



# Support at Home service delivery branch merger form

This form provides notice to the Department of Health, Disability and Ageing (the department) about a proposed **merger of service delivery branches under the same provider** under the *Aged Care Act 2024* (the Act). Notifying the department is required by section 166 of the *Aged Care Rules 2025* (the Rules).

## Requirements of service delivery branch merger

- You must provide service information before your organisation can claim and receive subsidies for the provision of services through a service delivery branch.
- You must notify participants about the proposed merger and any impact on their services.
- You must retain records about service delivery branches for any reports given for at least 7 years starting from the date the record was made under sections 154-300 and 166 of the Rules. If a provider does not comply with reporting obligations under section 166 of the Rules, the department may take compliance action.
- You must notify the department of any changes relating to the merger at least 90 days before the proposed date.
- If a shorter timeframe is requested, the application must include a justification explaining why, as required by section 166-920 of the Rules. Supporting evidence may be attached to assist the application.

For service delivery branches that are remaining open, you can update their contact details directly in the Government Provider Management System (GPMS).

## Withdraw notification to merge

If you no longer intend to merge service delivery branches, you must notify the department no later than 28 days before the proposed merger date as per section 166-930 of the Rules.

## About this form

Your organisation must be a **registered provider** of Support at Home services under the Act to complete this form.

- Use this form to merge up to 5 service delivery branches into one continuing service ID.
- Provide accurate, clear, and complete information regarding service delivery branches.
- Use the 'Tab' key on your keyboard to move between fields.
- Use the mouse to change the status of a selection control.

You can access the department's privacy policy at [health.gov.au/resources/publications/privacy-policy](https://health.gov.au/resources/publications/privacy-policy)

## Registered provider details

*Note: The organisation and service delivery branch details (including the registered provider ID and service delivery branch ID) can be found in the Government Provider Management System (GPMS).*

Registered provider name:\*

Registered provider ID:\*

## Section A: Notice to merge service delivery branches

*Note: This notice must be provided at least 90 days prior to the proposed merger date.*

Continuing service delivery branch name:*	
Continuing service delivery branch ID:*	
Proposed date of merger (the merger date must be the first day of a month):*	

### Merging service delivery branch(es)

Service delivery branch name	Service delivery branch ID

### Declaration

The registered provider has notified or will notify participants of the merger and, if applicable, will provide at least 14 days' notice before ceasing services.\*

Yes  No  Not applicable

Following the completion of the merger, the registered provider will provide the department and the Commissioner with a cessation notification for each participant within the required period.\*

Yes  No  Not applicable

Provider comments or notes:

**Section B: Notice to withdraw service delivery branch merger**

*Note: This notice must be submitted no later than 28 days before the proposed merger date.*

*Note: You can only use this form to withdraw from a merger if you submitted the original notice.*

**Continuing service delivery branch details from the original notice**

Continuing service delivery branch name:*	
Continuing service delivery branch ID:*	

**Merging service delivery branch(s)**

Service delivery branch name/s:	Service delivery branch ID/s:

Reason provider is no longer proceeding with the merger:\*

## Endorsement and declaration

The person signing this *Support at Home service delivery branch merger form* must be an authorised representative and someone who is legally authorised to give assurances and enter into contracts and commitments on behalf of the registered provider.

- This endorsement covers all information provided in the form and must be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the organisation.
- I/We understand that the Criminal Code applies to offences against the Act and that providing false or misleading information in this notification is a serious offence.

## Authorising officer

Name of authorised representative:*	Position:*
Date:*	

## Next steps

Before you submit the form, check that you have completed all mandatory responses. The form will not be processed if mandatory questions are incomplete.

Please send the completed form to the Department of Health, Disability and Ageing:  
[ServiceDeliveryBranchRequests@health.gov.au](mailto:ServiceDeliveryBranchRequests@health.gov.au)

We may contact you if further information is required.

You will be notified once the request has been fully processed. Confirmation is provided only after the application has been submitted, assessed and finalised.