



Australian Government

Department of Health, Disability and Ageing

Government Provider Management System

User Guide: Provider Operations Reporting

April 2026

Version 3.0

This Government Provider Management System (GPMS) – Registered Provider Portal User Guide aims to support residential aged care and Support at Home providers in completing and submitting their annual provider operations reporting requirements via the GPMS portal.

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1 Introduction

Since July 2023, the Department of Health, Disability and Ageing (the Department) has been collecting information annually from registered providers about their operations, to enable publication of additional information about provider operations (and provider finances) on the My Aged Care website.

For residential care and Support at Home providers, the additional operations information being collected is:

- A statement signed by the governing body that the provider complied with its duties under the aged care legislation, and if not, why and what is being done to fix this.
- Diversity information about:
 - Whether the providers' governing body includes representatives from Aboriginal and/or Torres Strait Islander, disability, gender diverse and cultural and linguistically diverse communities.
 - Initiatives to support a diverse and inclusive environment for care recipients and staff at each service.
- The kind of feedback and complaints received by each service, and key improvements made at the service in response.
- Information regarding the provider's executive and membership of the governing body about:
 - whether the provider has a majority of independent members and a person with clinical experience on their governing body
 - has an exemption from this responsibility
 - any individual who holds an executive position in the organisation (such as the CEO) (optional).

Under the new *Aged Care Act*, Category 5 and 6 providers will be required to submit the Provider Operations Collection Form through the GPMS – Registered Provider Portal.

Important information

- Submission deadline: The Collection Form must be submitted by 31 October each year.
 - Reporting period: The reporting period for the submitted information is the financial year period 1 July - 30 June.
 - You will not be able to submit the Form unless all mandatory sections of the form are completed.
 - If you need to access the Guides and FAQs, at any stage while completing the Form, be sure to first save your data (as these resources will take you outside the Form).
-

1.1 Purpose

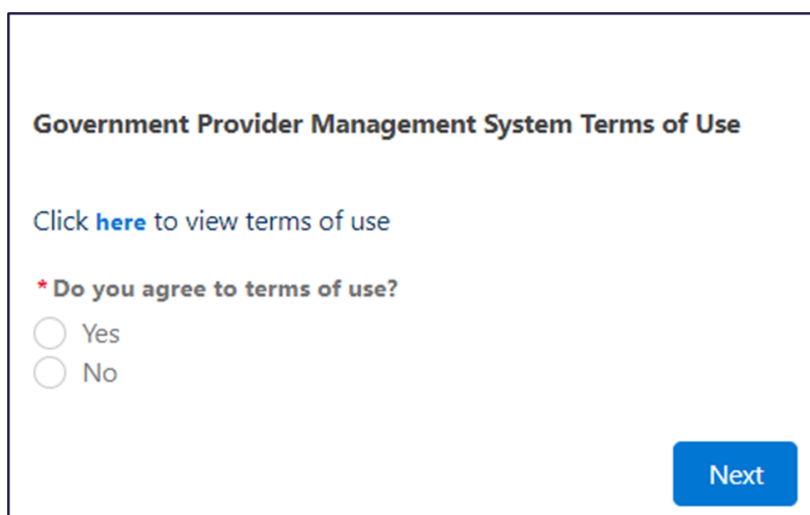
This user guide will help explain how to complete the Form which includes:

- accessing the online Form in GPMS
- entering the data into the Form
- submitting the Form.

1.2 Before proceeding

Please be advised of the following:

The Department of Health, Ageing and Disability will retain records of your access to GPMS and when prompted, you must accept the GPMS Terms of Use to be able to access the system.



The screenshot shows a web interface for the Government Provider Management System. At the top, the title "Government Provider Management System Terms of Use" is displayed. Below the title, there is a link "Click [here](#) to view terms of use". Further down, a question is posed: "* Do you agree to terms of use?". There are two radio button options: "Yes" and "No". At the bottom right of the form, there is a blue button labeled "Next".

1.3 Log in to the GPMS portal

To log into the GPMS portal please visit [Log In Using | Service Provider Portal](#).

If you require assistance logging into the GPMS portal, please refer to the [Government Provider Management System – Troubleshooting Guide: Login support](#).

2 Further information and support

To view additional Provider Operations Reporting resources (including Frequently Asked Questions and a Quick Reference Guide), please go to the Resources section of [this webpage](#).

For more information on GPMS please refer to the [Government Provider Management System](#) webpage.

Email the Department if you have provider operations reporting Collection Form completion enquiries (prior to submission) at ACFRQFRQueries@health.gov.au

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 service provider and assessor helpline on **1800 836 799**.

To use the National Relay Service, visit [About the National Relay Service \(NRS\) | Access Hub](#) or call **1800 555 660**.

To access sign language interpreting and captioning services through Deaf Connect, call [1300 773 803](tel:1300773803) or email interpreting@deafconnect.org.au.

3 Access to the Provider Operations Collection Form

If you are a GPMS Organisation Administrator, you will need to make sure you correctly set up access and roles for people in your organisation who need to access the Form.

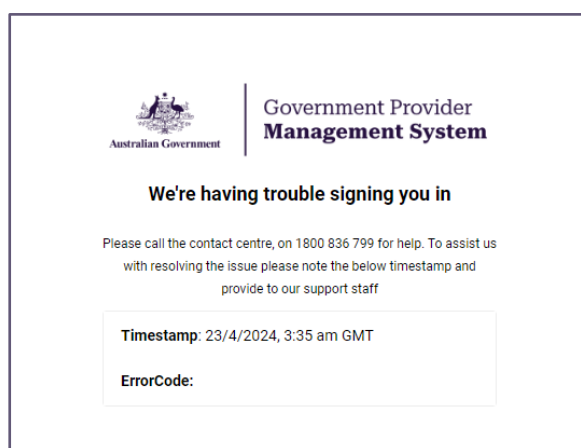
For more information on how to set up access and roles within GPMS please refer to the [Government Provider Management System – User guide](#).

As Organisation Administrator:

- you should regularly review the users within your organisation that have access to provider operations reporting. If people leave or change positions, you may need to revoke or revise their GPMS user access.
- you will only have access to provider operations reporting, if you are an assigned provider operations user.

If you are a general user in a residential care and/or Support at Home provider, please contact your Organisation Administrator if you have not yet been given access to the Form.

Once logged in, if you leave the system idle for some time the system will automatically log you out of GPMS for security reasons - see below notice. Simply log back in again with your GPMS Organisation Administrator credentials. Contact the My Aged Care service provider and assessor helpline on **1800 836 799** if you require further assistance.

