:	
Updated physical address	
* Physical Address	

2. If you select Enter address manually, a pop-up will appear where you can enter in the address fields.

Physical address:	Find Physical address	3	
	*Street number / range	*Street name	*Street type
* Physical Address			Select
<b>Q</b> Start searching	Do you require more fields?	Inactive	
Enter address manually	*Suburb or town		
*When did the change come into effect?			
	* State / territory	* Postcode	
Detellation of the stress	Select	•	
Explain the reasons for making the above id the organisation with another company to b	Validate address		
For more information and examples, please		1	
* Enter the reason below			
		Cancel	Confirm

3. If you require more fileds, click button to active.



4. Additional fields will display, enter relevant fields from the following:

- Street suffix, select from dropdown menu
- Building name, enter building name
- Type, select building type from drop down menu
- Type number, enter number
- Floor or level, select from dropdown menu
- Floor or level number, enter number

Street suffix		Building name
Select	•	
Туре		Type number
Select	-	
Floor / level		Floor / level number
Select	•	

**5.** Click Validate address and select from any Potential Address Matches or Use my original input.

Validate address
Potential Address Matches We found match(es) for your address entry. Please select the one that best matches what you're looking for from the list below.
Use my original input: .

- 6. Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that the change came into effect
- 7. In the text box provided, explain the reason for change.
- 8. In the text box provided, explain how the change affects the suitability of the approved provider. Read the <u>Commission's guidance</u> to understand what you should think about when completing this field.

*When did the change come into effect?
Detail the reasons for change
Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner the organisation with another company to build capability and strengthen our ability to deliver aged care.
For more information and examples, please visit our FAQs.
How do the change(s) affect the suitability of the approved provider?
Explain what affect the change described has, or will have on your suitability to be an approved provider. Provide statement that:
<ul> <li>describes the effect on your suitability.</li> <li>detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.</li> </ul>
*Enter the reason below
4

- 9. Once all required information has been added, you can proceed by:
  - Selecting the **Complete** button
  - Selecting the Save for later button
  - Proceeding to the next organisational change.

### 4.1.8 Update Postal Address

- Select Postal address from <u>Organisation's details</u> page If your postal address is the same as the physical address you can select the check box **Postal** address is the same as physical address.
  - a. If it is different, enter the updated postal address by typing your new address into the search bar, options will prepopulate in a dropdown format for you to select from.
  - b. If your postal address is a P.O. Box, you need to enter the address manually.
  - c. If you select **Enter address manually**, a popup will appear where you can enter in the address fields. Once entered, select **validate**. You can then select one of the returned addresses or choose to continue with your original input.
- 2. Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that the change came into effect .
- **3.** In the text box provided, explain the reason for change.
- **4.** In the text box provided, explain how the change affects the suitability of the approved provider. Read the <u>Commission's guidance</u> to understand what you should think about when completing this field.

Postal address:	
Updated postal address	
Postal address same as physical address	
* Postal Address (PO boxes will require manual entry)	
Q Start searching	
Enter address manually	
* When did the change come into effect?	
Detail the reasons for change Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board dec the organisation with another compare to build capability and strengthen our ability to deliver and care.	ided to partner
For more information and examples, please visit our FAQs.	
* Enter the reason below	
	,
How do the change(s) affect the suitability of the approved provider?	
Explain what affect the change described has, or will have on your suitability to be an approved provider. Provide statement that:	
<ul> <li>describes the effect on your suitability.</li> <li>detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.</li> </ul>	
*Enter the reason below	

- 5. Once all required information has been added, you can proceed by:
  - Selecting the **Complete** button
  - Selecting the Save for later button
  - Proceeding to the next organisational change.

# 4.2 Organisation's Incorporated Structure

If you have changed your incorporation structure, we need to know if the change affects your delivery of aged care services.

1. After selecting **Change to organisation's incorporated structure** from the <u>Organisational Changes</u> page, you can use the checkbox to select one or more from the options presented and listed in the screenshot below.

ganisational changes		
Cha	nge to the organisation's incorporated structure	
Pleas	e choose from the options below any changes that have occurred in relation to the organisation's incorporated structure.	
* Se	lect one or more	
	Transfer or sale of a majority or controlling interest in the approved provider incorporated entity	
	Sale of the whole approved provider incorporated entity to new owners – either with or without previous aged care experience	
	Under voluntary or involuntary external administration	
	Aboriginal Community Controlled Organisations (ACCO) / Aboriginal Community Controlled Health Organisations (ACCHO)	
	Other change to organisation's incorporated structure	
	J	

- 2. For each change selected, you will be required to:
  - Provide a detailed statement describing the change that has occurred

	* Provide a detailed statement describing the change that has occurred
μ	

• Upload supporting documents (**Optional**), select the document category, document type and click **Upload Files** or **drag and drop. You will receive a confirmation.** 

Upload any supporting documents (optional	0			
Such as the ASIC document, minutes of the decision made it	n accordance with your company constitution or replaceable rules and acqu	isition arrangements.		
File Management				
Document Category	Document Type			
Select Category	▼ Select Type ▼	▲ Upload Files	Or drop files	
The selected category and type applies to all the uploaded	fies.			

- Manually enter the date (DD/MM/YYYY) or select the date from the popup calendar that the change came into effect.
- Explain the reason for change.
- Explain how the change affects your suitability as an approved provider

Detail the reasons for change	
Explain the reasons for making the above id the organisation with another company to b	entified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to part uild capability and strengthen our ability to deliver aged care.
	visit our FAOs
For more information and examples, please	that soil it right
For more information and examples, please * Enter the reason below	
For more information and examples, please * Enter the reason below How do the change(s) affect the su	itability of the approved provider?
For more information and examples, please * Enter the reason below How do the change(s) affect the su Explain what affect the change described ha Provide statement that:	itability of the approved provider? is, or will have on your suitability to be an approved provider.
For more information and examples, please * Enter the reason below How do the change(s) affect the su Explain what affect the change described hi Provide statement that: • describes the effect on your suitability. • detail the steps you are taking to ensure	itability of the approved provider? Is, or will have on your suitability to be an approved provider. that you are meeting your responsibilities as an approved provider.

- **3.** Select the **Complete** button which will re-direct you to the **Workspace** page. This change will have the **Complete** status.
- **4.** Alternatively, select the **Save for later** button, you will be re-directed to the 'Workspace' page, and your change will have the 'In progress' status. From the workspace page you can also edit or delete this change.



### 4.3 Organisation's Governance

In this section, provide information about your organisations governance changes that may materially affect your suitability as an approved provider.

For further information about provider governance, go to the Commission's <u>Strengthening governance</u> website page. Also available is a <u>check list</u> to help approved provider to conduct reviews to ensure you are meeting your provider governance obligations.

- After selecting Change to the organisation's governance from the <u>Organisational Changes</u> page, you can use the checkbox to select one or more from the options presented and listed in the screenshot below.
  - a. Please be aware that the Governing body and Quality care advisory body changes apply to **all approved providers**. The digital form will be updated to remove the bracketed content.

Org	rganisational changes		
Ŭ	, and the second s		
Cha	Change to the organisation's governance		
Pleas	se choose from the options below any changes that have occurred in relation to the organisation's governance.		
_			
* Se	elect one or more		
	Executive management structure		
	Board or governance committees		
	Governing body (only required if you were approved after 1 December 2022)		
	Quality care advisory body (only required if you were approved after 1 December 2022)		
	Other change to the organisation's governance		

- 2. For each change you have selected, you will be required to:
  - Provide a detailed statement describing the change that has occurred

	* Provide a detailed statement describing the change that has occurred
Ľ	

• Upload supporting documents (**Optional**), select the document category, document type and click **upload files** or **drag and drop. You will receive a confirmation.** 

Upload any supporting documents (	pytional)
Such as a diagram of the new organisatio	nal structure and minutes from a meeting to describe the change.
File Management	Document Type
Notification	■ Board/Exec Meeting Documents/      ▲ Upload Files     Or drop files
The selected category and type applies to	all the uploaded files.

- Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that the change came into effect.
- Explain the reason for change.
- Explain how the change affects your suitability as an approved provider

* When did the change come into effect?
Detail the reasons for change
Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner the organisation with another company to build capability and strengthen our ability to deliver aged care.
For more information and examples, please visit our FAQs.
* Enter the reason below
How do the change (a) affect the suitability of the approved provider?
Explain what affect the change described has, or will have on your suitability to be an approved provider. Provide statement that:
describes the effect on your suitability.
<ul> <li>detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.</li> </ul>
* Enter the reason below

- **3.** Next, select the **Complete** button which will re-direct you to the **Workspace** page. This change will have the **Complete** status.
- Alternatively, you can select the Save for later button which will re-direct you to the Workspace page and your change will display the In progress status. From the workspace page you can also edit or delete this change.

# 4.4 Organisation's Financial Status

This section you can provide information of what caused your change of financial status and how it affects the safety and quality of your care.

- 1. After selecting **Change affecting organisation's financial status** from the <u>Organisational Changes</u> page, you will be required to:
  - Provide a detailed statement of the change that has occurred.
  - Upload any supporting documents.
  - Enter the date that the change came into effect.
  - Explain the reason for change.
  - Explain how the change affects the suitability of the approved provider

- 2. Once you have completed the required information, select the **Complete** button which will re-direct you to the **Workspace** page. This hange will have the **Complete** status.
- Alternatively, you can select the Save for later button which will re-direct you to the Workspace page, and your change will have the In progress status.
   From the workspace page you can also edit or delete this change.

Change affecting organisation's financial status
Please tell us about any financial changes that materially affects your organisation.
* Provide a detailed statement describing the change that has occurred
Linkad any connection decomments (calibrad)
Such as the most recent financial statement and current statement of cashflow.
File Management
Document Category Document Type           Notification           Other
The selected category and type applies to all the uploaded files.
* When did the change come into effect?
Detail the reasons for change
Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner the organisation with another
company to build capability and strengthen our ability to deliver aged care. For more information and examples, please visit our FADs.
* Enter the reason below
How do the change(s) affect the suitability of the approved provider?
Explain what affect the change described has, or will have on your suitability to be an approved provider. Provide statement that:
describes the effect on your suitability.     detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.
* Enter the reason below
Save for later

# 4.5 Other Organisational Change

In this section you can provide information about any other change that may not relate to the other changes contained in this form.

- 1. After selecting **Other change** from the <u>Organisational Changes</u> page, you will be required to:
  - Provide a detailed statement describing the change.
  - Upload any supporting documents.

- Enter the date that the change came into effect.
- Explain the reason for change.
- Explain how the change affects the suitability of the approved provider.
- 2. Once you have completed the required information, select the **Complete** button, this will re-direct you to the **Workspace** page. This change will have the **Complete** status.
- 3. Alternatively, select the **Save for later** button, you will be re-directed to the **Workspace** page, and your change will have the **In progress** status. From the workspace page you can also **edit** or **delete** this change.

Other Change
When completing this section, you must tell us about all organisational changes that have occurred in the past 14 days that materially affect your suitability as a provider of aged care.
* Provide a detailed statement describing the change that has occurred
Upload any supporting documents (optional) Such as the most recent financial statement and current statement of cashflow.
Ele Management
Document Category         Document Type           Notification             Other
The selected category and type applies to all the uploaded files.
* When did the change come into effect?
How do the change(s) affect the suitability of the approved provider?
Explain what affect the change described has, or will have on your suitability to be an approved provider. Provide statement that:
describes the effect on your suitability.     detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.
* Enter the reason below
Save for later Complete

# **5.Key Personnel Changes**

In this section you will be guided through the four types of Key Personnel notifications that an approved provider can make, including:

- adding a new individual as a Key Personnel
- updating information held about an existing Key Personnel
- ceasing an existing Key Personnel
- reporting on Key Personnel suitability matters

Read the <u>Commission's guidance</u> for more detailed information about what steps you should take and what you need to include in the form when adding, updating and ceasing a Key Personnel.

#### Please note:

You can only select one change at a time. If you need to make more than one change, you can click on the 'Save for later' button. This will navigate you to the workspace page and you can select the 'add' button for each additional change.

You cannot change a Key Personnel role using the update function, instead you need to cease the person in their existing role then add them as a new Key Personnel.

If the individual has more than one position that falls under the definition of key personnel, this should be added in the position title field, adding a comma between each title. An example of this can be found in the <u>Commission's guidance</u>.

- 1. Select one of the following Key Personnel changes:
- 2. Once a change is selected, select **Next** to proceed. Alternatively, you can select **Back** to navigate to the **workspace** page.

ey personnel chang	ges
Steps Choose the key personnel change that occurred Search and select a contact	Choose the key personnel change that occurred Please select from the options below a recent change that have occurred to the key personnel within your organisation and need to be notified to the Commission. *Key personnel change Add as a new key personnel Update key personnel details Cease all key personnel roles Report on suitability as key personnel
	Back Next →

# 5.1 Add as a new Key Personnel

This will create a new Key Personnel record which will be associated with your organisation.

If you are adding a new and additional position title to a pre-existing Key Personnel record, please select **update key personnel details** rather than **add as a new key personnel**.

A Key Personnel may be associated to one of your services only, as part of your organisation's executive management team, or both.

After selecting Key Personnel Changes, you will be navigated to Search and

#### select a contact.

### 5.1.1 Search and Select a Contact

Before adding a new Key Personnel you will be presented with a search function that will allow you to find an existing contact in your organisation and add them as a Key Personnel.

If they are an existing contact, information already held about them will be prepopulated into the form if you select them from the results table. This is further explained in a step below.

1. First, enter the following details into the search and select a contact fields:

- First name \*
- Last name \*
- Date of Birth

#### 2. Click Search

Key personnel changes						
St	eps	Search and select a contact				
0	Choose the key personnel change that occurred	Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in				
0	Search and select a contact	the fields below to search.				
•	Add personal details	* First name *Last name				
-	Add position details					
+	Add individual screening check details	Date of birth				
+	Add insolvency check details	首				
+	Add disqualification details					
+	Add AHPRA registration details	Q. Search				
+	Add membership of governing body details					
+	Add qualifications					
•	Add relevant experience	Back Next →				

#### 3. No matches found

There could be a variety of reasons that a match was not found. Some troubleshooting options include:

- check the spelling used in the search fields.
- save the form and then navigate to the **Manage Your Organisation** page to check the first and last names and the date of birth of all individuals listed with your organisation including active and non-active points of contact and Key Personnel.

If they are an active Key Personnel, a match will not be found.

- some records currently held in GPMS may hold:
  - a different last name if their personal circumstances have changed since their information was last updated
  - o an incorrectly recorded date of birth
  - it is important to be certain that the individual does not already have a record in GPMS otherwise there is a risk of creating a duplicate record which could cause delays in finalising your notification

If there are no matches found and you are certain the individual is not listed as a contact with your organisation including at one of your services, you can continue.

The screen displays the option to **create a new contact record for the person above and add as a Key Personnel** that was searched for. After choosing this option, select **Next** to continue to the **add personal details** page.

Alternatively, if you are certain that the individual is listed as one of your contacts, select **Back** to navigate to the **choose Key Personnel change that occurred** page.

Ste	eps	Search and select a contac	rt				
0	Choose the key personnel change that occurred Search and select a contact	Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in the fields below to search.					
•	Add personal details	*First name		*Last name			
•	Add position details	Test		Test			
•	Add individual screening check details	Date of birth					
•	Add insolvency check details			<b></b>			
•	Add disqualification details						
	Add AHPRA registration details	Search     No matches found. If the details above are correct, select the option below and click 'Next'.     Create a new contact record for the person above and add as a key personnel					
•	Add membership of governing body details						
•	Add qualifications						
•	Add relevant experience						
					_		
						Back	Next →
						,	

4. Matches found

- A match will only occur when the individual is an active point of contact role with your organisation, but not an active Key Personnel
- If there is/are match(es) found for an individual's contact record, you will be able to **select** the individual from the displayed results table and add the contact as a Key Personnel by selecting **Next**.
- The search may return multiple results, you can filter the table by hovering over the table headings.

If multiple results are returned or you need to confirm the correct contact record is displayed, you can select **view profile** to view the **Personal Details and Contact and Employment Details** from the **Profile** page.

• If the individual's contact record is presented in the results table because the first and last names were correct, but the date of birth is incorrect, you can continue to add this individual as a Key Personnel.

You can change the date of birth in the next screen. This will update the contact record for the individual when the form is finalised.

 If the results table does not display the contact record for the individual you want to add as a Key Personnel, select **Back** to navigate to the choose Key Personnel change that occurred page.

