



Application to transfer service delivery branch to another registered provider

This form provides notice to the Department of Health, Disability and Ageing (department) about your intention to **transfer a service delivery branch to another registered provider under the Support at Home program**. Transfers occur when individuals are transferred from one registered provider to another, typically due to an acquisition. To close a service delivery branch, submit a *Service delivery branch notification form*.

Requirements of service delivery branch transfer

- You must submit this application at least 90 days before the proposed transfer date, in accordance with section 263-10 of the Aged Care Rules 2025 (the Rules).
- If a shorter timeframe is requested, the application must include a justification explaining why. Supporting evidence may be attached to assist the application.
- All claims for the service delivery branch affected by the transfer must be up to date prior to the day of transfer.
- If there are outstanding claims, the provider (transferor) must work with Services Australia to resolve them before proceeding. The transferor will have access to the service delivery branch until the transfer is complete.
- Participants must be notified services will cease at least 14 days before, as required under sections 149-20 and 149-40 of the Rules. The notice must clearly outline the implications of the transfer and any changes to their care arrangements.
- The ceasing provider must notify both Services Australia and the Aged Care Quality and Safety Commission (Commission) of the cessation for each individual, in accordance with section 149-25 of the Rules.
- All relevant records must be transferred between providers as per section 149-80 of the Rules, ensuring continuity of care and compliance with privacy obligations.
- The new registered provider must be informed of account balances (if any) related to the individuals within 28 days of the individual entering into service agreement with the new registered provider, as outlined in section 149-46 of the Rules.
- You must notify the department to confirm the transfer has been settled.

Services Australia can only complete the service delivery branch transfer after the transfer date and departmental processes are complete. Changes may not appear immediately after the transfer date.

How to use the form

- Use the 'Tab' key on your keyboard to move between fields.
- Provide accurate, clear and complete information regarding service delivery branches.

You can access the department's privacy policy at health.gov.au/resources/publications/privacy-policy

Part 1: Proposed transferor (ceasing provider)

To be completed by the provider who will cease delivering services through the proposed transfer.

Note: This form is for transfers only. Mergers or consolidation of service delivery branches must be completed through separate processes.

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 details

Name of registered provider:

Registered provider ID:

Postal address of registered provider

Street address/PO Box:

Suburb:

State/Territory:

Postcode:

Contact officer for this application

Title:

First name:

Surname:

Position:

Phone number:

Email address:

Transfer information – service delivery branch to be transferred

Name of service delivery branch to be **transferred**:

Service delivery branch ID:

Proposed transfer date:

Reason for transferring Support at Home service delivery branch:

If you are submitting this application less than 90 calendar days before the proposed transfer date, please state the reason why. You may attach additional evidence to this application. Be sure to include the proposed transfer date so that appropriate accommodations can be considered.

Part 2: Proposed transferee (new provider)

To be completed by the provider who will deliver the services after the proposed transfer.

Registered provider details

Name of registered provider:

Registered provider ID:

Postal address of registered provider

Street address/PO Box:

Suburb:

State/Territory:

Postcode:

Contact officer for this application

Title:

First name:

Surname:

Position:

Phone number:

Email address:

Part 3: Transfer information

Please provide the details that will apply after the transfer, including new or updated service delivery branch information that will apply once individual(s) are under the new provider.

Service delivery branch details following transfer

New name of service delivery branch (post transfer):*

**Optional field: Only complete if the service delivery branch name needs updating after transfer.*

Business contact details for service delivery branch

Primary phone number:

Alternative phone number:

Emergency/after-hours number:

Email:

Website:

Physical address of service delivery branch

Street address/PO Box:

Suburb:

State/Territory:

Postcode:

Postal address of service delivery branch if different to postal

address Street address/PO Box:

Suburb:

State/Territory:

Postcode:

Primary contact for service delivery branch

Title:	
First name:	
Surname:	
Position:	
Phone number:	
Email address:	

Part 4: Declaration

All applicants to sign

This application must only be signed by responsible persons who are legally authorised to sign for and on behalf of the registered provider. A person who gives information to a Commonwealth entity, or to a person exercising powers or performing functions under, or in connection with, a law of the Commonwealth, or gives the information in compliance or purported compliance with a law of the Commonwealth, and does so knowing the information is false or misleading, or omits any matter or thing without which the information is misleading, may be guilty of an offence under the *Aged Care Act 2024*.

- I/We declare that all the information set out in all sections completed in this application, and any associated attachments, is true and complete.
- I/We declare that the key personnel in my/our service delivery branch is, and will continue to be, suitable to provide aged care and are not disqualified individuals.
- I/We consent to the Secretary of the Department of Health, Disability and Ageing obtaining information and documents from other persons or organisations, including the Australian Aged Care Quality and Safety Commission, State, Territory and Australian Government departments/authorities, to assist in processing the application.

Proposed transferor (ceasing registered provider)

Name:*

Position:*

Signature:*

Date:*

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Proposed transferee (new registered provider)

Name:*

Position:*

Signature:*

Date:*

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Part 5: Next steps

Email the completed form

Please send the completed form to the Department of Health, Disability and Ageing:

ServiceDeliveryBranchRequests@health.gov.au

Once you have submitted the form, the following will occur:

- We will review your application. We may contact you to discuss the application's feasibility and/or request supporting documentation.
- We will investigate whether any of the services have sanctions in place and consider the appropriateness of any transfers of service delivery branch(s).
- We will engage Services Australia to help ensure transfer readiness. This may include ensuring any outstanding claims are finalised prior to transfer.

Provide confirmation of settlement

Before the proposed transfer date, you need to provide us with confirmation that a settlement between transferer and transferee was completed. Contact us via the email address above.

You will be notified when all the requirements have been met and the transfer is complete.