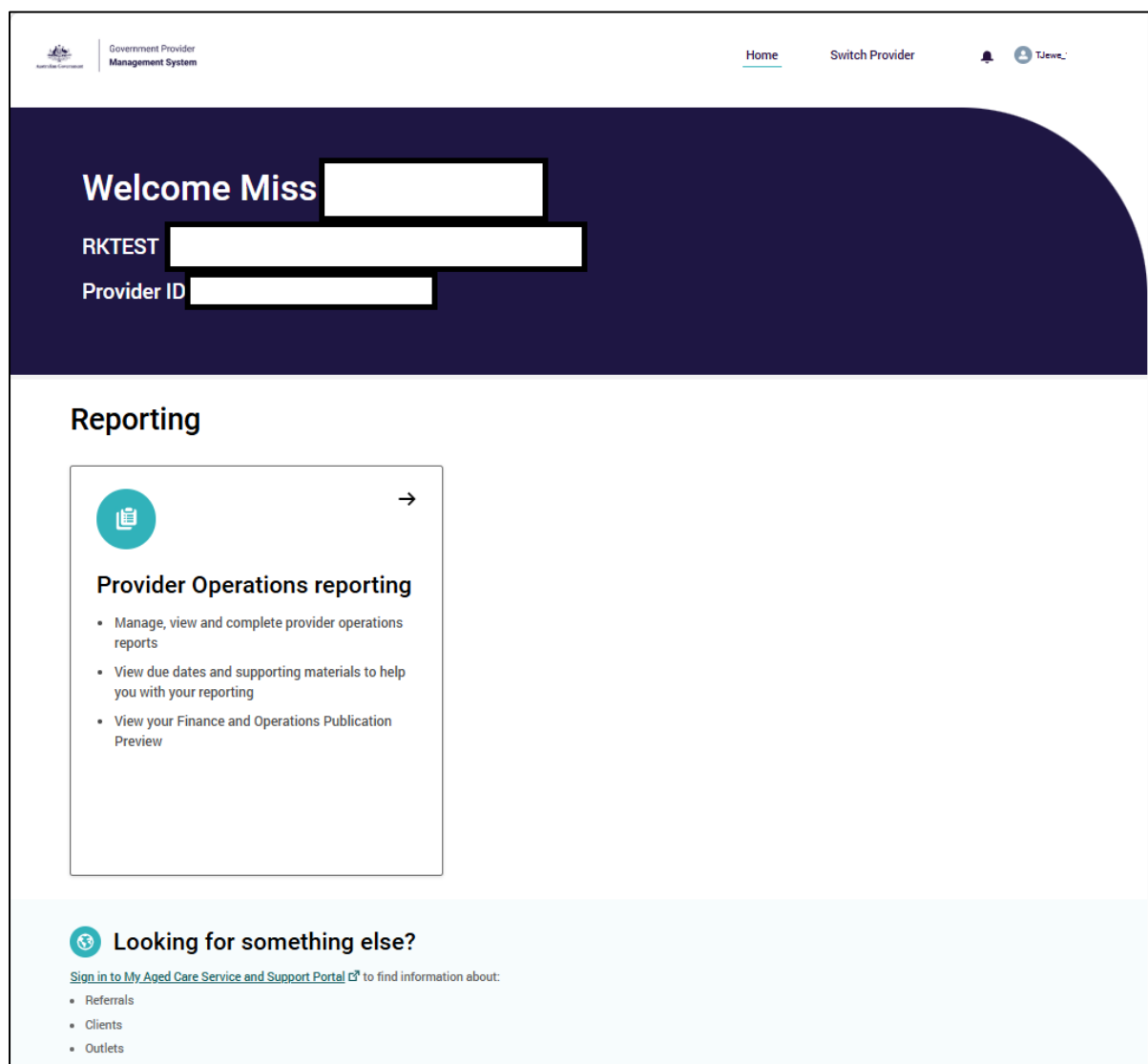


4 GPMS home page

When you log in to GPMS – Registered Provider portal, you will be taken to the GPMS Home Page.

You will only be able to see the tiles that you, as a user, have been given access to.

Select the **Provider Operations Reporting** tile to access the Form.



If you do not yet have access to GPMS, or cannot see the Provider Operations Reporting tile, visit the [Accessing the Government Provider Management System](#) webpage.

5 Provider Operations Reporting submission page

When you select the Provider Operations Reporting tile in GPMS, you will be taken to the home page of Provider Operations Reporting.

This page is called the **Submission** page (as it has your active and historical submissions).

Australian Government

Government Provider Management System

Home Switch Provider

Provider ID: PRV-100089 (Registered)

Provider Operations reporting

Publication Preview

What's new Report due dates Guides & FAQs

19 Mar 2025

Information to be published on the MAC website is ready for preview

Finance and operations information is expected to be published on My Aged Care for all residential and support at home aged care services in approximately 14 days.

Ahead of publication on the My Aged Care, a preview of your financial and operations information is now available for review.

Should you have any concerns regarding the information presented please act now to:

- check self-reported data
- report any IT or technical errors to the My Aged Care service provider and assessor helpline on 1800 836 799. The helpline is open Monday to Friday between 8am-6pm and Saturday between 10am-2pm.

For more information, please visit the Department of Health, Disability and Ageing [website](#).

Submissions

Case number	Period ending	Status	Due date
00009910	30 June 2025	Draft	15 Oct 2025
00010435	30 June 2025	Draft	31 Oct 2025

Showing 1 - 2 of 2 items

10 items per page

On the top half of the Submissions page, there are three tabs:

- What's new
- Report due dates
- Guides and FAQs

On the lower half of each of these three tabs, there is a Submission section.

5.1 What's new

Government Provider Management System

Home Switch Provider Manage Users Help User1671495607...

Provider Operations Reporting

What's new Report due dates Guides and FAQ's

3 July 2023 **Provider Operations Collection Form is Now Open**

The Provider Operations Collection Form is now available to help you submit annual information to the Department of Health and Aged Care.

You will need to submit the completed form by 31 October 2023. For information about completing this form, please go to the Guides & FAQs tab.

Active Submissions

Case number	Period ending	Status ↓	Due date	
00004850	30 Jun 2023	Overdue	31 Oct 2023	Resume

Historical Submissions
No historical submissions

Government Provider Management System

Home Switch Provider TJewe_17...

< Back

Provider Operations reporting

RKTEST RP7_APO DoNotUse Provider ID: PRV-100089 (Registered) [Publication Preview →](#)

What's new Report due dates Guides & FAQs

09 Apr 2026 **Provider Operations Collection Form is Now Open**

The Provider Operations Collection Form is now available to help you submit annual information to the Department of Health, Disability and Ageing.

You will need to submit the completed form by 31 October 2026. For information about completing this form, please go to the Guides & FAQs tab.

19 Mar 2026 **Information to be published on the MAC website is ready for preview**

Finance and operations information is expected to be published on My Aged Care for all residential and support at home aged care services in approximately 14 days.

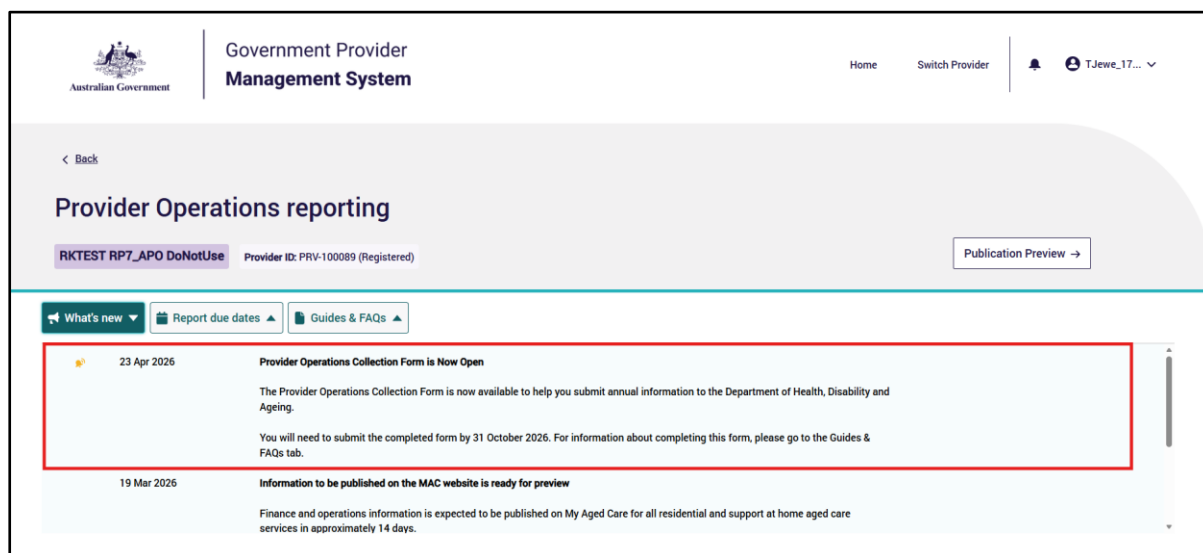
Selecting the **What's new** tab will highlight key information and events.