Key personnel changes						
Steps	Search and select a contact					
<ul> <li>Choose the key personnel change that occurred</li> </ul>	Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in					
Search and select a contact	the fields below to search.					
<ul> <li>Add personal details</li> </ul>	*First name *Last name					
<ul> <li>Add position details</li> </ul>						
<ul> <li>Add individual screening check details</li> </ul>	Date of birth					
<ul> <li>Add insolvency check details</li> </ul>	<b>a</b>					
<ul> <li>Add disqualification details</li> </ul>						
<ul> <li>Add AHPRA registration details</li> </ul>	Q. Search					
<ul> <li>Add membership of governing body details</li> </ul>	We've found a match / matches. Please select the contact from the results and click 'Next'.					
<ul> <li>Add qualifications</li> </ul>						
<ul> <li>Add relevant experience</li> </ul>	First name V Last name V Preferred name V Date of birth V					
	<u>View profile</u>					
	Back Next →					

#### **Please Note:**

- 5.1.2 If the table displays duplicate records, meaning that the same individual is listed more than once, you are required to advise the Department. Please complete and submit the GPMS Reporting a Duplicate Contact Form available on the Departments website. This will help to improve the information held about your organisation in GPMS.Add Personal Details
- **1.** If you select an existing contact, these fields will be populated from that contact record. Alternatively, enter the following details:
  - Title \*
  - First name \*
  - Middle name
  - Last name \*
  - Preferred name
  - Former Name (If they have changed their name and it is different to the name they currently use. E.g. maiden, birth or cultural name).
  - Date of Birth (Key Personnel must be 18+ years of age)
- 2. Click Next to proceed to the next page. Alternatively select Save for Later.
| Steps                                                                                                                                                                                                          | Add personal details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Choose the key personnel change that<br>occurred     Search and select a contact     Add personal details     Add position details     Add individual screening check details     Add insolvency check details | <ul> <li>Key personnel suitability         Approved providers have a responsibility to consider specific suitability matters in relation to their key personnel and be reasonable satisfied         that all members of their key personnel are suitable to be involved in the provision of aged care.         The suitability matters for individuals are set out in section 8C of the Commission Act and detailed in the 'Definitions' section of this form.         You should refer to the Commissions guidance in relation to these requirements which is available on the <u>Commissions website</u>.         All staff, including key personnel, must be appropriately qualified and experienced for the role they perform.         You must provide details of the new key personnel's experience as well as their qualifications to evidence their suitability for their role. This may         include registrations with professional bodies such as Australian Health Practitioner Regulation Agency (AHPRA), or Chartered Accountants         Australia &amp; New Zealand.</li></ul> |
| <ul> <li>Add disqualification details</li> </ul>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <ul> <li>Add AHPRA registration details</li> </ul>                                                                                                                                                             | * Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Add membership of governing body details                                                                                                                                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul> <li>Add qualifications</li> </ul>                                                                                                                                                                         | * First name Middle name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul> <li>Add relevant experience</li> </ul>                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                | *Last name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                | Preferred name Former name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                | * Date of birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                | Error: Date of birth is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                | Next →                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

# 5.1.3 Add Position Details

- **1.** Enter the following details:
  - Position title \*
  - Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that they started \*
  - Select from the dropdown menu the appropriate principal purpose of Key Personnel position\*
  - Duties of position
  - Select from the dropdown menu the Employment type \*
  - Main contact number \* (enter a mobile number or phone number with area code, no spaces)
  - Second contact number \* (enter a mobile number or phone number with area code, no spaces)
  - Email \*

 Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add personal details page.

Add personal details	Add position details
Add position details	* Position title
Add individual screening check	
details	
<ul> <li>Add insolvency check details</li> </ul>	* What is the date they started as a key personnel?
<ul> <li>Add disqualification details</li> </ul>	8
<ul> <li>Add AHPRA registration details</li> </ul>	* Principal purpose of key personnel position
Add membership of governing body details	· · ·
<ul> <li>Add qualifications</li> </ul>	
<ul> <li>Add relevant experience</li> </ul>	Duties of position
	If this key personnel meets the definition of a key personnel of one or more of your services, please include the service name and ID in this text field. For example, a Facility Manager of a particular residential service.
	Enter the details below
	1
	Employment Type
	If employee is selected for the employment type, the provider name will automatically be selected as the employer below.
	* Select the employment type
	* Employer
	* Main contact number
	Second contact number
	* Email
	Save for later

### 5.1.4 Add Individual Screening Check Details

This part of the form requires you to identify the screening checks that have been undertaken before the individual has become a Key Personnel of your organisation.

All approved providers are required to consider the Key Personnel suitability matters that are set out in the *Aged Care Quality and Safety Commission Act 2018.* They are also required to retain a record that details the matters considered and the outcome. Read the <u>Commission's guidance</u> for more detailed information about these requirements.

To complete this part of the form:

1. Select the appropriate checkbox under the heading What type of background check has been completed?

St	eps	Add individual screening check details		
0	Choose the key personnel change that occurred	To meet individual screening check requirements, you need to provide details of Nationally Coordinated Criminal History Check (NCCHC) or NDIS worker screening clearance. For more information on screening requirements for police certificates and NDIS worker screening check please visit		
0	Search and select a contact	the <u>Commissions website</u> .		
	Add personal details	* What type of background check has been completed?		
•	Add position details	Nationally Coordinated Criminal History Check (NCCHC)		
Ó	Add individual screening check details	NDIS Worker Screening Clearance		
÷	Add insolvency check details			
•	Add disqualification details			
	Add AHPRA registration details	Back Next ->		
l +	Add membership of governing body details	Duck Heat 7		
	Add qualifications	Save for later		
	Add relevant experience			

- a. If you checked Nationally Coordinated No Criminal History Check (NCCHC)
  - i. Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar of the Issue Date (as recorded on NCCHC)

St	eps	Add individual screening check details
0	Choose the key personnel change that occurred	To meet individual screening check requirements, you need to provide details of Nationally Coordinated Criminal History Check (NCCHC) or NDIS worker screening clearance. For more information on screening requirements for police certificates and NDIS worker screening check please visit the Operational Provide details of the Operat
•	Search and select a contact	the <u>Commissions website</u> .
0	Add personal details	* What type of background check has been completed?
0	Add position details	Nationally Coordinated Criminal History Check (NCCHC)
Ó	Add individual screening check details	Issue Date (as recorded on NCCHC)
•	Add insolvency check details	The provided issue date must align with the date on the NCCHC document, usually located at the top of the document. *Enter the date below
•	Add disqualification details	ä
•	Add AHPRA registration details	
+	Add membership of governing body details	NCCHC reference number
-	Add qualifications	All NCCHC documents issued by an accredited service provider will contain a unique and essential reference number. This usually is found at the top of the document
•	Add relevant experience	* Enter the number below

ii. Enter the NCCHC reference number

To upload your supporting documents, the document category and document type is prefilled, then click upload or drop files to evidence the NCCHC

* Upload a copy of the NCCHC			
This must be a copy of the police certificate issued by the accredited service provider. For more information please visit The Australian Criminal Intelligence Commission website.			
File Management	Document Type		
Notification 🗸	Select Type 🔻	山 Upload Ordrop 企 Files files	
The selected category and type applies to all	the uploaded files.		

- 2. Is the Key Personnel's name different to the one shown on the NCCHC? Select either **Yes** or **No**.
  - a. If selecting Yes, upload your statutory declaration, the document categoryand document type is prefilled from the dropdown list. Click upload or drop files to provide the statutory declaration – read the <u>Commission's</u> <u>guidance</u> for more information about this document.

* Is the key personnel's name different to the one s Yes No	hown in NCCHC			
* Upload the statutory declaration				
For more information about statutory declarations	please visit the <u>Attorney-General's Department</u>	website.		
File Management				
Document Category	Document Type			
Notification -	Select Type 🔹	£	Upload	Or drop
The selected category and type applies to all the	e uploaded files.		riies	mes
TEST.docx				0 💼

- Have they lived outside of Australia after the age of 16? Select either Yes or No
  - a. If selecting Yes, upload your statutory declaration, the document category and document type is prefilled from the dropdown list. Click upload or drop files to provide the statutory declaration read the <u>Commission's guidance</u> for more information about this document.

*Have they lived outside of Australia af Yes No	the age of 16?	
* Upload the statutory declaration		
For more information about statutory declarations please visit the <u>Attorney-General's Department website</u> .		
File Management		
Document Category	Document Type	
Notification		
The selected category and type applies to all the uploaded files.		

- b. If you checked NDIS Worker Screening Clearance
  - i. Have you received the outcome of the worker screening check? Select either **Yes** or **No**
  - ii. If **Yes**, enter the NDIS Worker Number Screening Check Number
  - iii. If **No**, enter the NDIS Worker Screening Application Reference Number
  - iv. Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar of the NDIS Worker Screening Check outcome expiry date (This is mandatory if you have selected "Yes")
  - v. Upload their NDIS Worker Screening clearence, 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

NDIS Worker Screening Clearance			
* Have you received the outcome of the workers screening check? Yes No			
NDIS Worker Screening Check outcome expiry date			
<b></b>			
* Upload their NDIS Worker Screening Check Acceptable Evidence:			
PDF Print of the NDIS Worker Screening database results     A PDF copy of the original email from NDIS or state based screening service.			
Before uploading visit the Commission's website for further guidance to avoid rejection			
File Management			
Document Category Document Type			
Notification VDIS worker screening cle Value of Upload			
The selected category and type applies to all the uploaded files.			

4. Click Next to proceed. Alternatively select **Save for Later** or **Back** to navigate to **Add position details** page.

Save for later	Back	Next →

### 5.1.5 Add Insolvency check details

You must have undertaken an insolvency check when considering the suitability of this Key Personnel. Your check must be completed less than 6 months before they begin as Key Personnel within your organisation.

- 1. Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that the insolvency check was completed.
- 2. Enter the Search ID. This is the ID number on the insolvency check.
- **3.** To upload the insolvency check, the document category and document type is prefilled, click upload or drop files..
- 4. Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add individual screening check details.

Ste	eps	Add insolvency check details
0	Choose the key personnel change that occurred	Date completed
0	Search and select a contact	You are required to have undertaken an insolvency check when considering the suitability of this key personnel. Your check must be completed less than 60 days before they commence as key personnel with your organisation.
0	Add personal details	Enter the data below
0	Add position details	
0	Add individual screening check details	* Search ID
Ó	Add insolvency check details	
•	Add disqualification details	* Upload the insolvency check
•	Add AHPRA registration details	For more information, please visit the <u>Australian Financial Security Authority website</u> .
•	Add membership of governing body details	📳 File Management
	Add qualifications	Notification
•	Add relevant experience	The selected category and type applies to all the uploaded files.
		Back Next →
		Save for later

# 5.1.6 Add Disqualification details

In this part of the form, it is expected that you have checked the ASIC banned and disqualified register which is available for free on <u>ASIC's Connectonline website</u>. Information about this register, what it contains and how to use it is also available on the <u>Connectonline website</u>.

 Is or has the individual ever been disqualified from managing corporations under Part 2D.6 of the Corporations Act 2001 (refer 8C(1)(h) of the Commission Act)? Select from Yes or No.

		Add disqualification details		
ိ	Add personal details	* Is or has the individual ever been disqualified from managing corp	prations under Part	2D.6 of the
0	Add position details	Corporations Act 2001 (refer 8C(1)(h) of the Commission Act)?		
0	Add individual screening check details	Yes No		
•	Add insolvency check details			
þ	Add disqualification details			
•	Add AHPRA registration details			
•	Add membership of governing body details	Save for later	Back	Next $\rightarrow$
•	Add qualifications			
•	Add relevant experience			

- a. If **Yes** is selected, two new questions will appear and are mandatory:
  - i. Enter the Date of commencement
  - ii. Is the disqualification permanent? Select Yes or No
    - o If Yes is selected move to step iii.
    - If No is selected, enter the Date of cessation then go to **step b**.
  - iii. Provide a statement detailing the disqualification

Γ		Add disqualification details
P	Add personal details	* Is or has the individual ever been disqualified from managing corporations under Part 2D.6 of the
0	Add position details	Corporations Act 2001 (refer 8C(1)(h) of the Commission Act)?
0	Add individual screening check details	Yes No
0	Add insolvency check details	* Date of Commencement
þ	Add disqualification details	<b>a</b>
ŀ	Add AHPRA registration details	
	Add membership of governing body details	* Is the disqualification permanent?
	Add qualifications	Tes NO
	Add relevant experience	* Please provide a statement detailing the disqualification

b. If you select No an alert will show on the screen reminding you that making this choice is stating that you have searched the ASIC banned and disqualified register and that the individual is not listed as a disqualified individual.

0	Add personal details	Add disqualification details * Is or has the individual ever been disgualified from managing corporations under Part 2D.6 of the
•	Add position details	Corporations Act 2001 (refer 8C(1)(h) of the Commission Act)?
0	Add individual screening check details	Yes No
0	Add insolvency check details	
0	Add disqualification details	By checking 'no' you are stating you have undertaken a search of the <u>ASIC Disgualified and banning register</u> .
•	Add AHPRA registration details	
	Add membership of governing body details	
•	Add qualifications	
	Add relevant experience	Save for later Back Next →

2. Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add insolvency checks.

		Add disqualification details
9	Add personal details	* Is or has the individual ever been disgualified from managing corporations under Part 2D 6 of the
0	Add position details	Corporations Act 2001 (refe 8C(1)(h) of the Commission Act)?
0	Add individual screening check details	Yes No
9	Add insolvency check details	
Ó	Add disqualification details	
	Add AHPRA registration details	
	Add membership of governing body details	Save for later Back Next →
	Add qualifications	
•	Add relevant experience	

# 5.1.7 Add AHPRA Registration details

This part of the form requires you to provide AHPRA registration information where the Key Personnel performs clinical/nursing care or oversight of clinical/nursing care in their Key Personnel role.

It is expected that their qualifications and registration fall within the scope of practice established by the registration type they hold with AHPRA.

If they have held AHPRA registration in the past but this is not relevant to the duties of the Key Personnel role that they are being added to through this digital form, you do not need to provide the AHPRA Certificate.

Read the <u>Commission's guidance</u> for more information about why an individual's AHPRA registration information is required.

- 1. Are they currently registered with AHPRA? Select from Yes or No.
- 2. Are they responsible for nursing services? Select from Yes or No.
  - a. If they are responsible for nursing services, they need to hold a current recognised qualification in nursing.
- **3.** Registration type (profession). This drop down list of registration types represents the types regulated by AHPRA. Select the type that matches the Key Personnel's registration and is most relevant to the duties they will be performing:
  - Aboriginal and Torres Strait Islander Health Practice
  - Chinese Medicine
  - Chiropractic
  - Dental practice
  - Medical practice (doctors)
  - Medical radiation practice
  - Nursing
  - Midwifery
  - Occupational therapy
  - Optometry
  - Osteopathy
  - Paramedicine
  - Pharmacy
  - Physiotherapy
  - Podiatry
  - Psychology
- **4.** Enter the AHRPA Registration number that is recorded on the individuals current AHPRA certificate.
- **5.** To upload your supporting documents, the document category and document type is prefilled, click upload or drop files to evidence the current AHPRA certificate.

Steps		Add AHPRA registration details
0	Choose the key personnel change that occurred	*Are they currently registered with AHPRA? Yes No
•	Search and select a contact	* Are they responsible for pursion services?
0	Add personal details	Yes No
0	Add position details	Registration type(profession)
0	Add individual screening check details	•
•	Add insolvency check details	
0	Add disqualification details	Registration number
Ó	Add AHPRA registration details	
•	Add membership of governing body details	File Management
ļ	Add qualifications	Document Category Document Type
	Add relevant experience	Notification   AHPRA Certificate  Upload Ordrop files
		The selected category and type applies to all the uploaded files.

6. Is the Key Personnel's name different to the one shown on the AHPRA registration? Select either **Yes or No**.

* Is the ke	y personn	el's name different to the one shown on the AHPRA registration
Yes	No	

a. If **Yes**, upload a statutory declaration that explains why the name of the Key Personnel is different to the name recorded on the AHPRA registration.

* Is the key personnel's name different to t Yes No	he one shown on the AHPRA registration	
* Upload the statutory declaration	n y declarations please visit the Attorney-General's Departmer	nt website.
File Management		
Document Category	Document Type	
Notification	▼ Statutory declaration (Name Cha ▼	Lipload Files     Or drop files
The selected category and type ap	plies to all the uploaded files.	

7. Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add disqualification details.

Save for later	Back	Next $\rightarrow$

### 5.1.8 Add Membership of Governing Body Details

In this section, provide information about the new Key Personnel's role and whether it includes membership in your governing body.