For example, What's new messages will let you know the date the Form is open from, when it closes, when information is available for preview, and when the data has been released to be published.

Organisation Administrators will also be advised via email once the information they have submitted during the reporting/ collection period is available for preview, prior to being published on the My Aged Care website.

This information will also be communicated through the Department's newsletter.

New updates will be outlined in the light blue section, indicated with a bell icon and the date it takes effect. It is recommended that users check this section at least each quarter, as new updates will be published throughout the year.



Australian Government | Government Provider Management System

Home | Switch Provider | T.Jewe_17...

< Back

Provider Operations reporting

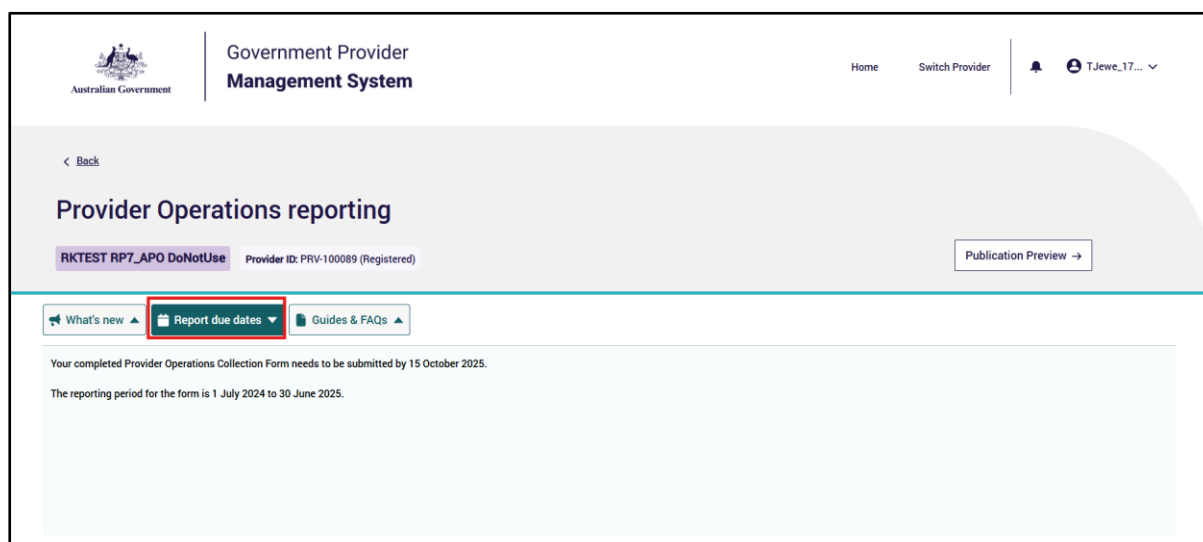
RKTEST RP7_APO DoNotUse | Provider ID: PRV-100089 (Registered) | Publication Preview →

What's new | Report due dates | Guides & FAQs

23 Apr 2026 **Provider Operations Collection Form is Now Open**
 The Provider Operations Collection Form is now available to help you submit annual information to the Department of Health, Disability and Ageing.
 You will need to submit the completed form by 31 October 2026. For information about completing this form, please go to the Guides & FAQs tab.

19 Mar 2026 **Information to be published on the MAC website is ready for preview**
 Finance and operations information is expected to be published on My Aged Care for all residential and support at home aged care services in approximately 14 days.

5.2 Report due dates



Australian Government | Government Provider Management System

Home | Switch Provider | T.Jewe_17...

< Back

Provider Operations reporting

RKTEST RP7_APO DoNotUse | Provider ID: PRV-100089 (Registered) | Publication Preview →

What's new | **Report due dates** | Guides & FAQs

Your completed Provider Operations Collection Form needs to be submitted by 15 October 2025.
 The reporting period for the form is 1 July 2024 to 30 June 2025.

This **Report due dates** tab lists key dates when the Form must be submitted.

The reporting period is the period of 12 months starting on 1 July and ending on 30 June each year.

The Form should be open for data collection from 1 July each year and must be submitted by 31 October each year (for the previous year's reporting information).

5.3 Guides and FAQs

The screenshot shows the 'Government Provider Management System' interface. At the top, there's a header with the Australian Government logo, 'Government Provider Management System', and navigation links for 'Home' and 'Switch Provider'. A user profile 'TJew...17...' is visible. Below the header, the main content area is titled 'Provider Operations reporting'. It includes a 'Back' link, a status bar with 'RKTEST RP7_APO DoNotUse' and 'Provider ID: PRV-100089 (Registered)', and a 'Publication Preview' button. A navigation bar contains 'What's new', 'Report due dates', and 'Guides & FAQs' (which is highlighted with a red box). Below this, the 'Provider Operations Collection Form' section is highlighted with a red box. It contains a description and a list of resources: GPMS user guide, Provider Operations Reporting Collection Form frequently asked questions, Provider Operations Reporting Collection Form user guide, Provider Operations Reporting Collection Form screenshots, Residential, home care and transition care provider transparency - fact sheet, Greater transparency about aged care providers and services: upcoming reporting requirements webinar recording 30 June 2023, and Provider Operations Reporting Collection Form training video/s.

The **Guides and FAQs** tab contains links to various resources to help you complete the Form.

Resources include:

- Provider Operations Reporting – GPMS User Guide (this document)
- Provider Operations Reporting – Quick Reference Guide
- Provider Operations Reporting - Frequently Asked Questions (FAQs)
- Provider Operations Reporting - Privacy Statement
- GPMS - User Guide

The resources in this section will be updated.

5.3.1 Active Submissions

Active Submissions				
Case number	Period ending	Status ↓	Due date	
00046968	30 Jun 2024	New	31 Oct 2024	<button>Start</button> <button>Download</button>
Historical Submissions				
Case number	Period ending	Status ↓	Due date	
00003775	30 Jun 2023	Published	31 Oct 2023	<button>View</button> <button>Download</button>

This area displays all current submissions. Each Submission will have a:

- Case number
- Period ending
- Status
- Due date
- Actions (e.g. Start/ Resume/ View and Download)

For New submissions, select **Start** – this will take you to start the Form for your organisation for the reporting period.

Submissions

Case number ↓	Period ending	Status	Due date	
00010435	30 June 2026	New	31 Oct 2026	▼ Start Download
00009910	30 June 2025	Draft	15 Oct 2025	

Showing 1 - 2 of 2 items

←

1

→

10 ▼ items per page

If an Active submission is in Draft, you will be able to continue completing the Form by selecting **Resume**.