- 1. Is the Key Personnel a member of your governing body or quality care advisory body? Select either **Yes or No**.
  - a. If **No**, select **Next** to proceed to the next page. Alternatively select **Save for** Later or **Back** to navigate to **Add AHPRA registration details**.
  - b. If **Yes**, continue to additional fields.

		Add membership of governing body details
<b>°</b>	Add personal details	Approved providers have responsibilities in relation to its governing body. To understand whether these responsibilities
0	Add position details	apply to your organisation, please refer to the <u>Commission's website</u> for further guidance.
0	Add individual screening check details	* Is the key personnel a member of your governing body or quality care advisory body?
0	Add insolvency check details	Yes No
0	Add disqualification details	
0	Add AHPRA registration details	
	Add membership of governing	
IЦ	body details	Save for later Back Next →
•	Add qualifications	
	Add relevant experience	

- **2.** Is this Key Personnel a member of the governing body or quality care advisory body? You can select one option or both, which ever applies.
  - Governing body
  - Quality care advisory body
  - a. If Quality care advisory body, select **Next** to proceed to the next page. Alternatively select **Save for Later** or **Back** to navigate to **Add AHPRA registration details**.
  - b. If Governing Body, continue to additional fields.

* WI	* Which membership is this key personnel member of?				
Please select either option or both (if applicable).					
Governing body					
	Quality care advisory body				

- 3. Are they an independent non-executive member? Select either Yes or No.
- 4. Do they have clinical experience? Select either Yes or No.
- 5. Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add AHPRA registration details.

* Are they an independent non-executive member?					
Yes	No				
* Do they hav	e clinical ex	xperience?			
Yes	No				
		•			
	_				
Save for later				Back	Next →

#### 5.1.9 Add Qualifications

- 1. Do you have any qualifications relevant to the position? Select Yes or No
  - a. If No, select Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add membership of governing body details.
  - b. If **Yes**, continue to additional fields.

		Add qualifications
9	Add personal details	* Do they have any qualifications relevant to the position held?
0	Add position details	Yes No
0	Add individual screening check details	
0	Add insolvency check details	
•	Add disqualification details	
•	Add AHPRA registration details	Save for later Back Next →
0	Add membership of governing body details	
Ó	Add qualifications	
•	Add relevant experience	

- 2. Enter the name of the qualification for example: Bachelor of Science
- **3.** Enter the name of the educational facility the qualification was received, for example: *Deakin University, Melbourne VIC*
- 4. Is this individual still studying? If the answer is **yes** and the checkbox is selected, the **Date they started studying** field will display and you will be required to enter the date the qualification was obtained by the individual
- **5.** Click **Add** if an additional qualification relevant to the duties that the individual will undertake in their new Key Personnel role is required to be captured. A new set of qualification questions will be presented in the form.
- 6. Each new set of qualification questions will also display a related **Delete** button if added incorrectly.
- 7. Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add membership of governing body detail.

		Add qualifications	
P	Add personal details	* Do they have any qualifications relevant to the position held?	
•	Add position details	Yes No	
0	Add individual screening check details		
•	Add insolvency check details	✓ Qualification	Add Delete
0	Add disqualification details	* Qualification	
•	Add AHPRA registration details		
0	Add membership of governing body details	* Educational facility	
Ó	Add qualifications		
	Add relevant experience		
		Is this individual still studying?	
		* Date obtained	
		<b>a</b>	
		> Qualification 2	Add Delete
		Save for later	Back Next →

## 5.1.10 Add Relevant Experience

It is expected that your new Key Personnel have relevant experience for their new role in your organisation.

In this section you must provide information about any previous roles they have held and describe how the duties performed in those previous roles are relevant to the Key Personnel position.

- 1. Do they have any experience relevant to the position to the position held? Select **Yes or No.** 
  - a. If **No**, select **Complete** to navigate to the **workspace** page. Alternatively select **Save for Later** or **Back** to navigate to **Add qualifications**.
  - b. If Yes, continue to additional fields.

		Add relevant experience
°	Add personal details	Provide any previous roles and describe how the duties are relevant to the key personnel position.
0	Add position details	
0	Add individual screening check details	Yes No
0	Add insolvency check details	
•	Add disqualification details	
0	Add AHPRA registration details	
0	Add membership of governing body details	Save for later Back Complete
0	Add qualifications	
ò	Add relevant experience	

- 2. In the field titled **Employer** enter the name of the organisation that employed the Key Personnel in the previous and relevant role.
- **3.** Enter the title of the previous role and provide a description of the duties performed that you consider are relevant to the Key Personnel role held with your organisation.
  - a. If they are still in the role (see step 5 below) please include this in the description and explain what considerations were undertaken, including measures implemented to mitigate any associated risks (if any were considered/identified)
  - b. Read the <u>Commission's guidance</u> for more information about why this information is required.
- 4. Enter the role commencement date.
- 5. Enter the role cease date leave this blank if the individual is still in the role described in the previous field.
- 6. Click Add if an additional experience relevant to the duties that the individual will undertake in their new Key Personnel role is required to be captured. A new set of experience questions will be presented in the form.
- 7. Each new set of experience questions will also display a related **Delete** button if added incorrectly.
- 8. Click **Complete** to navigate back to the **workspace** page. Alternatively select **Save for Later** or **Back** to navigate to **Add qualifications**.

		Add relevant experience
°	Add personal details	Provide any previous roles and describe how the duties are relevant to the key personnel position.
•	Add position details	* Do they have any experience relevant to the position held?
	Add individual screening check details	Ves No
	Add insolvency check details	
	Add disqualification details	V Experience Add Delete
	Add AHPRA registration details	* Employer
0	Add membership of governing body details	
	Add qualifications	Role title and description
Ó	Add relevant experience	Provide any previous roles and describe how the duties are relevant to the key personnel position.
		* Enter the description below
		* Role commencement date
		Role cease date
		> Experience 2 Add Delete
		Save for later Back Complete

# 5.2 Update a Key Personnel

This section of the digital form will allow you to update certain information held about your provider Key Personnel.

To update service Key Personnel, a different form is needed. You can access this form located on the Commission's website by clicking here <u>agedcarequality.gov.au</u> <u>Notifying us of certain matters</u>

After selecting **Key Personnel Changes**, you will navigate **to Search and select a contact**.

#### Please note:

You cannot change one Key Personnel role to another using the update function, instead you need to cease the person in their existing role then add them as a new Key Personnel.

### 5.2.1 Search and Select a Contact

Before updating a Key Personnel, you will be presented with a search function that will allow you to find an existing contact in your organisation and update them as a Key Personnel.

If they are an existing contact, information already held about them will be prepopulated into the form if you select them from the results table. This is further explained below.

- 1. First, enter the following details into the search and select a contact fields:
  - First name \*
  - Last name \*
  - Date of Birth

#### 2. Click Search

Key personnel changes				
Steps	Search and select a contact			
<ul> <li>Choose the key personnel change that occurred</li> </ul>	Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in the fold-below to construct the source of the so			
O Search and select a contact	the fields below to search.			
<ul> <li>Update personal details</li> </ul>	*First name *Last name			
<ul> <li>Update position details</li> </ul>				
<ul> <li>Update individual screening check details</li> </ul>	Date of birth			
<ul> <li>Update insolvency check details</li> </ul>	首			
<ul> <li>Update disqualification details</li> </ul>				
<ul> <li>Update AHPRA registration details</li> </ul>	Q. Search			
Update membership of governing body details				
<ul> <li>Update qualifications</li> </ul>				
<ul> <li>Update relevant experience</li> </ul>	Back Next →			

#### 3. No matches found

If a record for the individual does not exist in GPMS, a message will show under the **Search** button stating that no match was found. You can only add this individual as a Key Personnel via the add function.

Alternatively select **Back** or **Next** to navigate to the **choose Key Personnel change that occurred** page.

Steps	Search and select a contact			
<ul> <li>Choose the key personnel change that occurred</li> </ul>	Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in			
Search and select a contact	the fields below to search.			
<ul> <li>Update personal details</li> </ul>	* First name *Last name			
<ul> <li>Update position details</li> </ul>				
<ul> <li>Update individual screening check details</li> </ul>	Date of birth			
<ul> <li>Update insolvency check details</li> </ul>	ä			
<ul> <li>Update disqualification details</li> </ul>				
<ul> <li>Update AHPRA registration details</li> </ul>	م. Search			
Update membership of governing body details	No matches found. To make changes to this individual, please add this individual as a key personnel via the add function.			
<ul> <li>Update qualifications</li> </ul>				
<ul> <li>Update relevant experience</li> </ul>				
	Back Next →			

#### 4. Matches found

A match will only occur when the individual has an active Key Personnel record for your organisation.

If there is/are match(es) found for an individual's contact record, you will be able to **select** the individual from the displayed results table and update the contact as a Key Personnel by selecting **Next**.

The search may return multiple results, you can filter the table by hovering over the table headings.

If multiple results are returned or you need to confirm the correct contact record is displayed, you can select **view profile** to view the **Personal Details and Contact and Employment Details** from the **Profile** page.

If a duplicate record is found, please complete and submit the GPMS - Reporting a Duplicate Contact Form.

If the results table does not display the contact record for the individual you want to update as a Key Personnel, select **Back** to navigate to the **choose Key Personnel change that occurred** page.

If the individual's contact record is presented in the results table because the first and last names were correct, but the date of birth is incorrect, you can still proceed to update this individual as a Key Personnel.

You can change the date of birth in the next screen. This will update the contact record for the individual when the form is finalised.

Steps	Search and select a contact
Choose the key personnel change that occurred     Search and select a contact	Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in the fields below to search.
Update personal details	*First name *Last name
Update individual screening check details	Date of birth
Update insolvency check details	a
Update disqualification details     Update AHPRA registration details	Q. Search
Update membership of governing body details	We've found a match / matches. Please select the contact from the results and click. Next.
<ul> <li>Update qualifications</li> </ul>	First name V Last name V Preferred name V Date of birth V
Update relevant experience	View.profile
	Back Next →

#### Please note:

If an individual has more than one key personnel position and each position is listed separately in your organisation record only one of those positions will return in the search.

Please include details of the other positions held by the key personnel in any of the *Enter the reasons below* field within the following sections of the form. The Commission will update all related records.

#### **5.2.2 Update Personal Details**

- **1.** If you select an existing contact, these fields will be populated from the contact record. If the following fields are empty, please complete:
  - Title \*
  - First name \*
  - Middle name
  - Last name \*
  - Preferred name
  - Former Name (If they have changed their name and it is different to the name they currently use. E.g. maiden, birth or cultural name).
  - Date of Birth \* (Key Personnel must be 18+ years of age)
- 2. Click Next to proceed to the next page. Alternatively select Save for Later.

Steps	Update personal details
Choose the key personnel change that occurred Search and select a contact Update personal details Update individual screening check details Update insolvency check details	V Key personnel suitability Approved providers have a responsibility to consider specific suitability matters in relation to their key personnel and be reasonably satisfied that all members of their key personnel are suitable to be involved in the provision of aged care. The suitability matters for individuals are set out in section 8C of the Commission Act and detailed in the 'Definitions' section of this form. You should refer to the Commissions guidance in relation to these requirements which is available on the <u>Commissions website</u> . All staff, including key personnel, must be appropriately qualified, skilled and experienced for the role they perform. You must provide details of the new key personnel sequence are used as their qualifications to evidence their subability for their role. This may include registrations with professional bodies such as Australian Health Practitioner Regulation Agency (AHPRA), or Chartered Accountants Australia & New Zealand.
<ul> <li>Update disqualification details</li> </ul>	
Update AHFRA registration details     Update membership of governing body     details     Update qualifications     Update relevant experience	*Trite
	Preferred name O
	* Date of birth
	Next →
	Save for later

# 5.2.3 Update Position Details

The Key Personnel's position details will be pre-populated with information already held about the individual.

- 1. You can update / edit specific details as required:
  - Position title:
  - You can update or modify where the change is not because the individual has moved into a new and separate role but where the title has changed due to general organisational changes. For example, Facility Manager is now known as Residential Aged Care Manager.
    - the date they started as a Key Personnel
    - Principal purpose of Key Personnel position
    - Duties of position
    - You can update the duties to include new responsibilities where relevant
    - Employer
    - Your approved provider details will pre-populate here, and cannot be edited
    - Employment type
  - You may update this field in cases where the individual was once an employee and is now performing the role under a contractual arrangement.
    - Main contact number
    - Second contact number
    - Email

Steps		Update position details
Choos occurr	se the key personnel change that rred	* Position the
Search	h and select a contact	*What is the date they started as a key personnel?
Updat	te personal details	
O Updat	te position details	* Principal purpose of key personnel position
Updat	te individual screening check details	Duties of position
Updat	te insolvency check details	If this key personnel meets the definition of a key personnel of one or more of your services, please include the service name and ID in this text field. For example, a Facility Manager of a particular residential service.
Updat	te disqualification details	Enter the details below
Updat	te AHPRA registration details	
Updat details	te membership of governing body Is	*Employment type
Updat	te qualifications	* Employer
Updat	te relevant experience	* Main contact number
		Second contact number
		*Email
		Cease
		Back Next →

#### **Cease Button**

As part of the **Update position details** screen, an individual can be ceased in the Key Personnel role identified in the **Position tile** field. As stated above, this will only cease them in this role.

Before you click the **Cease** button, you must understand the following:

- If the individual continues to hold a role in your organisation but that role is substantially different from their previously notified role you must add them as a new Key Personnel.
- This will create a new Key Personnel record that will be associated with your organisation.
  - If the individual is leaving your organisation and will no longer be involved in your aged care services, you must chose the 'Cease all Key Personnel roles' option from the **Workspace** page.
  - If they are also a point of contact for your organisation, you must also cease this relationship via the **Key Personnel and Contacts** tile.
- 2. To cease this individual's Key Personnel role, click on the **Cease** button at the bottom of the screen.

The screen will display new fields that must be completed:

- Date of cessation this is their last day in the role identified in the **Position title** field.
- Reason for cessation

- **3.** A **Delete** button will display on the page which can be used to cancel the cessation.
- Click Next to proceed to the next page. Alternatively select Save for later or Back to navigate to the Update personal details page

Cessation Details
* Date of cessation
曲
Reason for cessation
For more information and examples please visit our FAQs
Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, i.e., the board decided to partner the organisation with another company to build capability and strengthen our ability to deliver aged care.
* Enter the reason below
Delete
Save for later Back Next →

### 5.2.4 Update Individual Screening Check Details

This part of the form requires you to identify the screening checks that have been undertaken before the individual has become a Key Personnel of your organisation.

All approved providers are required to consider the Key Personnel suitability matters that are set out in the *Aged Care Quality and Safety Commission Act 2018.* They are also required to retain a record that details the matters considered and the outcome. Read the <u>Commission's guidance</u> for more detailed information about these requirements.

To complete this part of the form:

1. Select the appropriate checkbox under the heading What type of background check has been completed?

_							
		Update individual screening check details					
٩	Update personal details	To meet individual screening check requirements, you need to provide details of Nationally Coordinated Criminal History Check (NCCHC) or NDIS worker screening clearance. For more information on screening requirements for police certificates and NDIS worker screening check please visit the <u>Commission's website</u> .					
0	Update position details						
0	Update individual screening check details	* What type of background check has been completed?					
	Update insolvency check details						
	Update disqualification details	Nationally Coordinated Criminal History Check (NCCHC)     NDIS Worker Screening Clearance					
	Update AHPRA registration details						
	Update membership of governing body details						
ŀ	Update qualifications						
•	Update relevant experience	Save for later   Back   Next →					

- a. If you checked Nationally Coordinated No Criminal History Check (NCCHC)
  - i. Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar of the Issue Date (as recorded on NCCHC)
  - ii. Enter the NCCHC reference number

Steps		Add individual screening check details
•	Choose the key personnel change that occurred	To meet individual screening check requirements, you need to provide details of Nationally Coordinated Criminal History Check (NCCHC) or NDIS worker screening clearance. For more information on screening requirements for police certificates and NDIS worker screening check please visit
•	Search and select a contact	the <u>Commissions website</u> .
	Add personal details	* What type of background check has been completed?
0	Add position details	Nationally Coordinated Criminal History Check (NCCHC)
Ó	Add individual screening check details	Issue Date (as recorded on NCCHC)
•	Add insolvency check details	The provided issue date must align with the date on the NCCHC document, usually located at the top of the document.
+	Add disqualification details	ä
+	Add AHPRA registration details	
	Add membership of governing body details	NCCHC reference number
	Add qualifications	All NCCHC documents issued by an accredited service provider will contain a unique and essential reference number. This usually is found at the top of the document
•	Add relevant experience	* Enter the number below

To upload your supporting documents, the document category and document type is prefilled, then click upload or drop files to evidence the NCCHC.

* Upload a copy of the NCCHC				
This must be a copy of the police certificate issued by the accredited service provider. For more information please visit The Australian Criminal Intelligence Commission website.				
File Management Document Category Document Type				
Notification 🗸	Select Type 🗸	し し し Upload Or drop files files		
The selected category and type applies to all	the uploaded files.			

Is the Key Personnel's name different to the one shown on the NCCHC? Select either **Yes** or **No.** 

a. If selecting **Yes**, upload your statutory declaration, the document category and document type is prefilled from the dropdown list. Click upload or drop

files to provide the statutory declaration – read the Commission's guidance for more information about this document.

*Is the key personnel's name different to Yes No	the one shown in NCCHC				
* Upload the statutory declaration					
For more information about statutory de	clarations please visit the <u>Attorney-General's Department</u>	website.			
File Management					
Document Category	Document Type				
Notification	Statutory declaration (N	£	Upload Files	Or drop files	
The selected category and type applies	to an the uproaded mes.				

- 2. Have they lived outside of Australia after the age of 16? Select either **Yes or No** 
  - a. If selecting **Yes**, upload your statutory declaration, the document category and document type is prefilled from the dropdown list. Click upload or drop files to provide the statutory declaration read the <u>Commission's guidance</u> for more information about this document.

*Have they lived outside of Australia after the Yes No	signe of 16?			
* Upload the statutory declaration				
For more information about statutory declara	tions please visit the <u>Attorney-General's Department</u>	website.		
📳 File Management				
Document Category	Document Type			
Notification -	Select Type 💌	£	Upload Files	Or drop files
The selected category and type applies to	all the uploaded files.	L		

- a. If you checked NDIS Worker Screening Clearance:
  - Have you received the outcome of the worker screening check? Select either Yes or No
- a. If Yes, Enter the NDIS Worker Number Screening Check Number
- b. If No, Enter the NDIS Worker Screening Application Reference Number
  - Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar of the NDIS Worker Screening Check outcome expiry date (This is mandatory if you have selected "Yes")
  - Upload their NDIS Worker Screening clearence, 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

☑ NDIS Worker Screening Clearance				
* Have you received the outcome of the workers screening check? Yes No				
NDIS Worker Screening Check outcome expiry date				
ä				
* Upload their NDIS Worker Screening Check				
Acceptable Evidence:				
<ul> <li>Scanned copy of the NDIS Worker Screening Card</li> <li>PDF Print of the NDIS Worker Screening database results</li> <li>A PDF copy of the original email from NDIS or state based screening service.</li> </ul>				
Before uploading visit the Commission's website for further guidance to avoid rejection				
File Management				
Document Category Document Type				
Notification VDIS worker screening cle Vuload Octrop				
The selected category and type applies to all the uploaded files.				

3. Click Next to proceed. Alternatively select **Save for Later** or **Back** to navigate to **Add position details** page.

Save for later	Back	Next →

### 5.2.5 Update Insolvency check details

You are required to have undertaken an insolvency check when considering the suitability of this Key Personnel. Your check must have been completed within the last 12 months.

- 1. Manually enter the date (DD/MM/YYYY) or select the date from the pop up calendar that the insolvency check was completed.
- 2. Enter the Search ID.
- **3.** To upload your supporting documents, the document category and document type is prefilled, click upload or drop files to evidence the insolvency check.
- Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add individual screening check details.

		Update insolvency check details
9	Update personal details	Date completed
0	Update position details	You are required to have undertaken an insolvency check when considering the suitability of this key personnel. Your check must be completed less than 60 days before they commence as key personnel with your organisation.
0	Update individual screening check details	* Enter the date below
Ó	Update insolvency check details	節
•	Update disqualification details	
	Update AHPRA registration details	* Search ID
	Update membership of governing body details	
	Update qualifications	* Upload the insolvency check
•	Update relevant experience	For more information please visit the Australian Financial Security Authority website.
		File Management
		Document Category Document Type
		Notification
		The selected category and type applies to all the uploaded files.
		Save for later Back Next →

### 5.2.6 Update Disqualification details

In this part of the form, it is expected that you have checked the ASIC banned and disqualified register which is available for free on <u>ASIC's Connectonline website</u>. Information about this register, what it contains and how to use it is also available on the <u>Connectonline website</u>.

 Is or has the individual ever been disqualified from managing corporations under Part 2D.6 of the Corporations Act 2001 (refer 8C(1)(h) of the Commission Act)? Select from Yes or No.

		Update disqualification details
0	Update personal details	* Is or has the individual ever been disgualified from managing corporations under Part 2D.6 of the
	Update position details	Corporations Act 2001 (refer 8C(1)(h) of the Commission Act)?
	Update individual screening check details	Yes No
0	Update insolvency check details	
ø	Update disqualification details	
	Update AHPRA registration details	
	Update membership of governing body details	Save for later Back Next →
	Update qualifications	
•	Update relevant experience	

If 'Yes' is selected, the following disqualification section questions appear

- Enter the Date of commencement
- Is the disqualification permanent? Select Yes or No

- a. If Yes is selected move to step c.
- b. If No is selected, enter the Date of cessation then move to step c.
  - Provide a statement detailing the disqualification

_		
		Add disqualification details
1	Add personal details	* Is a bas the individual over been discussified from menaging corrections under Part 2D.6 of the
	Add position details	<ul> <li>So has the individual ever been disqualined from managing corporations under Part 20.6 of the Corporations Act 2001 (refer 8C(1)(h) of the Commission Act)?</li> </ul>
•	Add individual screening check details	Yes No
4	Add insolvency check details	* Date of Commencement
E	Add disqualification details	<b></b>
R	Add AHPRA registration details	
	Add membership of governing body details	* Is the disqualification permanent? Yes No
	Add qualifications	
	Add relevant experience	* Please provide a statement detailing the disqualification

- a. If you select **No** an alert will show on the screen reminding you that making this selection is stating that you have performed a search of the ASIC banned and disqualified register and that the individual is **not** listed as a disqualified individual.
- Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add insolvency checks.



## 5.2.7 Update AHPRA Registration details

This part of the form requires you to provide AHPRA registration information if they are required to use their clinical qualifications to perform the duties of their Key Personnel role.

It is expected that their qualifications and registration fall within the scope of practice established by the registration type they hold with AHPRA.

If they have held AHPRA registration in the past but this is not relevant to the duties of the Key Personnel role that they are being updated through this digital form, you do not need to provide the AHPRA Certificate.

Read the <u>Commission's guidance</u> for more information about why an individual's AHPRA registration information is required.

- 1. Are they currently registered with AHPRA? Select from Yes or No
- 2. Are they responsible for nursing services? Select from Yes or No

If they are responsible for nursing services they need to hold a current recognised qualification in nursing.

- **3.** Registration type (profession) Select an item from the drop down menu that is most relevant to the duties they will be performing:
  - Aboriginal and Torres Strait Islander Health Practice
  - Chinese Medicine
  - Chiropractic
  - Dental practice
  - Medical practice (doctors)
  - Medical radiation practice
  - Nursing
  - Midwifery
  - Occupational therapy
  - Optometry
  - Osteopathy
  - Paramedicine
  - Pharmacy
  - Physiotherapy
  - Podiatry
  - Psychology
- **4.** Enter the AHRPA Registration number that is recorded on the individuals current AHPRA certificate.
- **5.** To upload your supporting documents, the document category and document type is prefilled, click upload or drop files to evidence the current AHPRA certificate.
- 6. Is the Key Personnel's name different to the one shown on the AHPRA registration? Select either **Yes or No**

0 0 0 0	Update personal details Update position details Update individual screening check details Update insolvency check details Update disqualification details	Update AHPRA registration details * Are they currently registered with AHPRA? Yes No * Are they responsible for nursing service? Yes No				
0	Update AHPRA registration details Update membership of governing body details	Registration type (profession)				
•	Update qualifications Update relevant experience	Registration number Upload the AHPRA certificate  File Management Document Category Document Type				
		Notification <ul> <li>AHPRA Certificate</li> <li></li></ul>				

- a. If **Yes**, Upload a statutory declaration that explains why the name of the Key Personnel is different to the name recorded on the AHPRA registration.
- 7. Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add disqualification details.

Is the key personnel's name different to the one shown on the AHP	RA registration
Yes No	
* Upload the statutory declaration	
For more information about statutory declarations please visit the <u>Attorn</u>	ney-General's Department website.
File Management	
Document Category Document Type	
Notification    Statutory declaration (N	↓ Upload Or drop     files
The selected category and type applies to all the uploaded files.	
Save for later	Back Next →

### 5.2.8 Update Membership of Governing Body Details

In this section, provide information about the new Key Personnel's role and whether it includes membership in your governing body.

- 1. Is the Key Personnel a member of your governing body or quality care advisory body? Select either **Yes or No**.
  - a. If **No**, select **Next** to proceed to the next page. Alternatively select **Save for** Later or **Back** to navigate to **Add AHPRA registration details**.
  - b. If Yes, continue to additional fields.

		Update membership of governing body details
0	Update personal details	Approved providers have responsibilities in relation to its governing body. To understand whether these responsibilities
0	Update position details	apply to your organisation, please refer to the <u>Commission's website</u> for further guidance.
0	Update individual screening check details	* Is the key personnel a member of your governing body or quality care advisory body?
0	Update insolvency check details	Yes No
0	Update disqualification details	
0	Update AHPRA registration details	
	Update membership of governing	
Ĭ	body details	Save for later Back Next →
•	Update qualifications	
•	Update relevant experience	

- 2. Which membership is this Key Personnel a member of? You can select one option or both, which ever applies
  - Governing body
  - Quality care advisory body
  - a. If Quality care advisory body, select Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add AHPRA registration details.
  - b. If Governing Body, continue to additional fields.

* Which	* Which membership is this key personnel member of?				
Please	Please select either option or both (if applicable).				
	Governing body				
	Quality care advisory body				

- 3. Are they an independent non-executive member? Select either Yes or No
- 4. Do they have clinical experience? Select either Yes or No
- 5. Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add AHPRA registration details.

* Are they an independent non-executive member?						
Yes	No					
* Do they hav	e clinical ex	perience?				
Yes	No					
	7					
Save for later					Back	Next →

#### 5.2.9 Update Qualifications

- Do you have any qualifications relevant to the position? Select either Yes or No
  - a. If No, select Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add Membership of Governing Body details.

b. If **Yes**, continue to additional fields.

		Update qualifications	
•	Update personal details	* Do they have any qualifications relevant to the position held?	
•	Update position details	Yes No	
0	Update individual screening check details		
•	Update insolvency check details		
	Update disqualification details		_
0	Update AHPRA registration details	Save for later Back Next →	
0	Update membership of governing body details		
ò	Update qualifications		
•	Update relevant experience		

- 2. Enter the name of the qualification for example: Bachelor of Science
- **3.** Enter the name of the educational facility the qualification was received, for example: *Deakin University, Melbourne VIC*
- 4. Is this individual still studying? If the answer is **yes** and the checkbox is selected, the **Date they started studying** field will display.
  - a. Enter the commencement date for the qualification entered at step 8.
- 5. If the checkbox identified at step 4 is not selected, you are required to enter the date the qualification was obtained by the individual
- 6. Click Add if an additional qualification relevant to the duties that the individual will undertake in their new Key Personnel role is required to be captured. A new set of qualification questions will be presented in the form.
- **7.** Each new set of qualification questions will also display a related **Delete** button if added incorrectly.
- 8. Click Next to proceed to the next page. Alternatively select Save for Later or Back to navigate to Add membership of governing body detail.

		Update qualifications	
9	Update personal details	* Do they have any qualifications relevant to the position held?	
	Update position details	Yoo No	
0	Update individual screening check details		
	Update insolvency check details	✓ Qualification           Add         Delete	
	Update disqualification details	* Qualification	
	Update AHPRA registration details		
0	Update membership of governing body details	* Educational facility	
Þ	Update qualifications		
	Update relevant experience		
		Is this individual still studying?	
		* Date obtained	
		台	
		> Qualification 2 Add Delete	
			_
		Save for later Back Next →	

## 5.2.10 Update Relevant Experience

It is expected that your new Key Personnel have relevant experience for their new role in your organisation.

In this section you are required to provide information about any previous roles they have held and describe how the duties performed in those previous roles are relevant to the Key Personnel position.

- 1. Do you have any experience relevant to the position? Select either Yes or No
  - a. If No, select **Complete** to navigate to the **workspace** page. Alternatively select **Save for Later** or **Back** to navigate to **Add Qualifications**.
  - b. If Yes, continue to additional fields.

		Update relevant experience		
°	Update personal details	Provide any previous roles and describe how the duties are relevant to the key personnel position.		
0	Update position details			
0	Update individual screening check details	Yes No		
0	Update insolvency check details			
•	Update disqualification details			
0	Update AHPRA registration details			
0	Update membership of governing body details	Save for later Back Complete		
0	Update qualifications			
Ó	Update relevant experience			

2. In the field titled **Employer** enter the name of the organisation that employed the Key Personnel in the previous and relevant role.

- **3.** Enter the title of the previous role and provide a description of the duties performed that you consider are relevant to the Key Personnel role held with your organisation.
  - a. If they are still in the role (see step 5 below) please include this in the description and explain what considerations were undertaken, including measures implemented to mitigate any associated risks (if any were considered/identified).
  - b. Read the Commission's guidance for more information about why this information is required.
- 4. Enter the role commencement date.
- 5. Enter the role cease date leave this blank if the individual is still in the role described in the previous field.
- 6. Click Add if an additional experience relevant to the duties that the individual will undertake in their new Key Personnel role is required to be captured. A new set of experience questions will be presented in the form.
- **7.** Each new set of experience questions will also display a related **Delete** button if added incorrectly.
- 8. Click **Complete** to navigate back to the **workspace** page. Alternatively select **Save for Later** or **Back** to navigate to **Add qualifications**.

	Update relevant experience
<ul> <li>Update personal details</li> </ul>	Provide any previous roles and describe how the duties are relevant to the key personnel position.
<ul> <li>Update position details</li> </ul>	
Update individual screening check	* Do you have any experience relevant to the position held?
details	Yes No
<ul> <li>Update insolvency check details</li> </ul>	
<ul> <li>Update disqualification details</li> </ul>	✓ Experience       Add     Delete
<ul> <li>Update AHPRA registration details</li> </ul>	* Employer
<ul> <li>Update membership of governing body details</li> </ul>	
<ul> <li>Update qualifications</li> </ul>	Role title and description
O Update relevant experience	Provide any previous roles and describe how the duties are relevant to the key personnel position.
	* Enter the description below
	* Role commencement date
	Role cease date
	10 III III III III III III III III III I
	> Experience 2 Add Delete
	Save for later Back Complete

# 5.3 Cease a Key Personnel

You can use this section to cease an individual as a Key Personnel with your organisation.

This includes if they remain an employee but move to a role that is not a Key Personnel role. This means that the role does **not have**:

- responsibility for executive decision making,
- authority or responsibility for or significant influence over planning, directing or controlling the activities of the entity.
- responsibility for the nursing services provided by one or more of your active services.
- responsibility for the nursing services to be provided by one or more of your soon to be active services.

#### **Please Note:**

If a Key Personnel is the last remaining listed for your provider, they can only be ceased if you are adding a new Key Personnel on the same Notification. A Key Personnel will be seen to be the last remaining listed for your provider if it the only one without an end date recorded.

To cease service Key Personnel, a different form is needed. You can access this form located on the Commission's website by clicking here <u>agedcarequality.gov.au</u> <u>Notifying us of certain matters</u>.

After selecting **Key Personnel Changes**, you will be navigated to **Search and select a contact**.

#### Please note:

You cannot change one Key Personnel role to another using the update function, instead you need to cease the person in their existing role then add them as a new Key Personnel.

### 5.3.1 Search and Select a Contact

Before ceasing a Key Personnel you will be presented with a search function that will allow you to find an existing contact in your organisation and proceed to cease them as a Key Personnel.

If they are an existing contact, information already held about them will be prepopulated into the form if you select them from the results table. This is further explained below.