Submissions

Case number ↓	Period ending	Status	Due date	
00010435	30 June 2026	Draft	31 Oct 2026	▼ Resume Download
00009910	30 June 2025	Draft	15 Oct 2025	

Showing 1 - 2 of 2 items

←

1

→

10 ▼ items per page

5.3.2 Download

You can download a PDF copy of a specific period’s Form at any stage in the annual reporting cycle. The Form can be downloaded in Draft, Overdue or Submitted status under Submissions, or in Published status under Historical Submissions. Note, historical submissions can only be accessed from the GPMS – Provider portal.

From there you can save the downloaded Collection Form to your preferred folder or print a copy for your records.

Submissions

Case number ↑	Period ending	Status	Due date	
00009910	30 June 2025	Draft	15 Oct 2025	▼ Resume Download
00010435	30 June 2026	Draft	31 Oct 2026	

Showing 1 - 2 of 2 items

←

1

→

10 ▼ items per page

6 The Form

The following section explains how to enter data into the Form.

6.1 Privacy Statement

Whenever you enter the Form, you will be taken to a Privacy Statement.

Please read this statement carefully. If you accept the statement, select **Agree to continue**.

The screenshot shows a 'Privacy Statement' modal window overlaid on a 'Submissions' page. The modal contains the following text:

Finance and operations information is expected to be published on My Aged Care for all residential and support at home aged care

Privacy Statement

The Australian Government Department of Health, Disability, and Ageing (the Department) collects your personal information through this Provider Operations Collection Form to ensure transparency and accountability in the aged care sector and allow an older person to carefully consider whether a particular aged care provider is a good fit for them.

The Provider Operations Collection Form will be administered through the Government Provider Management System (GPMS), and the personal information necessary to set up a user account will be managed through the GPMS. For further information on the collection and use of your personal information for this purpose please see the [GPMS privacy notice](#).

The Department also collects the following details about you and your organisation as a registered provider:

- statements about compliance with the Aged Care Act 2024 (Cth) (Aged Care Act), including the name and position of a nominated member of the governing body
- information about the governing body of the registered provider, including information about the diversity of its membership
- the name, position, and contact details for a nominated member of the registered provider's committee of management
- information about feedback and complaints received by, and improvements made to, your service

Your personal information may be used and disclosed for the purposes of the Department's functions under the Aged Care Act.

The failure to provide information may breach the Aged Care Act and could lead to sanctions or enforcement action.

You can get more information about the way in which the Department will manage your personal information, including our [privacy policy here](#).

At the bottom of the modal, there are two buttons: 'Do not agree' and 'Agree'. The 'Agree' button is highlighted with a red rectangle.

This Privacy Statement will appear each time you enter the Submission section, and you will need to select **Agree** to progress with the Form.

If you select **Do not agree**, you will not be able to continue with the Form.

6.2 Before you start

After agreeing to the Privacy Statement, the Before you start page will display.

The screenshot shows the 'Before you start' page in the 'Government Provider Management System'. The page header includes the Australian Government logo and the system name. The main content area is titled 'Provider operations collection form' and displays the following information:

- Form ID: RP7_APO_DoNotUse
- Provider ID: PRV-100089
- Reporting Period: 1 July 2025 to 30 June 2026
- Status: Draft

On the left, there is a progress bar with the following steps:

- Before you start (Draft)
- Responsible persons (Completed)
- Governing body membership (Completed)
- Governing body statement (Completed)
- Diversity and inclusion - Provider (Completed)
- Diversity and inclusion - Service (Completed)
- Feedback complaints and improvements (Completed)
- Declaration and submission (Draft)

The main content area contains the following text:

Before you start

This form is to help you submit information about your operations to the Department of Health, Disability, and Ageing (the Department). The form must be submitted by 31 October 2026.

The Department is going to publish information from the completed form, along with other information held by the Department on the My Aged Care website through the "Find a provider" tool. You will have the opportunity to preview your data before it is published on My Aged Care. Please ensure the information submitted in the form is suitable for publication.

This information will give older people better access to information about providers' operations and improve accountability and transparency.

Information about completing this form

For user guides, FAQs and other resources to assist in completing this form, please go to the [Guides & FAQs](#) tab.

At the bottom right, there is a 'Next' button.

This page is the first page of the Form.

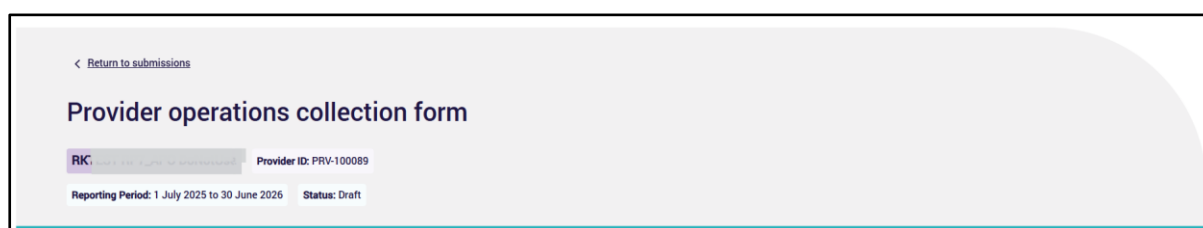
It provides you with introductory information to help you complete the Form.

This page also includes a link to the Guides and FAQs tab (which contain weblinks outside of the Form to GPMS-Registered Provider portal user guides, FAQs and other resources).

Please note:

- Be sure to save your progress in the Form when accessing these resources, as the links take you outside the Form.

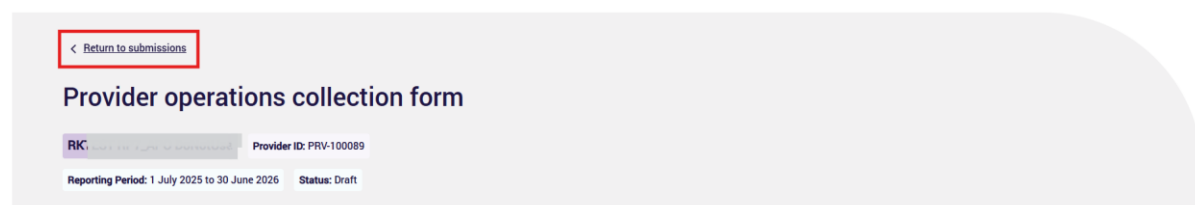
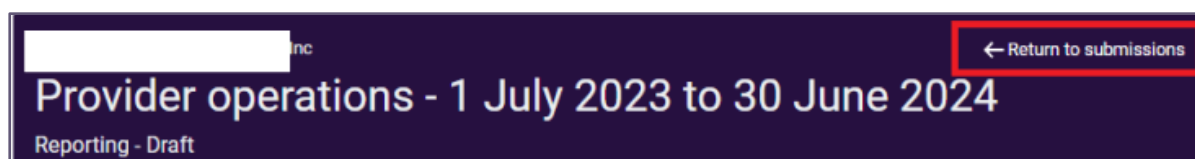
6.2.1 Collection Form banner



The banner that appears at the top of every page on the Form indicates:

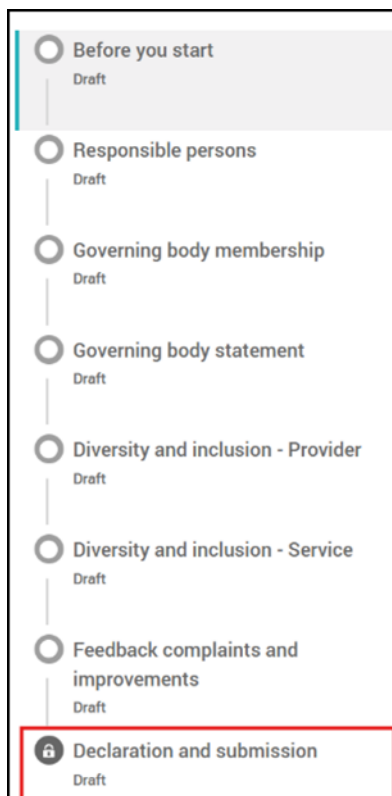
- the name of the aged care provider/ your organisation (top left)
- that you are in the **Provider Operations tile (GPMS application)**
- the **financial year reporting period**
- the status of your Collection Report (e.g. Draft/ Submitted/ Reissued).