- 1. First, enter the following details into the search and select a contact fields:
  - First name \*
  - Last name \*
  - Date of Birth

#### 2. Click Search.

Choose the key personnel change that occurred	Search and select a contact 
	*First name *Last name Date of birth
	C, Search
	Back Next →

#### 3. No matches found

There could be a variety of reasons that a match was not found. Some troubleshooting options include:

- check the spelling used in the search fields
- navigate to the Manage Your Organisation page to check the first and last names and the date of birth of all individuals listed with your organisation including active and non-active points of contact and Key Personnel.
- some records currently held in GPMS may contain:
  - a different last name if their personal circumstances have changed since their information was last updated
  - o an incorrectly recorded date of birth

The screen will display **No matches found. To make changes to this individual, please add this individual as a Key Personnel via the add function**. Select **Next** or **Back** to return to the **Choose the Key Personnel change that occurred** page.

Alternatively, if you are certain that the individual is listed as one of your contacts, select **Back** to navigate to the **choose Key Personnel change that occurred page**.

Steps Choose the key personnel change that occurred Search and select a contact	Search and select a contact Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in the fields below to search.		
	* First name Date of birth	*Last name	
	Search     No matches found. To make chan	ges to this individual, please add this individual as a key personnel via the add function.	
		Back Next →	

#### 4. Matches found

A match will only occur when the individual is an active contact.

If there is/are match(es) found for an individual's contact record, you will be able to **select** the individual from the displayed results table and add the contact as a Key Personnel by selecting **Next**.

You can also select **view profile** to see the **Personal Details and Contact and Employment Details** from the **Profile** page.

The search may return multiple results, you can filter the table by hovering over the table headings.

If multiple results are returned or you need to confirm the correct contact record is displayed, you can select **view profile** to view the **Personal Details and Contact and Employment Details** from the **Profile** page.

If a duplicate record is found, please complete and submit the GPMS – Reporting a Duplicate Contact Form.

If the results table does not display the contact record for the individual you want to cease as a Key Personnel, select **Back** to navigate to the **choose Key Personnel change that occurred** page.

Steps Choose the key personnel change that occurred Search and select a contact	Search and select a contact Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in the fields below to search.		
	*First name *Last name Date of birth		
	We've found a match / matches. Please select the contact from the results and click: Next'.         First name       V         Last name       V         Verifying       Verifying         Verifying       Verifying         Verifying       Verifying         Verifying       Verifying         Verifying       Verifying         Verifying       Verifying		
	Back Next →		

# 5.3.2 Cease a Key Personnel

A user with the role of **Provider Staff (Org)** or **Provider Governing Person** can see summary of the person's Key Personnel role details which will display when the following headings are expanded:

- Personal details
- Key Personnel role(s)

O Cease key personnel	Cease key personnel You are about to cease all of this individual's key personnel roles. Enter the cessation details below and these will apply to all of their key personnel roles.
	> Personal details
	> Key personnel role(s)

- 1. Enter the date the individual ceased in their role this is the day after the last day of in the role.
- 2. Enter the reason for the cessation.
- **3.** The form asks whether the Key Personnel leaving the organisation? This is optional and is available if the individual also held a a point of contact role in your organisation.
  - a. If you select '**Yes, this Key Personnel is leaving the organisation**' the Key Personnel and the point of contact role will be ceased.
- **4.** Next, provide a statement that explains how the notified change affect the suitability as an approved provider?
  - a. When completing this field, you should describe what the effect on your suitability is and what steps you are taking to meet your ongoing responsibilities as an approved provider.
#### **Cessation details**

\* Date of cessation

Reason for cessation

For more information and examples please visit our FAQs

Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, i.e., the board decided to partner the organisation with another company to build capability and strengthen our ability to deliver aged care.

\* Enter the reason below

Is this key personnel leaving the organisation?

If you select below, all of this individual's key personnel and point of contact positions will be ceased.

Yes, this key personnel is leaving the organisation

How do the change(s) affect the suitability of the approved provider?

Explain what affect the change described has or will have on your suitability to be an approved provider.

Provide statement that:

- · describes the effect on your suitability.
- · detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.

\* Enter the reason below

 Select the Complete button which will re-direct you to the Workspace page. When the change is successfully added to the form it will display a status of Complete. Alternatively, you can select the Save for later button. This will redirect you to the Workspace page and the status displayed will be In progress.

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6. You can choose to return to the **Cease a Key** Personnel page from the **Workspace** page to **edit** or **delete** a saved change.

#### Please note:

You also have the option to cease Key Personnel via the <u>Update a Key</u> <u>Personnel</u> notification workflow under the Position Details section.



## 5.4 Report on Suitability

In this section you can provide information about a Key Personnel that you have identified as no longer meeting the suitability matters set out in the *Aged Care Quality and Safety Commission Act 2018*.

A <u>fact sheet</u> developed by the Commission provides guidance about the 12 month consideration requirement regarding the review the suitability of its Key Personnel.

To report on the suitability of service Key Personnel, a different form is needed. You can access this form located on the Commission's website by clicking here agedcarequality.gov.au | Notifying us of certain matters.

After selecting Key Personnel Changes, you will be navigated to Search and

select a contact.

#### 5.4.1 Search and select a contact

Check if the contact already exists as Key Personnel in your organisation's records.

- 1. Enter the following details into the search and select a contact fields:
  - First name \*
  - Last name \*
  - Date of Birth

#### 2. Click Search.

Steps	Search and select a contact
<ul> <li>Choose the key personnel change that occurred</li> </ul>	Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in
Search and select a contact	the fields below to search.
<ul> <li>Report key personnel events relating to suitability matters</li> </ul>	*First name *Last name
	Date of birth
	Q. Search
	Back Next →

#### 3. No matches found

There could be a variety of reasons that a match was not found. Some troubleshooting options include:

- check the spelling used in the search fields.
- Navigate to the Manage Your Organisation page to check the first and last names and the date of birth of all individuals listed with your organisation including active and non-active points of contact and Key Personnel.
- some records currently held in GPMS may contain:
- a different last name if their personal circumstances have changed since their information was last updated.
- o an incorrectly recorded date of birth

The screen will display **No matches found. To make changes to this individual, please add this individual as a Key Personnel via the add function**. Select **Next** or **Back** to return to the **Choose the Key Personnel change that occurred page**.

Steps Choose the key personnel change that occurred Search and select a contact	Search and select a contact Before making changes, let's first check if the co key personnel in your organisation's records. Ple the fields below to search.	ontact already exists as ase enter their details in
<ul> <li>Report key personnel events relating to suitability matters</li> </ul>	* First name Date of birth Q. Search No matches found. To make changes to	*Last name
		Back Next →

#### 4. Matches found

A match will only occur when the individual is an active contact.

If there is/are match(es) found for an individual's contact record, you will be able to **select** the individual from the displayed results table and select **Next** to proceed to the next screen.

The search may return multiple results, you can filter the table by hovering over the table headings.

If multiple results are returned or you need to confirm the correct contact record is displayed, you can select **view profile** to view the **Personal Details and Contact and Employment Details** from the **Profile** page.

If a duplicate record is found, please complete and submit the GPMS – Reporting a Duplicate Contact Form.

If the results table does not display the contact record for the individual you want to add as a Key Personnel, select **Back** to navigate to the **choose Key Personnel change that occurred** page.

Steps	Search and select a contact
Choose the key personnel change that occurred	Before making changes, let's first check if the contact already exists as key personnel in your organisation's records. Please enter their details in
O Search and select a contact	the fields below to search.
Report key personnel events relating to suitability matters	*First name *Last name
	Date of birth
	We veround a match / matches. Please select the contact from the results and click. Next.
	First name v Last name v Preferred name v Date of birth v
	Back Next →

#### 5.4.2 Report Key Personnel events relating to suitability matters

The information provided in this section of the form must contain sufficient detail to enable an assessment of the change of circumstances that relate to the suitability of the Key Personnel.

It is expected that you have fully considered all the suitability matters that are established in the *Aged Care Quality and Safety Commission Act 2018* and have kept clear and detailed records of the circumstances leading to this notification.

If the information you provide on the form is incomplete, you may be asked to provide further information such as copies of the records created for the purposes of considering the individual's suitability.

- 1. Please provide details of the change of circumstances that relates to a suitability matter in relation to the individual. This means any specific occurrence or culmination of separate events that are relevant to this notification.
- 2. Next, provide information on whether the suitability matters been considered in relation to the individual? Select either **Yes** or **No**
- 3. The third question asks you to confirm whether, after you considered those matters you're reasonably satisfied that the individual continues to be suitable to be involved in the provision of aged care? Select either **Yes** or **No**.
- **4.** What, if any, action has been taken, or is proposed to be taken in relation to the individual? Provide a clear and detailed statement to establish how you have or intend to manage the circumstances that are subject to this notification.

**5.** Upload any documents that support the information you have provided in the previous questions. It is up to you to ensure that the documents are appropriate and that you have adhered to your responsibilities for handling/providing any of the individual's personal information in accordance with the *Privacy Act 1997*.

Steps	Report key personnel events relating to suitability matters
Choose the key personnel change that occurred	*Please provide details of the change of circumstances that relates to a suitability matter in relation to the individual.
Search and select a contact	
<ul> <li>Report key personnel events relating to suitability matters</li> </ul>	* Have the suitability matters been considered in relation to the individual? Yes No
	*After considering those matters, are you reasonably satisfied that the individual continues to be suitable to be involved in the provision of aged care? Yes No
	*What, if any, action has been taken, or is proposed to be taken in relation to the individual?
	Upload an attachment
	Upload any supporting documentation that needs to be considered for this event.
	E File Management
	Document Category Document Type
	Notification Evidence KP Suitability Lipload Files Or drop files
	i ne selected category and type applies to all the uploaded files.

- 6. Select the **Complete** button which will re-direct you to the **Workspace** page. When the change is successful, it will display a status of **Complete**.
- **7.** Alternatively, you can select the **Save for later** button. This will re-direct you to the **Workspace** page and the status displayed will be **In progress**.



## 6. Third Party Arrangement Changes

This section contains the three types of third party arrangements that are notifiable. The engagement of a third party organisation to deliver care and services on behalf of an approved provider could have a material affect on its ongoing suitability.

- **1.** There are three types of third party arrangement changes that can be notified in an Approved Provider Notification Form, select from the following:
  - Add third party arrangement
  - Update third party arrangement
  - Cease existing third party arrangement
- 2. Select **next** at the bottom of the page. Alternatively, you can select **Back** to navigate to the **workspace** page.

#### Please note:

You can only select one change at a time. If you need to make more than one change, you can click on the 'Save for later' button. This will navigate you to the workspace page and you have the option to select the 'add' button for each additional change.

Future system changes are planned to improve this functionality.

Back Next →
-

## 6.1 Add Third Party Arrangement

#### 6.1.1 Search and select Third Party Arrangement

Before making changes, first check to see if the third party arrangement exists in your organisation's records.

Enter the organisation's ABN into the field and select **Search** to conduct an ABN Lookup.

Search and select a third party arrangement	
Before making changes, let's first check if the third party arrangement exists in your organisation's records. Please enter details in the fields below to search.	
*ABN	
Search by ABN	
Please perform a search before proceeding	
Q, Search	

#### Please note:

If the Australian Business Register (ABR) is unable to find the ABN you searched for as it is invalid, cancelled or does not exist, an error message will be returned. User are required to contact the ABR to fix any errors with

# ABN's – the department and Commission are unable to assist with ABN related enquiries.

If no match is found, you will have the option to add a new third party arrangement to the organisation. Alternatively, you can select **Back**.

3. Select Add a new third party arrangement to the organisation and click Next.



- a. If a service delivery organisation arrangement exists the information will be displayed on this page and you will have the option to:
  - Select Add the third party arrangement as a management company and click Next.
  - Any updates to the existing service delivery organisation arrangement will need to be completed using the <u>update function</u>.

your organisation's reco search.	ords. Pleas	e enter the details in th						
ABN								
24 651 179 145								
Q Search								
A service delivery a	arrangemen	t already exists with this th	nird party, an	y change will need to be				
completed via the l	upoate func	tion.			J			
ABN	~	Third party	~	Organisation type	~	Active arrangement	~	
12 3456 789 112		Plaintown services		Service delivery organisation		V		View details
Add the above this	ird party a:	s a management compa	any		1			
					1			

- b. If a management company arrangement exists the information will be displayed on this page and you will have the option to:
  - Select add the third-party arrangement as a service delivery organisation and click Next.
  - Any updates the existing management company arrangement will need to be completed using the <u>update function</u>.

nent already exists with this third p	arty, any change will need to				
nird party 🗸 🗸	Organisation type	~ 4	Active arrangement	~	
intown services	Management company		V		View details
anvioa delivery organization	1				
ervice dervery organisation					
1	ent already exists with this third p on. ird party v intown services ervice delivery organisation	ent already exists with this third party, any change will need to on.  ird party v Organisation type intown services Management company ervice delivery organisation	ent already exists with this third party, any change will need to n.  ird party  V Organisation type  V intown services Hanagement company ervice delivery organisation	ent already exists with this third party, any change will need to n. ird party v Organisation type v Active arrangement intown services Management company v ervice delivery organisation	ent already exists with this third party, any change will need to n. ird party v Organisation type v Active arrangement v intown services Management company v ervice delivery organisation

c. If a service delivery organisation arrangement is inactive, the information will be displayed on this page and you will have the option to reactivate this.

To do this, select:

- reactivate the above third party; or
- add the third-party arrangement as a management company

#### 4. Click Next to proceed

ABN							
24 651 179 145							
Q, Search							
We've found a mat	ch / matche	S Please select the third n	arty from t	ne results and click 'Next' or	1		
proceed to add a n	iew arrangei	nent.	ary nonna	re reading and offer NEAL OF			
ABN	~	Third party	~	Organisation type	~	Active arrangement	
12 3456 789 112		Plaintown services		Service delivery organisation			View details
O Re-activate the a	bove third	party					
<ul> <li>Add the above th</li> </ul>	ird party a	s a management compa	iny				

d. If a management company arrangement is inactive, the information will be displayed on this page and you will have the option to reactivate this.

Select:

- reactivate the above third party; or
- add the third-party arrangement as a management company
- 5. Click Next to proceed

our organisation's reco earch.	ords. Pleas	se enter the details in th	e fields be	low to			
ABN							
24 651 179 145							
Q Search							
					-		
We've found a mate	ch / matche	es. Please select the third p	arty from t	he results and click 'Next' or			
proceed to add a fi	ew analige	ment.			<u>+</u>		
ABN	~	Third party	~	Organisation type	~	Active arrangement	
12 3456 789 112		Plaintown services		Management company			View details
<ul> <li>Re-activate the all</li> </ul>	oove third	party					
<ul> <li>Add the above the</li> </ul>	ird party a	s a service delivery orga	nisation				

#### 6.1.2 Add Third Party Details

On this screen you will required to complete the following details to continue with creating a third party:

- **1.** What is the third party's name? Type the name of the third party you wish to add.
- 2. What is the third party's role? Select one of the two options to indicate whether the third party arrangement relates to residential care or home care and services.
- **3.** What type of third party arrangement is this? Before selecting an option, read the <u>Commissions guidance</u> (this link is also available on the Add Third Party Details screen) to ensure the appropriate choice is made. Selecting one of the two options, if this arrangement is for a Service Delivery Organisation (home care related arrangement); or Management Company(residential care related arrangement).

#### Please note:

Take care when selecting third party role and arrangement type. If you add a third party type (Service Delivery Organisation or Management Organisation) and save the change, when you continue to draft you will be unable to edit the third party type you selected. If you select the wrong type, you will be required to delete the change and add it again.