At the top right of the banner you can return to the Submissions page (Active and Historical Submissions information).



6.2.2 Side-bar navigation

On the left hand side is the navigation bar for the Form. The navigation bar provides links to each part of the Form.



The navigation bar indicates your progress through the sections of the Form, from **Before you start** through to **Declaration and submission**.

You can move between sections in the navigation bar in any order, but you will not be able to submit your form (last step in **Declaration and submission**) until all sections are completed (indicated by green tick).

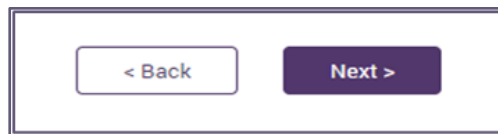
Status of pages in the navigation bar:

Icon	Meaning
	Section you are currently in 'Section currently in' shown as a blue bar and in greyed shade
 Draft In Progress	Section remains incomplete and needs completion
	Section is complete
	Section has errors and needs completion
 	Declaration and submission locked and greyed out until all sections are completed and have a green tick

6.2.3 Saving your data in the Collection Form

The **Next** and **Back** buttons and clicking on the **side-bar navigation** - will save the information entered providing there are no errors on the page.

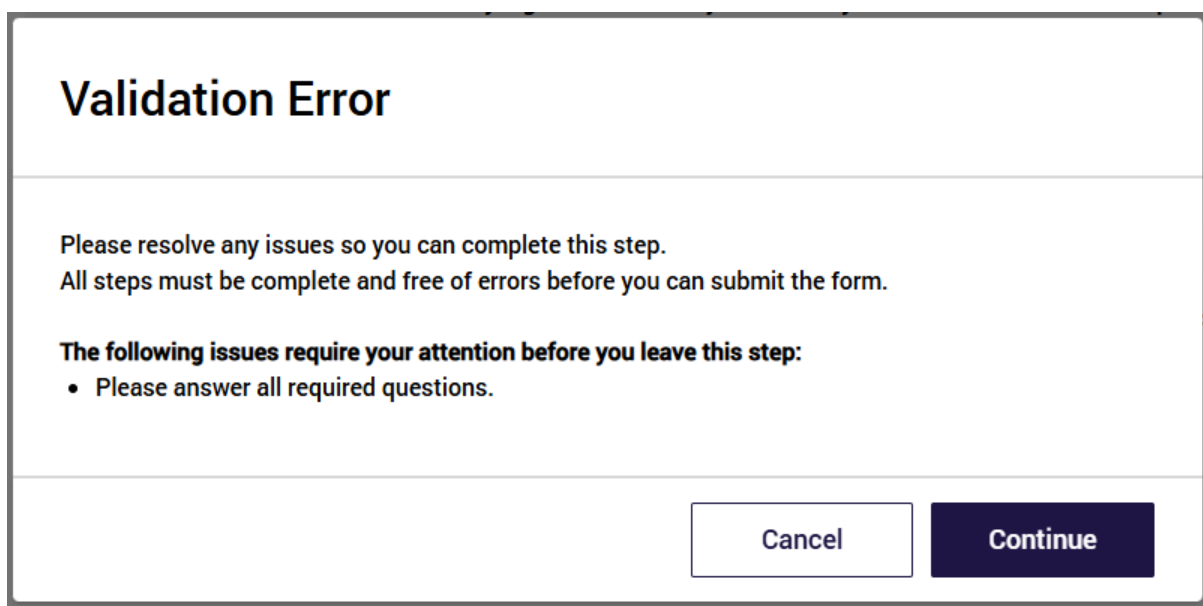
These are located at the bottom right-hand corner of each page.



A rectangular box containing two buttons. On the left is a light blue button with the text "< Back". On the right is a dark blue button with the text "Next >".



A rectangular box containing two buttons. On the left is a light blue button with the text "← Back". On the right is a dark blue button with the text "Next →".

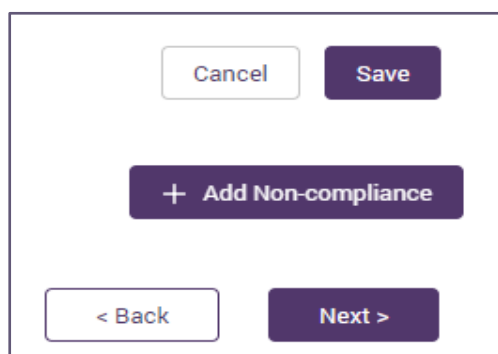


A dialog box titled "Validation Error". The text inside reads: "Please resolve any issues so you can complete this step. All steps must be complete and free of errors before you can submit the form." Below this, it says "The following issues require your attention before you leave this step:" followed by a bulleted list: "• Please answer all required questions." At the bottom right, there are two buttons: "Cancel" (light blue) and "Continue" (dark blue).

Please note:

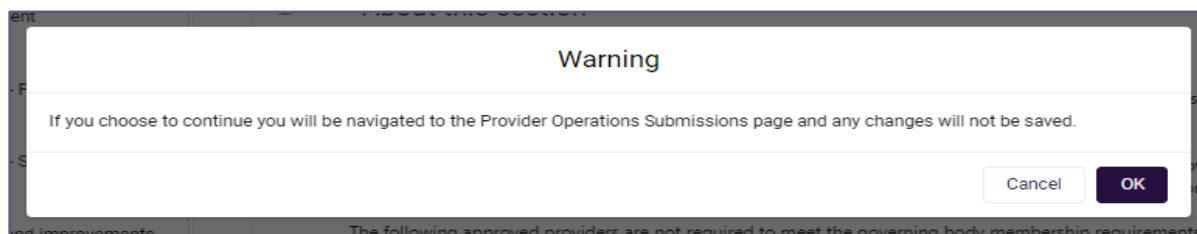
-
- Not all sections in the Form have a Save button. If there is no save button click on Back, Next or the navigation bar to save.
-

On the sections with a **Save** at the bottom right (above **Back** and **Next**) you should save your work regularly and when moving away from the page.

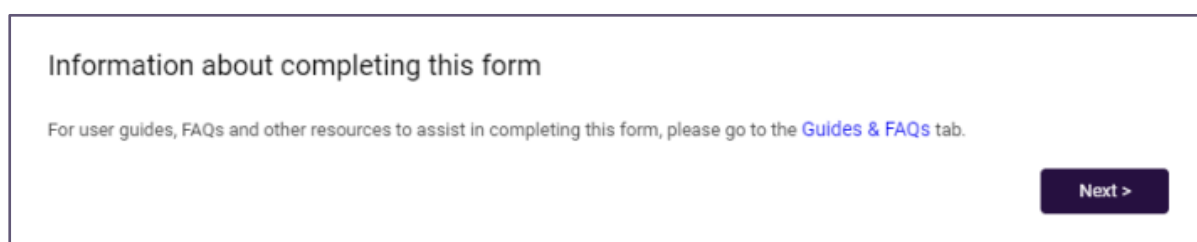


A rectangular box representing a form layout. At the top, there are two buttons: "Cancel" (light blue) and "Save" (dark blue). Below these is a dark blue button with a white plus sign and the text "Add Non-compliance". At the bottom, there are two buttons: "< Back" (light blue) and "Next >" (dark blue).