Add Third Party Details You must consider the role and responsibilities of the third party's employees as they may meet the definition of key personnel for an approved provider (see section 8B of the Commission Act.). You can use this section for any existing the parties that you may not have previously informed the Commission or the Department about. An officer of the Commission may contact you and request a copy of a sample of your contracts with third party arrangements to ensure they reflect legislative responsibilities. However, if you are notifying the Commission of a new or updated contract with a management company, please provide a copy of that contract with this Notification Form. *What is the third party's name?  *What is the third party's name?  *What is the third party arrangement is this? For more guidance on service delivery organisation and management company arrangements please refer to the Commission's website. *Select the third party arrangement type Service delivery organisation Management company	
You must consider the role and responsibilities of the third party's employees as they may meet the definition of key personnel for an approved provider (see section 8B of the Commission Act.). You can use this section for any existing third partes that you may not have previously informed the Commission or the Department about. An officer of the Commission may contact you and request a copy of a sample of your contracts with third party arrangements to ensure they reflect legislative responsibilities. However, if you are notifying the Commission of a new or updated contract with a management company, please provide a copy of that contract with this Notification Form. *What is the third party's name? *What is the third party's role? Residential services Home care services What type of third party arrangement is this? For more guidance on service delivery organisation and management company arrangements please refer to the Commission's website. *Service delivery organisation Management company	Add Third Party Details
An officer of the Commission may contact you and request a copy of a sample of your contracts with third party arrangements to ensure they reflect legislative responsibilities. However, if you are notifying the Commission of a new or updated contract with a management company, please provide a copy of that contract with this Notification Form. * What is the third party's name? * What is the third party's role? Residential Services Home care Services What type of third party arrangement is this? For more guidance on service delivery organisation and management company arrangements please refer to the Commission's website. * Select the third party arrangement type Service delivery organisation Management company	You must consider the role and responsibilities of the third party's employees as they may meet the definition of key personnel for an approved provider (see section 8B of the Commission Act.). You can use this section for any existing third parties that you may not have previously informed the Commission or the Department about.
However, if you are notifying the Commission of a new or updated contract with a management company, please provide a copy of that contract with this Notification Form.  * What is the third party's name?  * What is the third party's role?  * What is the third party's role?  * What is the third party arrangement is this? For more guidance on service delivery organisation and management company arrangements please refer to the Commission's website.  * Select the third party arrangement type * Service delivery organisation Management company	An officer of the Commission may contact you and request a copy of a sample of your contracts with third party arrangements to ensure they reflect legislative responsibilities.
* What is the third party's name?  * What is the third party's role?  Residential services  Home care services  What type of third party arrangement is this? For more guidance on service delivery organisation and management company arrangements please refer to the Commission's website.  * Select the third party arrangement type Service delivery organisation Management company	However, if you are notifying the Commission of a new or updated contract with a management company, please provide a copy of that contract with this Notification Form.
*What is the third party's role? Residential Services Home care Services What type of third party arrangement is this? For more guidance on service delivery organisation and management company arrangements please refer to the Commission's website. *Select the third party arrangement type Service delivery organisation Management company	*What is the third party's name?
What is the third party's role?     Residential services     Home care services What type of third party arrangement is this? For more guidance on service delivery organisation and management company arrangements please refer to the Commission's website.     Select the third party arrangement type     Service delivery organisation     Management company	
What type of third party arrangement is this? For more guidance on service delivery organisation and management company arrangements please refer to the Commission's website. *Select the third party arrangement type Service delivery organisation Management company	*What is the third party's role?  Residential services Home care services
Select the third party arrangement type Select the third party arrangement type Management company arrangement parts	What type of third party arrangement is this?
Select the third party arrangement type Service delivery organisation Management company	For more guidance on service delivery organisation and management company arrangements please refer to the Commission's website.
Management company	Service delivery organisation
	Management company

If you selected **Home care services** and **Service delivery organisation** you are required to specify the services that will be delivered under the third party arrangement.

- 1. Click the arrow on the right hand side of the field.
- 2. Select all options which are applicaple from the list displayed.

	Specify the services provided through these arrangements									
	Select the care and services which are provided under Schedule 3 - Care and services for home care services under the Quality of Care Principles 2014.									
	* Select the services below									
	Please select an option	•								
	Clear	<b>^</b>								
* Is	Care and Services – Personal services									
<u> </u>	Care and Services – Activities of Daily Living									
	Care and Services – Nutrition, hydration, meal preparation and diet									
* AE	Care and Services – Management of skin integrity									
ľ	Care and Services – Continence management									
Re	Care and Services – Mobility and dexterity	+								

Select one option at a time to add each service. The list or services you have selected will be shown at the bottom of the field confirming the selections made.

5 options selected	
Care and Services – Personal services ×	Care and Services – Activities of Daily Living × Support Services – emotional support ×
Support Services – advising the care recip	ient on areas of concern in their home × Clinical care ×

- Is this third party you are adding also an approved provider, select from Yes or No.
  - a. If **Yes**, enter the approved provider ID if known this is not mandatory and should only be included if you are certain it is accurate.

* Is the third party an approved provider? Yes No		
Approved provider Id (if known)		

- 4. Select Find ABN.
- 5. Enter the organisation's ABN into the field and select **Search** to conduct an ABN Lookup via the ABRs website. You must hold a valid ABN to complete the form.

* ABN	-
Find ABN	
ABN Lookup	
inter the ABN in the field below	
Search by ABN	
Q Search	-

6. Review the returned result and then confirm that it is correct by selecting **Confirm**.

ABN Lookup	
Enter the ABN in the field below	
Q Search	
We found a match. Please confirm this result, or search using a different ABN	L
ABN Details	
ABN	Organisation name
	ADM antibular
Active	Aby entry type
Main business location	
	Cancel Confirm

#### Please note:

If the Australian Business Register (ABR) is unable to find the ABN you searched for as it is invalid, cancelled or does not exist, an error message will be returned. User are required to contact the ABR to fix any errors with ABN's – the department and Commission are unable to assist with ABN related enquiries.

 Enter the registered company / association number in the text box – this is the number given to the third party organisation when it registered with ASIC or with its relevant State or Territory responsible for registering incorporated organisations.

Registered company / association number
The unique registration identification number of the registered company or association assigned by the authorising agency. e.g. ASIC, Incorporated association registers.
Enter the number below

- 8. Enter the the third party organisation's office or primary business location. You can perofrm a search and select from the dropdown menu or enter the address manually.
  - a. If you select **Enter address manually**, a popup will appear where you can enter in the address fields. Once entered, select **validate**. You will be given the option to select one of the returned addresses or choose to proceed with your original input.

Address
* Physical Address
* Physical Address (PO boxes will require manual entry)
Q, Start searching
Enter address manually
Find Physical address
*Street number / range *Street name *Street type Select *
Lio you require more nelias
*State / territory *Postcode Select
Validate address Potential Address Matches We found match(es) for your address entry. Please select the one that best matches what you're looking for foren the line below
Use my original input: 3
Cancel Confirm

- 9. Enter the postal address of the third party organisation
  - a. If the postal address is the same as the physical address, select the 'post address same as physical address' box.
  - b. If the postal address is different to the physical address, you can search for the address or enter it manually.
  - c. If your postal address is a P.O. Box, you need to enter the address manually.

* Postal Address
Postal address same as physical address
* Postal Address (PO boxes will require manual entry)
Q, Start searching
Enter address manually

**10.** Enter the date the third party arrangement is to commence noting this should be the same as the start date or commencement date contained in the contract/agreement signed by both parties.

* Association start date	
	<b>#</b>

- **11.** Specify the responsibilities of the third party arrangement by completing the 'enter their responsibilities below' box.
  - a. When completing this section consider what responsibilities does or will the third party organisation have for the delivery of services on your behalf? This could include service delivery, management of its own or your workforce, decision making responsibilities or any other responsibility set out in the contract/agreement signed by both parties.

Specify the responsibilities of the third party under these arrangements	
Include any management or executive decisions they will have responsibility for, your reasons for placing these responsibilities on the third party and the actions you will be taking actively to monitor to review these arrangements during the contract period.	that
* Enter their responsibilities below	

- 12. Enter details that establish the circumstances or events that led to your engagement of a third party organisation to deliver care and services on your behalf by pupulating 'explain the reason below'. This could include (but may not be limited to) a change to your business model, specific skills or qualificiations that could not be met by your existing workforce or financial reasons.
- **13.** Enter details to explain how the change affects the suitability of the approved provider ensuring your response demonstrates that you have considered the suitability matters set out under the *Aged Care Quality and Safety Commission Act 2018.* 
  - a. Refer to the <u>Commission's guidance</u> for more information about the suitability matters.
- 14. Select Next to proceed to the next page. Alternatively, you can select the Save for later button. This will re-direct you to the Workspace page and the status displayed will be In progress.

Provide Details for the changes above		
Detail the reasons for change		
Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, e.g. the board decided to partner the organisation with another company to build capability and strengthen our ability to deliver aged care.		
For more information and examples, please visit our FAQs.		
* Enter the reason below		
How do the change(s) affect the suitability of the approved provider?		
Explain what affect the change described has, or will have on your suitability to be an approved provider. Provide statement that:		
describes the effect on your suitability.		
<ul> <li>detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.</li> </ul>		
* Enter the reason below		
Save for later	Back	Next →

#### 6.1.3 Add Contact Details

Complete the mandatory fields for the third party contact. As previously stated, this is the person that you deal with in relation to your arrangement and the delivery of care and services on your behalf, such as a contract manager.

As this part of the form requires you to provide personal information about an individual, you are required to ensure you have complied with all relevant privacy matters including obtaining consent from the named individual.

Refer to the <u>Commission's guidance</u> for more information about the suitability matters.

Add contact details
Personal details
* Title
-
* First name
Middle name
* Last name
Preferred name
* Date of birth
ä
* Main contact number
Second contact number
* Email

1. Under **Position details** enter the third party contact persons position title and starte date.

#### **Please Note:**

The 'Contact purpose' field is defaulted to 'Contract Manager', as this is the only contact role that needs to be advised to the Commission, in relation to a third party point of contact.

2. Select the **Complete** button which will re-direct you to the **Workspace** page. Alternatively, you can select the **Save for later** button. This will re-direct you to the **Workspace** page and the status displayed will be **In progress**.

Position details		
* Position title		
Contact purpose		
Contract Manager 🗸		
* Start Date		
ä		
End date		
÷		
Save for later	Back	Complete

## **6.2 Update Third Party Arrangement**

1. From the table select the third party arrangement that requires updating and select **Next**.

You can click **View details** before progressing to ensure you are selecting the correct organisation.

#### Please note:

You can only select one third party arrangement to update at a time.

0								
Searc	h and sele	ect a third p	arty arran	igemer	nt			
Please sel	ect a third party to	update from the lis	st of existing third	party arran	gements with your or	rganisation	below.	
ABN	✓ Third party √	Organisation type	performed ~	date ~	End / renewal date			
					1	View		
۲					J	details		

#### 6.2.1 Update Third Party details

On this screen you can view the steps on the progress bar located on the left margin. The following fields are pre-populated with information previously provided:

- name of the third party organisation
- services provided through the arrangement
- whether the third party organisation is also an approved provider and if so

   their approved provider ID
- ABN
- registered company/Association number
- physical address
- postal address
- contract start date
- contract end/renewal date
- responsibilities of the third party under these arrangements

The following steps set out how to make updates to information held or to add new information to blank fields

- 1. If an update is required to the third party's name, you can edit it in What is the third party's name?
- 2. What is the third party's role? This will be blank.

Select one of the two options, if the third party arrangement will be for managing service delivery within a residential care or a home care setting.

- a. If you selected **Home care services** for a **Service delivery organisation**, you are required to specify the services that will be delivered under the third party arrangement.
- 3. Click the **arrow** on the right hand side of the field.
- 4. Select all options which are applicaple from the list displayed.

	Specify the services provided through these arrangements						
	Select the care and services which are provided under Schedule 3 - Care and services for home care services under the Quality of Care Principles 2014.						
	*Select the services below						
	Please select an option	•					
	Clear	<b>^</b>					
*ls	Care and Services – Personal services						
2	Care and Services – Activities of Daily Living						
	Care and Services – Nutrition, hydration, meal preparation and diet						
* AE	Care and Services – Management of skin integrity						
	Care and Services – Continence management						
Re	Care and Services – Mobility and dexterity	•					

5. Select one option at a time to add services. The list or services you have selected will be shown at the bottom of the field confirming the selections

made. You can remove services you have selected by clicking on the 'x' icon next to the service.



- Is this third party you are adding also an approved provider, select from Yes or No. This will be pre-populated with information previously provided.
  - a. If **Yes**, enter the approved provider ID if known this is not mandatory and should only be included if you are certain it is accurate.

*Is the third party an approved provider? Yes No
upproved provider Id (if known)

- 7. If an update is required to the ABN, select update ABN.
- 8. Enter your organisation's ABN into the field and select Search.

ABN Lookup
Enter the ABN in the field below to search and validate it.
Q Search by ABN
Q, Search

9. Confirm the returned result is correct and select Confirm

ABN Lookup	
Enter the ABN in the field below	
Q, Search	
We found a match. Please confirm this result, or search using a different ABN.	
ABN Details	
ABN	Organisation name
ABN status	ABN entity type
Active	
Main business location	
	Cancel Confirm

#### Please note:

If the Australian Business Register (ABR) is unable to find the ABN you searched for as it is invalid, cancelled or does not exist, an error message will be returned. User are required to contact the ABR to fix any errors with ABN's – the department and Commission are unable to assist with ABN related enquiries.

- 10. Enter the updated registered company / association number in the text box this is the number given to the third party organisation when it registered with ASIC or with its relevant State or Territory responsible for registering incorporated organisations.
- **11.** Enter the updated third party organisation's office or primary business location. You can perofrm a search and select from the dropdown menu or enter the address manually.
  - a. If you select **Enter address manually**, a popup will appear where you can enter in the address fields. Once entered, select **validate**. You will be given the option to select one of the returned addresses or choose to proceed with your original input.
- 12. Enter the updated postal address of the third party organisation
  - a. If the postal address is the same as the physical address, select the 'post address same as physical address' box.
  - b. If the postal address is different to the physical address, you can search for the address or enter it manually.
  - c. If your postal address is a P.O. Box, you need to enter the address manually.
- **13.** Enter the updated date the third party arrangement is to commence noting this should be the same as the start date or commencement date contained in the contract/agreement signed by both parties.
- **14.** Specify the updated responsibilities of the third party arrangement by completing the 'enter their responsibilities below' box.
  - a. When completing this section consider what responsibilities does or will the third party organisation have for the delivery of services on your behalf? This could include service delivery, management of its own or your workforce, decision making responsibilities or any other responsibility set out in the contract/agreement signed by both parties.
- **15.** Confirm if this contract is a new contract or an extension (renewal date).
- **16.** Enter details that establish the circumstances or events that required the arrangements to be updated by populating 'explain the reason below'. This could include (but may not be limited to) a change to your business model requiring you to expand or reduce the services provided, specific skills or qualificiations that can now be or can no longer be met by your existing workforce or financial reasons.

- **17.** Enter details to explain how the updated/change arrangements affects the suitability of the approved provider ensuring your response demonstrates that you have considered the suitability matters set out under the *Aged Care Quality and Safety Commission Act 2018.* 
  - a. Refer to the <u>Commission's guidance</u> for more information about the suitability matters.
- **18.** Select **Next** to proceed to the next page. Alternatively, you can select the **Save** for later button. This will re-direct you to the **Workspace** page and the status displayed will be **In progress**.

entified change/s inclu bilities, e.g. the board o	ding any rationale that sets	out how the change
entified change/s inclu bilities, e.g. the board o	ding any rationale that sets	out how the change
our ability to deliver age	lecided to partner the orgar ed care.	hisation with another
visit our FAQs.		
iitability of the app	roved provider?	
as, or will have on your s	suitability to be an approved	d provider. Provide
that you are meeting yo	our responsibilities as an ap	pproved provider.
	uitability of the app as, or will have on your s that you are meeting yo	uitability of the approved provider? as, or will have on your suitability to be an approved that you are meeting your responsibilities as an ap

## 6.3 Cease Existing Third Party Arrangement

To cease an existing third party arrangement, you will be required to provide relevant end dates and reasons for ending the arrangement.

- 1. From the table select the third party arrangement that requires ceasing
- 2. Before proceeeding, ensure you are selecting the correct arrangement by clicking on View details
- 3. Click back to return to the seach screen then select next

#### **Please note:**

You can only select one third party arrangement to cease.

	-				
Search and select a third party arr	angemer	nt			
Please select a third party to update from the list of existing	third party arran	gements with your or	ganisation bel	low.	
ABN ~ Third party ~ Organisation Services performed	✓ Start date ✓	End / renewal date			
		1	View		
۲			details		
۲		<b>_</b>			

From the **Ceasing third party arrangement** screen, you can toggle a dropdown that will display a summary of the third party arrangements stored in your approved provider record as previously notified by your organisation.

Ceasing third party arr	angement		
You can tell us about any existing third r	arty arrangements that have ended		
Tod can tell as about any existing third p	arty analycinents that have ended.		
r	<u> </u>		
✓ Third Party Details			
Third and the second		1	
Third party type			
Registered company / associate			
Responsibilities			
Physical address			
Postal address			
Contract start date			
Contract and / see swel date	2		
Contract and / sensual data	2		

#### Please note:

If the information presented was provided in the past, it may not be complete. You do not need to update this information before ceasing the arrangement.