The return to submissions action does not support checking for any unsaved responses. Hence, it will not remind users to fix issues before leaving the Form.



6.2.4 Information about completing the Form



Before you start

This form is to help you submit information about your operations to the Department of Health, Disability, and Ageing (the Department). The form must be submitted by 31 October 2026.

The Department is going to publish information from the completed form, along with other information held by the Department on the My Aged Care website through the "Find a provider" tool. You will have the opportunity to preview your data before it is published on My Aged Care. Please ensure the information submitted in the form is suitable for publication.

This information will give older people better access to information about providers' operations and improve accountability and transparency.

Information about completing this form

For user guides, FAQs and other resources to assist in completing this form, [please go to the Guides & FAQs tab.](#)

[Next →](#)

If you need to access the **Guides and FAQs** while completing the Form, be sure to first save your data. Accessing the Guides and FAQs from within the Before you start section of the Form opens the resources in another browser window protecting the user from accidentally navigating away from the form and losing unsaved responses.

Alternatively, you can visit the Department's website to access [provider information and resources](#) to support you in completing the Form.

6.2.5 Reissuing the Collection Form

There are certain circumstances where a Form may be reissued, such as:

- You have submitted the Form and realised that you have provided a response that was not correct.
- You have submitted incorrect information for one or more sections of the Form.

- You have missed the deadline to report data and the form is locked and no longer able to be modified or submitted.
- A reissued form has reached the defined due date and is now overdue, it is locked, and you are no longer able to modify the Form.

In the rare event that you need to request that your Form be reissued after submitting, email the Department at ACFRQFRQueries@health.gov.au

When a Form is reissued, you will receive a notification in the GPMS portal, an email notification, and your submission will have the status of **Reissued** in the Submissions section of the Provider Operations Reporting submission page.

6.3 Responsible persons

This section is about providing the name and role of at least one (and up to three) responsible person at a senior executive level, who is responsible for executive decisions.

The screenshot displays the GPMS interface for the 'Provider operations - 1 July 2023 to 30 June 2024' reporting form. The form is in 'Draft' status. On the left, a 'Steps' sidebar lists the following steps: 'Before you start', 'Key personnel' (currently active), 'Governing body membership', 'Governing body statement', 'Diversity and inclusion - Provider', 'Diversity and inclusion - Service', 'Feedback, complaints and improvements', and 'Declaration and submission'. The main content area is titled 'Key personnel' and includes an 'About this section' box with the following instructions: 'Please provide the name of **at least one key personnel** within your organisation who is responsible for executive decisions. This person needs to be available to be contacted by care recipients and their representatives should they wish to escalate an issue concerning your organisation. You may enter up to a maximum of three person's names and roles. Each person should be a senior executive of the organisation, such as a Chief Executive Officer (CEO) or similar. You must have consent of the person to report their name and role. Their name and role will be published on the My Aged Care website.' Below this, a 'Privacy consent' section asks: '* Do you have the consent of the named person(s) to report their information in this data collection. This person(s) is aware that their name and role is being reported to the Department for the purpose of being published on My Aged Care website under each service of the provider.' with 'Yes' and 'No' radio button options. A note at the bottom right states: 'All fields marked with an asterisk (*) are required.'

To begin completing the responsible person data fields:

1. In response to the Privacy Consent question, select a **Yes** or **No** response.

Only select **Yes** if you have the consent of all the named person/s. If you selected **Yes** to the Privacy Consent question, you will be able to enter the name and role of the executive.

You must select **No** if you have not yet obtained the person's consent or they have not provided you with consent

You will be able to continue with the rest of the Form in the meantime. (You can move between sections in the Form).

Should you need to come back later and add consent details and agreement, select **Yes**, and enter the name and role of the nominated person.

Please note:

- You will be able to submit the Form even if you select **No** (to the Privacy consent question) and do not enter the name of a responsible person
- If you submit the Form with **No** selected (to the Privacy consent), no senior executive's name will be displayed on the My Aged Care website for your provider.
- Each responsible person must be added separately and saved separately. Up to 3 responsible persons can be saved.

Responsible persons

You must have consent of the person to report their name and role. Provide **at least one Responsible person within your organisation**. Their name and role will be published on the My Aged Care website.

+ Add responsible person

Responsible persons

You must have consent of the person to report their name and role. Provide **at least one Responsible person within your organisation**. Their name and role will be published on the My Aged Care website.

▼ 1 Responsible person

* Executive Name

Maximum 50 characters

* Role

Select an Option

Save

Cancel

+ Add responsible person

Responsible persons

You must have consent of the person to report their name and role. Provide **at least one Responsible person within your organisation**. Their name and role will be published on the My Aged Care website.

▼ 1 Responsible person

* Executive Name

⊘ Maximum 50 characters

A response is required.

* Role

Select an Option

Chief Executive Officer

Deputy Chief Executive Officer

Board Member

Chief Financial Officer

Chief Operating Officer

President

Secretary

Treasurer

Other

2. Complete up to three executives' names and roles. You do not need to enter all three names and roles.

- Executive name: Enter first and last name of executive . Please do not use nicknames, previous names or initials. Complete the name in the free text space provided in the form.
- Role: Select from the options provided.to enter the person's role in the organisation (for example: CEO or similar. They should be a senior executive of the organisation). You can select **Other** is none of the options

shown are suitable. Selecting **Other** will enable you to enter a free text response.

3. Select **Next** to continue (noting you may also select **Back** to go back to update or edit the previous section).

Each individual Responsible person must be saved separately. Use the Add responsible person to open entry for another one. Up to three responsible persons can be saved.

Both **Next** and **Back** icons (and accessing the left **Navigation Bar**) will **save the information** that you have entered, provided there are no errors on the page.

Before you start
Completed

Responsible persons
Completed

Governing body membership
Completed

Governing body statement
In Progress

Diversity and inclusion - Provider
In Progress

Diversity and inclusion - Service
In Progress

Feedback complaints and improvements
In Progress

Declaration and submission
Draft

Responsible persons

About this section

Fields marked with an * are mandatory

* Privacy consent

Do you have the consent of the named person(s) to report their information in this data collection and are they aware that their name and role is being reported to the Department for the purpose of being published on My Aged Care website under each service of the provider?

☒ Yes ☐ No

Responsible persons

You must have consent of the person to report their name and role. Provide at least one Responsible person within your organisation. Their name and role will be published on the My Aged Care website.

+ Add responsible person

Back Next

3 Responsible person

Executive Name	Barney Rubble
Role	Board Member

Edit Delete

You can add up to 3 responsible persons.

Each responsible person is numbered, each have Save and Cancel actions available before saving, and each have Edit and Delete actions available once saved. If one responsible person is deleted, then the remaining ones have their numbering corrected automatically

6.4 Governing Body Membership

This section is about the two governing body membership requirements (majority of independent non-executive members and at least one member with experience in providing clinical care).