- 4. Enter the following details:
  - What date is the arrangement with the third party ceasing or when did it cease?\*
  - Detail the reasons for change\*
  - How do the change(s) affect the suitability of the approved provider?\*

nro party arran	gement changes	
Ceasing third par	rty arrangement	
You can tell us about any exis	ting third party arrangements that have ended.	
2		
> Third Party Details		
The above infor to APNotificatio	mation may be provided some time ago and may contain errors, please send corrections ns@agedcarequality.gov.au.	
Provide details for the	changes above	
Tovide details for the	unanges above	
* What date is the arrangeme	ent with the third party ceasing or when did it cease?	
Detail the reasons for change	h.	
Explain the reasons for making th or will improve your organisations company to build capability and s	e above identified change/s including any rationale that sets out how the change has al capabilities, e.g. the board decided to partner the organisation with another trensthen our ability to deliver aged care.	
For more information and exampl	es, please visit our FAQs	
* Enter the reason below		
		/
How do the change(s) affect 1	the suitability of the approved provider?	
Explain what affect the change de Provide statement that:	escribed has, or will have on your suitability to be an approved provider.	
<ul> <li>describes the effect on your side tail the steps you are taking</li> </ul>	uitability.	
* Enter the reason below		
		/.

5. Select the **Complete** button which will re-direct you to the **Workspace** page. Alternatively, you can select the **Save for later** button. This will re-direct you to the **Workspace** page and the status displayed will be **In progress**.

## 7. Notification Workspace

When you select to **Begin a notification**, you will navigate to the **Before you start** page. The **workspace** section of this page provides Provider Staff (Org) and Provider Governing Persons with the ability to generate and complete a digital notification form to meet their notification obligations.

From this page you can:

- Review information about the form and its purpose, including terms & conditions, select links to the Commission's Notice of Collection and Privacy Statement.
- Add, view, edit and delete individual material and/or Key Personnel changes.
- Once all individual changes are completed, you can view a summary of changes as a consolidated form with a unique notification ID.
- Assign an authorised representative who is nominated to manage any enquries or requests for further information with regard to a submitted form.
- Assign a governing person(s) to review and approve all changes you want to notify the Commission about.
- Governing person(s) can make a declaration and submit the notification form to the Commission.

## 7.1 Create, Edit and Delete a Notification

Notifications which are not yet submitted can be edited and deleted from this page. You can also create a new notification.

From the Manage your organisation page:

- 1. select Begin a notification and select +add next to the type of change you would like create.
- 2. select Edit to navigate back through a previously created notification form and make required changes.
- 3. select **Delete** if you wish to delete a previously created change.

Notification ID: Begin your changes by clicking 'ADD' to the relevant categories below. Ensure that all mo under this notification are completed and saved before sending it for review or declaratio submission.	odifications made		View Summary	Declare and submit
Authorised representative To be assigned	/ Edit	Governing person(s) To be assigned		🖌 Edit
Organisational changes	St	atria (		+ Add
Change to organisation's details	Co	omplete		Delete
Key personnel changes				+ Add
Third party arrangement changes				+ Add

a. If selecting the **Delete** button a pop up will appear asking you to confirm your wish to proceed with the deletion. This deletion is permanent and associated records will no longer be accessible. Select **Cancel** to abort the deletion or **Proceed** to continue with the deletion.

	Delete change?	
Are you sure you want to delete thi longer be accessible.	is change? This deletion is permanent and	associated records will no
	Cancel	Proceed

**4.** After selecting **Proceed** you will receive confirmation of the deletion and the table will be updated.

0	Success Change deleted successfully	×
---	----------------------------------------	---

## 7.2 Status of a notification form

The user can see the following status in the Notification workspace:

Status	Description
Draft	A form that has been started and not saved.
In progress	A form that has been started and <b>saved for later</b> and has not been submitted to the Commission.
Complete	A form that has been completed and awaiting review by the Commission.

## 7.3 Save a notification

You can select the **Save for later** button at any time throughout the form, this allows you to return to the workspace page at a later stage to complete the form and submit when ready.

The form will be saved for a period of 28 days, then it will be deleted after inactivity.

Org-level users and provider governing persons can access and continue a saved form.

1. At the bottom of the form, select Save for later.

Save for later	Back	Next

2. A pop-up will appear with the option to **Cancel** to return to the form or click **OK** to proceed.

Are you sure you want to save it for later?								
	Cancel	ок						

**3.** You will receive a confirmation that your application has been saved, select **OK** to navigate to the **Manage Your Organisation** landing page.

## 7.4 Assign or change an Authorised Representative

The individual nominated or assigned as an authorised representative does not have to be a GPMS portal user but should be familiar with the information contained in a form for the purpose of responding to enquiries or requests for further information after the form has been submitted.

You can assign one or more Authorised Representative from the Notification Workspace or the Summary of changes page.

If an Authorised Representative has been assigned, you are able to update any of their details or enter a new person's details before the form is finalised and submitted.

The processes for assigning, updating or changing are the same.

#### 7.4.1 Notification Workspace

1. Displayed in the **workspace** is the Notification ID number. Located underneath this is the authorised representative tile. Select **Edit** to assign or edit an authorised representative.

Notification ID:			View Summary	Declare and submit
Begin your changes by clicking 'ADD' to the relevant categories below. Ensure that all modifi under this notification are completed and saved before sending it for review or declaration a submission.	fications made and			
Authorised representative To be assigned	🖍 Edit	Governing person(s) To be assigned		🖌 Edit

2. When the **Edit** button is selected, a dialog box will be displayed. All fields in the dialog box are mandatory.

Assign an authorised representative
The person identified in this section is authorised to act on the provider's behalf and may be required to provide additional information to assist with the processing of this form. If this person is not a Governing Person, the person listed here will need to be authorised by a Governing Person as part of the declaration.
* Full name   Error: Full name is required. *Role / Position
*Phone *Email
Cancel Confirm

- **3.** Your **update** or **change** will save when you select the **Confirm** button at the bottom of the dialog box.
- **4.** When you return to the notification workspace page, the authorised representative information will be displayed.

#### 7.4.2 Summary of changes

The process for assigning, updating or changing the authorised representative information from the summary of changes page is the same process undertaken from the Notification workspace page.

1. Select View Summary from the workspace page.

Notification ID: Begin your changes by clicking 'ADD' to the relevant categories below. Ensure that all modifications made under this notification are completed and saved before sending it for review or declaration and submission.	View Summary Declare and submit
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------

A summary of the changes will then display.

Summary of Changes		
Here are all the completed changes you need to notify the Commission about. Please review all provided details carefully to ensure accuracy and completeness. Edit where necessary. Once you are satisfied, and if all changes under this notification ID are complete, click 'Next' to proceed.		
Authorised representative Test	Governing person(s)	dit

## 7.5 Assign Governing Person

You can assign one or more Governing Persons from the Notification Workspace or the **Summary of Changes** page.

A governing person is required to approve all notification forms. Read the <u>Commission's guidance</u> for the legal definition of governing person to help you understand what a governing person is and who within your organisation would meet this definition.

When a governing person/s is or has been assigned, you are able to update any of their details or enter new governing person/s details before the form is finalised and submitted.

The processes for assigning, updating or changing are the same.

#### 7.5.1 Notification Workspace

The process for assigning, updating or changing the Governing Person information from the **workspace** page is the same process undertaken for the Authorised Representative.

Notification ID: Begin your changes by clicking 'ADD' to the relevant categories below. Ensure that all modific under this notification are completed and saved before sending it for review or declaration ar submission.	ations made		View Summary	Declare and su	omit
Authorised representative	🖌 Edit	Governing person(s)			🖋 Edit

## 7.5.2 Summary of Changes

The process for assigning, updating or changing the governing person information from the **Summary of Changes** page is the same process undertaken from the Notification workspace page.

Notification ID: Begin your changes by clicking 'ADD' to the relevant categories below. Ensure that all mod under this notification are completed and saved before sending it for review or declaration submission.	ifications made a and		View Summary	Declare and submit
Authorised representative	🖌 Edit	Governing person(s)		🖌 Edit

The tile is also similar as displayed in the screenshot below:

Summary of Changes	
Notification ID: 0	
Last updated date: 27/06/2024	
Here are all the completed changes you need to notify the Commission about. Please review all provided details carefully to ensure accuracy and completeness. Edit where necessary. Once you are satisfied, and if all changes under this notification ID are complete, click. Next' to proceed.	
Authorised representative	Governing person(s)

## 7.6 View Summary of changes

You are able to view a summary of the changes that are contained in a draft (not yet submitted) Approved Provider Notification Form.

From here you can also:

- assign an authorised representative
- assign governing person/s to endorse and submit the form
- confirm that the notification form is complete and identify the reasons why it may be incomplete

From the Notification **Workspace** page, a Provider Staff (Org) or Provider Governing Person can click on the **View Summary** button.

This will take you to the Summary of changes page. From this page, you can:

- Assign an Authorised Representative
- Assign Governing Person/s
- View all the complete changes for organisational, Key Personnel and third party arrangement changes.

#### 7.6.1 Summary of changes – incomplete form

If any fields in the notification form are incomplete and/or an Authorised Representative or the Governing Person/s has not been assigned the form cannot be progressed, a warning message will be displayed at the bottom of the page which will list the reasons the form is incomplete:



To add the missing information, select **Back** to navigate to **workspace** page to correct any error.

#### 7.6.2 Summary of changes – complete form

You will know when a form has been completed in full when there is no error message displayed at the bottom of the **Summary of Changes** page.

It is recommended that a final check of the authorised representative and governing persons is undertaken before the form is submitted.

The next step to take will depend on the role assigned to the user attempting to finalise the form:

1. For users assigned to a **Provider Staff (Org)** role, click **Send for review** located at the bottom of the screen.



The form will then be sent to the nominated governing person/s for review and submission.

2. For users assigned to a **Provider Governing Person** role, and who have completed or reviewed the completed form, click **Declare and submit** located at the bottom of the screen.

Summary of Changes	
Notification ID:	
Last updated date: Here are all the completed changes you need to notify the Commission about. Please review all provided details carefully to ensure accuracy and completeness. Edit where necessary. Once you are satisfied, and if	
all changes under this notification ID are complete, click: Next to proceed.	
Authorised representative	Governing person(s)
Organisational changes	
> Other change	
All key personnel changes	
All third party arrangement changes	
	Back Declare and submit

## 8. Declaration and Submission

To successfully submit a notification form, approved providers are required to receive endorsement from at least one Governing Person within the organisation.

The submission step cannot commence until the form is complete and an authorised person and governing person has been nominated.

The Governing Person must review and be satisfied with the information entered in the form **before** it progresses.

If a form contains inaccurate information, or has irrelevant documents attached, the form cannot be processed until the deficiencies are corrected.

If any of the information submitted is false or misleading, the Governing person will be required to explain why.

If you have any questions about your notification responsibilities in relation to material changes, Key Personnel changes or events, or third party arrangements, please call the Commission on 1800 951 822 or email <u>APNotifications@agedcarequality.gov.au</u>.

Notification ID: Begin your changes by clicking 'ADD' to the relevant categories below. Ensure that all modification under this notification are completed and saved before sending it for review or declaration and submission.	is made	View Summary	Declare and submit
Authorised representative	Edit Governing person(s)		🖍 Edit
Organisational changes			+ Add
Key personnel changes			+ Add
Change	Status		
Update key personnel details	Complete		V
Report on suitability as key personnel	Complete		Ψ
Report on suitability as key personnel	Complete		V
Third party arrangement changes			+ Add

# 8.1 Forms finalised by Provider Staff (Org) and reviewed by the assigned Governing person/s

There are four possible paths that can be taken to progress and submit a form. Each pathway requires at least one governing person to make the declaration identified in this section.

If required under an approved provider's company constitution, the form allows two governing people to make the declaration.

Please ensure that a Governing Person submits the form within legislative timeframes.

## 8.1.1 Governing Person Declares Only

This pathway is for a governing person who is making the declaration only and chooses not to submit at the time of making the declaration.

- 1. After reviewing the completed form View Summary button, select Declare and Submit from the workspace page.
- 2. The governing person will navigate to the **Declaration and submission** page.
- **3.** The governing person must read and ensure they understand, and can agree to, the matters that they are declaring..
- **4.** Go to the section on the page titled **Governing person(s) to approve** and select the first radio button, see example below.
- 5. Click **Confirm** to approve the declaration. This action will not submit the form to the Commission. Please ensure that a Governing Person submits the form

within legislative timeframes. Alternatively, the governing person can select **Cancel** instead of **Confirm** to navigate to the **workspace** page.

Declaration and submission
Notification ID: 00053995
By signing this declaration, you confirm all the following declarations apply:
<ul> <li>I declare that I am lawfully authorised to act for/represent the approved provider.</li> <li>I declare that I have read and understood the Commission's Collection Notice and Privacy Policy and how the information in this form may be used.</li> <li>I 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 evant occurs.</li> <li>I 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.</li> <li>I 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.</li> <li>I understand that the Commission will contact me about the information provided within this form, for the purpose of processing this Notification.</li> <li>I declare that a paproved provider has considered the suitability matters in relation to the key personnel and is reasonably satisfied the key personnel are suitable to be involved in the provision of aged care.</li> <li>I declare that all information provided in this form and any attachments are true and correct</li> <li>I authorise the person identified as the Authorised Representative in this form to act on the 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.</li> </ul>
Governing person(s) to approve
Nominated other governing person(s)?
You can nominate another person to review this notification. Doing so will automatically send the new governing person a request to review and approve this request. Yes, nominate other governing person(s).
Cancel Confirm

6. The **Confirmation** page will display after the notification form has been signed even though it has not yet been submitted

The form has been signed.
Your notification form ID:
You have reviewed and signed this form. This form is still pending review from other nominated governing persons and once submitted, it will be sent to the Commission for processing.
Confirmation has been sent to
What happens next?
You can track your submission in the notifications landing page.
If the Aged Care Quality and Safety Commission needs to clarify any of the information provided by you, it may be requested by email or by a notice under section 9-2 of the Aged Care Act 1997. In these cases, your notification will not be progressed until you provide the requested information. A response to a section 9-2 notice must be given within 28 days of the request being made.
If you have any questions, please contact the Aged Care Quality and Safety Commission on 1800 951 822 or at <u>APnotifications@agedcarequality.gov.au</u> .
Return to Manage Your Organisation

- 7. The following users will receive a system generated confirmation email:
  - Authorised Representative

- Governing Person signee
- **8.** The Notification table will display the notification in **Draft** status until a Governing Person chooses to declare and submit.

All notification forms					
The below table displays all notifications that are in draft or have been submitted to the Commission.					
Please note when reviewing your records a	after submission, update	es provided via a Notification Fo	rms are only applied, o	nce the forms processin	g has been finalised.
Search Q. Enter notification ID	For approval by Show All	Status Show All	~	Apply Filters	Clear Filters
Notification ID V Notifications	✓ For approval by	✓ Approved By ✓	Submission date & ti $\vee$	Last updated date	Status ↓ ✓
Organisational changes				23/06/2024	Draft Expires 21/07/2024
Key personnel changes				26/06/2024	Draft Expires 24/07/2024

#### 8.1.2 Governing Person Declares and Submits

The second pathway is for the governing person who will review the finalised draft form then submit for processing.

- 1. After reviewing the completed form View Summary button, select Declare and Submit from the workspace page.
- 2. The governing person will navigate to the **Declaration and submission** page.
- **3.** The governing person will read and ensure they understand, and can agree to, the matters that they are declaring and confirming.
- 4. Go to the section on the page titled **Governing person(s) to approve** and select the **second** radio button, see example below.
- 5. Click **Confirm** to approve this form. Alternatively, the governing person can select **Cancel** instead of **Confirm** to navigate to the **workspace** page.

Declaration and submission
Notification ID: 00053954
By signing this declaration, you confirm all the following declarations apply:
I declare that I am lawfully authorised to act for/represent the approved provider.
I declare that I have read and understood the Commission's Collection Notice and Privacy Policy and how the information in this form may be used.
<ul> <li>Lunderstand that an approved provider that is a corporation commits an otherce if it fails to notify the Commissioner of a material change within 14 days after the change occurs.</li> </ul>
<ul> <li>Europerson that an approved provider that is a corporation commits an offence in it fails to notify the Commissioner or any or the events set out in section 9-2A(1) or the Aged Care Act within 14 days after the event occurr.</li> </ul>
<ul> <li>I understand that Chapter 2 of the Criminal Code applies to all offences under the Appl Care Act. It is also an offence under section 137.1 of the Criminal Code to provide false or mislaading information</li> </ul>
to the Commission.
I understand that the Commission will contact me about the information provided within this form, for the purpose of processing this Notification.
I 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 declare that all information provided in this form and any attachments are true and correct
I authorise the person identified as the Authorised Representative in this form to act on the 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.
Governing person(s) to approve
agree to the statement presented above.
agree to the statement presented above and will submit this notification.
Click 'Confirm' to submit this form to the Commission
Cancel Confirm

6. The **Confirmation** page will display after the Nomination form has been submitted.

The form has been submitted.
Your notification form ID: This form has been reviewed, signed and submitted by all nominated governing persons and will now be sent to the Commission for processing.
Confirmation has been sent to
What happens next?
You can track your submission in the <u>notifications landing</u> page. If the Aged Care Quality and Safety Commission needs to clarify any of the information provided by you, it may be requested by email or by a notice under section 9-2 of the Aged Care Act 1997. In these cases, your notification will not be progressed until you provide the requested information. A response to a section 9-2 notice must be given within 28 days of the request being made.
If you have any questions, please contact the Aged Care Quality and Safety Commission on 1800 951 822 or at <u>APnotifications@agedcarequality.gov.au</u> .
Return to Manage Your Organisation

- 7. The following users will receive a system generated confirmation email:
  - Authorised Representative
  - Governing Person signee
- 8. The Notification table will display the notification in **Draft** status until a Governing Person chooses to declare and submit.

All notification forms					
The below table displays all notifications that are in draft or have been submitted to the Commission.					
Please note when reviewing your records after submission, updates provided via a Notification Forms are only applied, once the forms processing has been finalised.					
Search For approval by Status           Q. Enter notification ID         For approval by         Status	Apply Filters	Clear Filters			
Notification ID $\checkmark$ Notifications $\checkmark$ For approval by $\checkmark$ Approved By $\checkmark$ Submission date & ti $\checkmark$	Last updated date	Status 🕹	~		
Organisational changes	27/06/2024	Submitted	T		

# 8.1.3 Governing Person Declares and assigns another Governing Person to Submit

The third pathway is for the governing person who will review the finalised draft form, make a declaration, then nominates another governing person to review the finalised draft form.

- 1. After reviewing the completed form **View Summary** button, select **Declare and Submit** from the **workspace** page.
- 2. The governing person will navigate to the **Declaration and submission** page.
- **3.** The governing person will read and ensure they understand, and can agree to, the matters that they are declaring and confirming.
- **4.** Go to the section on the page titled **Governing person(s) to approve** and select the first radio button, see example below.
- 5. Under **nominated other governing person(s)** select Yes and enter the details of the person you wish to nominate.
- 6. Click Confirm to approve this form. This action will not submit the form to the Commission. Please ensure that a Governing Person submits the form within legislative timeframes. Alternatively, the governing person can select Cancel instead of Confirm to navigate to the workspace page.

Declaration and submission					
Notification ID: 00053995					
By signing this declaration, you confirm all the following declarations apply:					
<ul> <li>I declare that I am lawfully authorised to act for/represent the approved provider.</li> <li>I declare that I am lawfully authorised to act for/represent the approved provider.</li> <li>I declare that I have read and understood the Commission's Collection Notice and Privacy Policy and how the information in this form may be used.</li> <li>I 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.</li> <li>I 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.</li> <li>I 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.</li> <li>I understand that the commission will contact me about the information provided within this form, for the purpose of processing this Notification.</li> <li>I 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.</li> <li>I declare that all information provided in this form and any attachments are true and correct.</li> </ul>					
I authorise the person identified as the Authorised Representative in this form to act on the 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.					
Governing person(s) to approve					
I       agree to the statement presented above.         I       agree to the statement presented above and will submit this notification.					
Nominated other governing person(s)?					
You can nominate another person to review this notification. Doing so will automatically send the new governing person a request to review and approve this request.					
Yes, nominate other governing person(s).					
Surname First Name Email Address					
Click 'Confirm' to assign this form to another Governing Person for review and submission to the Commission					
Cancel Confirm					

**7.** The **Confirmation** page will display after the Nomination form has been sent for review to the other governing person.

g	overning person(s).
Yo	our notification form ID:
Yo	u have nominated another governing person to review, sign and submit this form. Once the nominated governing pers is submitted the form it will be sent to the Commission for processing.
Fo	orm has been sent to the following govening person(s)
C	onfirmation has been sent to
ka	thy olsen@health.gov.au
W	/hat happens next?
Yo	u can track your submission in the notifications landing page.
lf t by un be	the Aged Care Quality and Safety Commission needs to clarify any of the information provided by you, it may be reque email or by a notice under section 9-2 of the Aged Care Act 1997. In these cases, your notification will not be progres til you provide the requested information. A response to a section 9-2 notice must be given within 28 days of the requ ing made.
If	you have any questions, please contact the Aged Care Quality and Safety Commission on 1800 951 822 or at

- 8. The following users will receive a system generated confirmation email:
  - Authorised Representative
  - Governing Person signee
- **9.** The Notification table will display the notification in **Draft** status and note the additional approver until a Governing Person chooses to declare and submit.

All notification forms					
The below table displays all notifications that are in draft or have been submitted to the Commission.					
Please note when reviewing your records after submission, updates provided via a Notification Forms are only applied, once the forms processing has been finalised.					g has been finalised.
Search	For approval by Show All	Status	~	Apply Filters	Clear Filters
Notification ID 🗸 Votifications	✓ For approval by	✓ Approved By ✓	Submission date & ti $\lor$	Last updated date	Status 🕹 🗸 🗸
Organisational changes				23/06/2024	Draft Expires 21/07/2024
Key personnel changes				26/06/2024	Draft Expires 24/07/2024

#### 8.1.4 Governing Person Reassigns to Other Governing Person Only

The fourth pathway is for a governing person who is unable to complete the declaration. They can nominate another governing person to complete the review and submit the Notification.

1. Select Edit for the governing persons section on this page and select the governing person to reassign.

Notification ID: Begin your changes by clicking 'ADD' to the relevant categories below. Ensure that all modificati under this notification are completed and saved before sending it for review or declaration and submission.	View Summary	Declare and submit
Authorised representative	Edit Governing person(s)	🖉 Edit
Organisational changes		+ Add
Key personnel changes		+ Add
Change	Status	
Update key personnel details	Complete	V
Report on suitability as key personnel	Complete	Y
Report on suitability as key personnel	Complete	¥
Third party arrangement changes		+ Add

- 2. A list of all governing persons associated with the approved provider will display in a new screen to **Nominate other governing persons.** 
  - a. The name of the governing person completing this step will be shown but cannot be selected manually. Instead, the checkbox will already show as selected leaving all other governing persons available for selection.
- Click Confirm to reassign this form. This action will not submit the form to the Commission. Please ensure that a Governing Person submits the form within legislative timeframes. Alternatively, the governing person can select Cancel instead of Confirm to navigate to the workspace page

Assign governing persons to approve					
Based on the number required by your organisation's constitution, please nominate governing persons to review and approve all the changes you want to notify the Commission about. Select from the list below.					
Surname	Email Address				
		1			
		Cancel Confirm			

4. The workspace page will update reflecting the Governing Person nominated.
| Notification ID:<br>Begin your changes by clicking (ADD) to the relevant categories below. Ensure that all modifice<br>under this notification are completed and saved before sending it for review or declaration and<br>submission. | ations made<br>d |                     | View Summary | Declare and submit |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------|--------------|--------------------|
| Authorised representative                                                                                                                                                                                                             | 🖌 Edit           | Governing person(s) |              | 🖌 Edit             |

5. The **Confirmation** screen will display after the form has been successfully **sent to the nominated governing person(s)** for review.

< Back
Mission Australia Aged Care (PRV-12345)
Notifications
The form has been sent for review to the other governing person(s)
Your notification form ID: 123456
You have nominated another governing person to review, sign and submit this form. Once the nominated governing person has submitted the form it will be sent to the Commission for processing.
Form has been sent to the following governing person(s)
<ul> <li>Avery Chiu (avery.chiu@email.com)</li> <li>Amos Burton (amos.burton@email.com)</li> </ul>
Confirmation has been sent to
Authorised_Representative@organisation.com
GP_Signee@organisation.com
What happens next?
You can track your submission in the notifications landing page.
If the Aged Care Quality and Safety Commission needs to clarify any of the information provided by you, it may be requested by email or by a notice under section 9-2 of the Aged Care Act 1997. In these cases, your notification will not be progressed until you provide the requested information. A response to a section 9-2 notice must be given within 28 days of the request being made.
If you have any questions, please contact the Aged Care Quality and Safety Commission on 1800 951 822 or at <u>APnotifications@agedcarequality.gov.au</u>
Return to Manage Your Organisation

The following users will receive a confirmation email:

- Authorised Representative
- Governing Person signee

If the information provided in an Approved Provider Notification Form, or contained in any uploaded documents needs to be clarified, an assessor from the Aged Care Quality and Safety Commission will contact the authorised representative or the governing person who submitted the form.

In these cases, your notification will not be progressed until you provide the requested information.

Generally, if the clarification needed can be easily and quickly managed through an informal request this may be done by phone or email.

If circumstances require, a notice under Section 9-2 of the *Aged Care Act 1997* may be issued by a delegate of the Commissioner.

A response to a Section 9-2 notice must be given within 28 days of the request being made.

If you have any questions, please contact the Aged Care Quality and Safety Commission on 1800 951 822 or email <u>Apnotifications@agedcarequality.gov.au</u>.

# 9.Notification Table

This table shows all notification forms that are in draft or have been submitted to the Commission. Only forms submitted after 29 July 2024 will be displayed in this table.

You can navigate to a saved notification and track your submission in the **Notifications Table** viewable on the **Manage your organisation** page.

All notification forms		
The below table displays all notifications that are in draft or have been submitted to the Commission.		
Please note when reviewing your records after submission, updates provided via a Notification Forms are only applied, or	ice the forms processin	g has been finalised.
Search For approval by Status Q. Enter notification ID Show All V Show All V	Apply Filters	Clear Filters
Notification ID $\checkmark$ Notifications $\checkmark$ For approval by $\checkmark$ Approved By $\checkmark$ Submission date & ti $\checkmark$	Last updated date	Status ↓ ∨
Organisational changes	27/06/2024	Processing v
Key personnel changes	26/06/2024	Draft Expire: View summary
Multiple Changes	27/06/2024	Draft Expires 25/07/2024

# 9.1 Search, filter and sort

The notification table allows you to search for all forms commenced and submitted by you in the GPMS portal. Finalised forms can also be searched for.

This can be achieved by entering information in the **Search** field, using the filter function (**For approval by** or **Status**) or by sorting the list.

	Status			
~	Show All	~	Apply Filters	Clear Filters
	~	∽ Show All	∽ Show All ∽	✓ Show All ✓ Apply Filters

- **1.** Using the search function
  - a. To use the search function, a user can enter the **Notification ID** in the search field if it is known.
  - b. It is recommended that the Notification ID be written down by the person completing the form so that this function can be used when they need to return to a draft form.
- 2. Using the filters
  - a. There are two filters on the notification table. The first, titled For approval by contains values related to the governing person who was assigned to a notification so they can review, approve and submit.
  - b. The second is the **Status** filter which will allow you to filter by the default value or by the status of the form.
  - c. Further information about these statuses is set out in the table under <u>Status</u> of a notification below.
- 3. Default view
  - a. The notification table will reset to the default view when a user navigates to another page. The default view will show all notification forms in notification ID order.
  - b. To reset the notification to the default view, the user can select **Clear filters** to return to the default view.

Search	For approval by		Status			
<ul> <li>Enter notification ID</li> </ul>	Show All	~	Show All	~	Apply Filters	Clear Filters
	L		L			

- 4. Search via ascending or descending order from the table headers.
  - a. Each column can be sorted either in ascending or descending order. To sort, click on the heading of the column, see example below:

		Notification ID 🕹	$\sim$	Notifications	~	For approval by	$\sim$	Approved By	~	Submission date & ti $\lor$	Last updated date	Status	~
--	--	-------------------	--------	---------------	---	-----------------	--------	-------------	---	-----------------------------	-------------------	--------	---

# 9.2 Status of a notification

Status	Description
Draft	Where a form is in the process of being completed or has been finalised by the person entering the information. Forms in 'draft' status have not been submitted by a governing person.
Submitted	A form that has been reviewed and approved by one or more governing persons and has been submitted to the Aged Care Quality and Safety Commission for processing.
Processing	The form has been received by the Aged Care Quality and Safety Commission.
Finalised	The form has been processed and finalised by the Aged Care Quality and Safety Commission.
Withdrawn	The approved provider withdrew the form after it was submitted and it was not processed or finalised by the Aged Care Quality and Safety Commission.

The user can see the following status in the Notification table:

#### **Please note:**

Any draft forms that have not progressed within 28 days after it was last updated will be automatically deleted.

Deleted forms will not be displayed in the notifications table and cannot be recovered by the department.

### 9.3 View summary

To view a summary of any of the forms listed in the Notification table:

- 1. click on the **down arrow** located on the far right of the row containing the form you want to view. This will display a menu that will overlay the **Status** column.
- 2. The menu displays four options, select the View Summary option.

All notification forms									
The below table displays all notifications that are in draft or have been submitted to the Commission.									
Please note when reviewing your records after submission, updates provided via a Notification Forms are only	y applied, once the forms processing has been finalised.								
Search For approval by Status Q. Enter notification ID Show All Show All	Apply Filters     Clear Filters								
Notification ID $\downarrow$ $\checkmark$   Notifications $\checkmark$   For approval by $\checkmark$   Approved By $\checkmark$   Submission data	late & ti V Last updated date Status V								
	03/07/2024 Draft Expire: 31/07/2024 View all changes								
	03/07/2024 Draft View summary Expire Delete								

**3.** This will navigate the user to the summary of changes page. From this page, the user can see a consolidated view of the individual changes that have been made within the selected form.

Forms in draft status will only contain information entered up to the date that the summary is being viewed.

Since there is no ability to amend a form that has a status of Submitted, Processing, Finalised and Withdrawn the summary page will display all information that was contained in the form when the governing person submitted it.

### 9.4 Generate form PDF – Conditional

Approved providers can generate a PDF of their Approved Provider Notification Form if the following conditions apply:

- the form has been submitted to a governing person for review regardless of whether the governing person
  - $\circ$   $\,$  has completed their review and is intending to submit the reviewed form
  - has allocated to another governing person/s for their review and submission
  - chosen not to review or declare and has allocated to another governing person
- it has been submitted by the governing person and has a status of Submitted, Processing or Finalised.
- **1.** To generate the PDF, first locate the relevant form using the search and filter features of the Notification table.
- 2. Click on the **down arrow** located on the far right of the row containing the form you want to view. This will display a menu that will overlay the **Status** column.
- 3. The menu displays four options, select the Generate PDF option.

All notification forms		
The below table displays all notifications that are in draft or have been submitted to the Commission.		
Please note when reviewing your records after submission, updates provided via a Notification Forms are only applied, o	nce the forms processir	ng has been finalised.
Search     For approval by     Status       Q. Enter notification ID     Show All     Image: Show All	Apply Filters	Clear Filters
Notification ID ↓       ∨       Notifications       ∨       For approval by       ∨       Approved By       ∨       Submission date & ti ∨	Last updated date 27/06/2024	Status
	26/06/2024	Draft View summary Expire: Delete
	28/06/2024	Generate PDF

4. The form will be downloaded to your local drive.

# **10. Uploading supporting documents**

**1.** To upload your supporting documents, click upload file or drop files. The document category and document type will be prefilled.

<ul> <li>Update relevant experience</li> </ul>	Upload a copy of the NCCHC
	This must be a copy of the police certificate issued by the accredited service provider. For more information please visit The Australian Criminal Intelligence Commission website.
	File Management
	Document Category Document Type
	Notification     NCCHC (Nationally Coo     Upload       The selected category and type applies to all the uploaded files.     Image: Constraint of the upload files.     Image: Constraint of the upload files.

2. The file will scan then confirm the file has been uploaded. You will also receive a notification that the file has been uploaded. (This may take a few minutes).

Upload Files	
TEST.docx 12 KB	•
1 of 1 file uploaded	Done
The attached file/s has been sent for scanning, which may take up to a minimation of the scanning of the sc	nute to complete. If a virus is found, the file/s v

- Success File TEST.docx has been uploaded successfully!
  - a. Your uploaded document(s) will be shown in the file management box, you can preview the document in a new screen or delete files that have been uploaded incorrectly by clicking the icon next to the document uploaded.
  - b. If clicking **delete** you will receive a confirmation pop up.

File Management				
Document Category		Document Type		
Notification	-	NCCHC (Nationally Coordinated C 💌	↑ Upload Files	Or drop files
The selected category and type a	applies to all the	e uploaded files.		J
TEST.docx				© 💼
Deleted     File TEST.docx has been de	leted successfu	ully!		