It seeks information about whether your organisation meets these requirements, as well as some addition information, which may mean your your organisation is exempt from meeting the requirements.

All providers (except state, territory or local government authority providers) are required to complete all questions in this section of the Form, even if the governing body requirements do not apply to them. (State, territory or local government authority providers will be directed to the next part of the Form.)

Answer all questions in this section **honestly and accurately** and as it applies to your organisation at 30 June at the end of the reporting report (not at a possible future point in time).

We need to know where your organisation is currently at with this requirement.

6.5 Governing Body Membership data fields

1. To complete the this section of the Form, select Yes or No to each question.

If you select Yes to the first question “Is your organisation a state and territory, a state or territory authority, or a local government authority?”, you will be directed to the next section. Select Next to continue to the next page.

The screenshot shows a web-based form titled "Governing body membership". On the left is a vertical navigation menu with seven items: "Before you start" (Completed), "Responsible persons" (Completed), "Governing body membership" (In Progress), "Governing body statement" (Draft), "Diversity and inclusion - Provider" (Draft), "Diversity and inclusion - Service" (Draft), and "Feedback complaints and improvements" (Draft). The main content area has a heading "Governing body membership" and a sub-heading "About this section". The text explains that certain providers must have a majority of independent non-executive members and at least one member with experience in providing clinical care. It lists providers not required to meet these requirements: government entities, local government authorities, providers with fewer than 5 members or fewer than 40 individuals, approved Aboriginal Community Controlled Organisations (ACCOs), and registered co-operatives. A note states that providers unable to meet requirements can apply to the Aged Care Quality and Safety Commission. A mandatory question asks: "Is your organisation a state and territory, a state or territory authority, or a local government authority?". Below the question are "Yes" and "No" buttons, with the "Yes" button highlighted by a red box. At the bottom right are "Back" and "Next" buttons.

If you select No to the first question “Is your organisation a state and territory, a state or territory authority, or a local government authority?”, you will be directed to further questions in this section. Answer Yes or No as appropriate.

Fields marked with an * are mandatory

* Is your organisation a state and territory, a state or territory authority, or a local government authority?

Yes No

* Does your governing body have a majority of independent non-executive members?

Yes No

* Does your governing body include a person with clinical experience?

Yes No

* Does your organisation have fewer than 5 governing body members and less than 40 care recipients?

Yes No

* Is your organisation an Aboriginal Community Controlled Organisation?

Yes No

* Has a determination been made by Aged Care Quality and Safety Commission that the responsibility to have majority of independent non-executive members does not apply to your organisation?

Yes No

* Has a determination been made by Aged Care Quality and Safety Commission that the responsibility to have a person with clinical experience on your governing body does not apply to your organisation?

Yes No

← Back Next →

2. Select Next to continue to the next page. This will save your data.

Select **Back** to go back to update or edit the previous page.

Select the **navigation bar** to go to any page of the Form.

Both **Next** and **Back** icons (and accessing the left **navigation bar**) will **save the information** that you have entered provided there are no errors on the page.

6.6 Governing Body Statement

This section is about the completion of a signed Governing Body Statement which allows providers' governing bodies to demonstrate their understanding of, and accountability for, issues affecting the quality of care of aged care recipients.

The Governing Body Statement requires the governing body to provide details of any responsibility under Section 166-705 of the Aged Care Rules 2025, requires providers that deliver nursing and transition care services or residential care services to submit a statement about the provider's compliance with its conditions, obligations and requirements (responsibilities) under the *Aged Care Act 2024*.

This is beyond non-compliance identified by the Aged Care Quality and Safety Commission. This information is collected at the provider level.

Please read the instructions carefully, in particular: 6.5.1 Completing the Governing Body Statement.

Governing body statement

About this section

About the Governing Body Statement

Section 166-705 of the Aged Care Rules 2025, requires providers that deliver nursing and transition care services or residential care services to submit a statement about the provider's compliance with its conditions, obligations and requirements (responsibilities) under the Aged Care Act 2024.

The report does not capture non-compliance relating to any other category of aged care services that the provider may deliver.

The Governing Body Statement (the Statement) is intended to support the governing body to examine the provider's compliance with its responsibilities.

A provider's demonstrated and transparent commitment to identifying and addressing compliance matters can give confidence to care recipients about the provider's commitment to quality and safety.

Information from the Statement will be published. The publication of this information aims to increase provider transparency and accountability and help drive continuous improvement across the sector.

How to complete the Statement

The Statement is for the period 1 July 2025 - 30 June 2026.

This Statement is to report compliance matters identified by the provider that include and go beyond those identified by the Aged Care Quality and Safety Commission.

With the exception of the governing body member's details, no personal information is to be included in the Statement.

The Statement **MUST** be accompanied by a Declaration signed by a member of the provider's governing body on behalf of all members of the governing body. This can be done by either:

- downloading the Declaration for the governing body member to sign. The signed Declaration is to be uploaded to the Provider Operations Collection Form for submission through GPMS.
- requesting an electronic signature from the governing body member through DocuSign. DocuSign will automatically upload the signed Declaration to the Provider Operations Collection Form.

Please see the guidance material for further details about using these options.

All parts in this initial section of the Statement need to be completed by all residential care and home care providers.

Fields marked with an * are mandatory

* Name of governing body member making the Statement

* Role / Position / Designation of member

* Does the governing body believe the provider has complied / has failed to comply with all of its responsibilities under the Aged Care Act 2024 in relation to all its responsibilities as a provider of nursing and transition care services or residential care services?

☒ Has complied ☐ Has failed to comply

← Back Next →

6.6.1 Completing the Governing Body Statement

To complete the Governing Body Statement:

1. Provide the full name of governing body member making the statement.
2. Enter the role, position, or designation of the governing body member who is making the statement and will sign the declaration. (Please check that this member will be available to sign the statement).
3. Select Has complied or Has failed to comply.

Statement

All fields marked with an asterix (*) are required.

* Name of governing body member making the Statement

* Role / Position / Designation of member

* Does the governing body believe the approved provider has complied / has failed to comply with all of its responsibilities under the Aged Care Act 1997 and the requirements under the Aged Care Quality and Safety Commission Act 2018?

Has complied

Has failed to comply

Fields marked with an * are mandatory

* Name of governing body member making the Statement

* Role / Position / Designation of member

* Does the governing body believe the provider has complied / has failed to comply with all of its responsibilities under the Aged Care Act 2024 in relation to all its responsibilities as a provider of nursing and transition care services or residential care services?

☒ Has complied

☐ Has failed to comply

← Back

Next →

Please note:

- This Statement captures non-compliances beyond those identified by the Aged Care Quality and Safety Commission.
- It covers any non-compliance with the provider's responsibilities under the Section 166-705 of the Aged Care Rules 2025, requires providers that deliver nursing and transition care services or residential care services to submit a statement about the provider's compliance with its conditions, obligations and requirements (responsibilities) under the Aged Care Act 2024.

If you select Has complied, a pop up message will ask if you want the Governing Body Statement to be signed electronically? Respond Yes or No:

* Do you want to send the Governing body statement to be signed electronically?

Yes

No

< Back

Next >

* Do you want to send the Governing body statement to be signed electronically?

Yes

No

Signed statement(s)

Once the statement has been electronically signed by the governing body member, the file will be available for preview.

- If Yes, follow the electronic e-Signature process ([see 6.5.2 below](#)).
- If No, follow instructions for downloading the Declaration to allow the governing body member to sign a hard copy of the Declaration. The signed Statement will then need to be scanned and uploaded to the Form ([see 6.5.3 below](#)).

If you select Has failed to comply, go to the Non-Compliance section within this User Guide ([section 6.5.4](#)).

4. Select **Next** to continue.

6.6.2 Signing the Governing Body Statement

The Governing Body Statement **MUST** be accompanied by a Declaration signed by a member of the provider's Governing Body on behalf of all members of the Governing Body.

The Statement **MUST** be accompanied by a Declaration signed by a member of the provider's governing body on behalf of all members of the governing body. This can be done by either:

- downloading the Declaration for the governing body member to sign. The signed Declaration is to be uploaded to the Provider Operations Collection Form for submission through GPMS.
- requesting an electronic signature from the governing body member through DocuSign. DocuSign will automatically upload the signed Declaration to the Provider Operations Collection Form.

The Declaration can be signed either by – Electronic signature through DocuSign or by signing a hard copy of the Declaration.

6.6.3 Electronic e-Signature (DocuSign)

This option allows providers to request an electronic signature from a Governing Body Member through DocuSign. Send Document for e-Signature.

1. Ensure you have selected the Yes option for the Governing Body Statement to be signed electronically.

Instructions appear when you choose to sign electronically. Proceed to click or press Send for e-signature.

*** Do you want to send the Governing body statement to be signed electronically?**

Yes

No

Send Document for e-Signature

A member of the governing body is required to electronically sign the statement on behalf of all members of the governing body.

Before you select Send for e-Signature, please ensure the person nominated is available to sign the document.

Send for e-signature ➤

2. In the pop up window enter the email address of the Governing Body Member who will be electronically signing the Statement.

Send Document for e-Signature

A member of the governing body is required to electronically sign the statement on behalf of all members of the governing body.

Before you select Send for e-Signature, please ensure the person nominated is available to sign the document.

*** Email address of the governing body member electronically signing the Governing Body Statement**

username@example.com

A response is required

Send for e-Signature

In the popup modal, enter both the email address and the mobile number of the governing body member who will be electronically signing the Statement.

Please note:

- Please check the Governing Body Member selected to electronically sign the Declaration is available before assigning the document to the member.
- Having to cancel an e-Signature request ACFRQFRQueries@health.gov.au will involve a delay in completing your Form.

3. Then press Send for e-Signature.

Send Document for e-Signature

A member of the governing body is required to electronically sign the statement on behalf of all members of the governing body.

Before you select Send for e-Signature, please ensure the person nominated is available to sign the document.

*** Email address of the governing body member electronically signing the Governing Body Statement**

username@example.com

Send for e-Signature

Send document for e-Signature

Fields marked with an * are mandatory

* Email address of the governing body member electronically signing the Governing Body Statement

e.g., name@example.com

* Mobile number of the governing body member electronically signing the Governing Body Statement

e.g., 0412345678

Enter a 10-digit Australian mobile number starting with 04 (e.g., 0412345678). No spaces or symbols.

Cancel

Send for e-Signature

A green banner will then display at the top of the screen confirming the request and been successfully sent.

✓ E-sign request sent



The request to electronically sign the Governing Body Statement has been generated and sent to the email address entered. The form will be completed once a signed document is uploaded if the remainder of the page is completed.

Edit form

This form has already been completed. Updating it will require resubmitting a declaration to the governing body for electronic or manual signing. Continue only if you wish to make changes.

Cancel

Continue

i Document for e-Signature currently in progress

You cannot make changes to this governing body statement form while an e-signature request is in progress. Once it has completed, editing will be available again.

Alternatively, the e-sign request must be cancelled before the form can be changed or 'No' can be selected to manually sign the governing body statement. Please contact ACFRQFRQueries@health.gov.au to cancel the request.

1. Keep a look out for new notifications in GPMS (red light on the bell icon, at the top right of the page, next to your user name):
 - You will be notified of a Fail/ Rejected/ Expired e-Signature request.

- You will be notified of the e-Signature success.

Once the statement has been electronically signed by the Governing Body Member, the file will be available for preview in the Signed statement section below:

i This governing body statement form has already been completed and signed. Any further changes requires a new signed GBS declaration. To make edits, please select the Edit button to make editing available again.

Edit

Name of governing body member making the Statement	John Hancock
Role / Position / Designation of member	CEO
Does the governing body believe the provider has complied / has failed to comply with all of its responsibilities under the Aged Care Act 2024 in relation to all its responsibilities as a provider of nursing and transition care services or residential care services?	Has complied
Do you want to send the Governing body statement to be signed electronically?	Yes

Signed statement(s)

GBS Declaration_2026-04-24 15:54:08 - Signed.pdf
Uploaded 24/04/2026, 04:10 pm
0.7MB

Cancelling a request for e-Signature

If you need to cancel the e-Signature request for any reason (e.g. change to manual download option or change the email address to request another e-Signature) you will first need to cancel the e-Signature request.

If you need to cancel the e-Signature request please email ACFRQFRQueries@health.gov.au

Once the e-Signature process has been cancelled, you can refollow the steps above to send another document for electronic e-Signature (e.g. with a new or correct email address) OR select the download process to sign the Governing Body Statement (download, print, scan and upload).

i **Document for e-Signature currently in progress**

You cannot make changes to this governing body statement form while an e-signature request is in progress. Once it has completed, editing will be available again.

Alternatively, the e-sign request must be cancelled before the form can be changed or 'No' can be selected to manually sign the governing body statement. Please contact ACFRQFRQueries@health.gov.au to cancel the request.

The form reverts to view only mode after a signature has been received to protect it from accidental changes. If any changes are made, a new signed GBS declaration must be provided. To intentionally make further changes to the GBS form, click the Edit button, which will revert the form back to entry mode.

i This governing body statement form has already been completed and signed. Any further changes requires a new signed GBS declaration. To make edits, please select the Edit button to make editing available again.

Edit

6.6.4 Hard copy signature

This is the other option for signing the Governing Body Statement.

1. Once all compliance information has been entered into the Form, select Download Statement for signing.

Download statement for signing

Download and print the statement. A member of the governing body is required to sign the statement on behalf of all members of the governing body.

Download Statement

Upload signed statement

Once the statement has been signed by the governing body member, either drag and drop the file into the box (as indicated) or click the 'Upload Files' button, locate the file from the stored location and select the file and click upload.

File Management (0)

Search

Upload Files Or drop files

Title	Owner	Created Date	Size	Status
-------	-------	--------------	------	--------

< Back

Next >

* Do you want to send the Governing body statement to be signed electronically?

Yes

No

Download statement for signing

Download and print the statement. A member of the governing body is required to sign the statement on behalf of all members of the governing body.

Download Statement

Upload signed statement

Once the statement has been signed by the governing body member, either drag and drop the file into the box (as indicated) or click the 'Upload Files' button, locate the file from the stored location and select the file and click upload.

Upload Files

Or drop files

2. Once the printed Statement has been signed by the Governing Body Member, scan the document and save it to a folder on your computer where you can locate it.

3. Ensure you name and date the document so you can easily locate it, for example, 'FY2023/24 Governing body statement signed statement', to differentiate from a previously downloaded document (and from other financial years' documents).
4. Upload the latest document to GPMS using one of the two following methods:
 - a) In the Form, select the **Upload File** button.
 - b) When the file window appears locate the signed Statement saved on your computer and upload the document; OR
 - c) Drag and drop the file into the box provided in the Form.

Upload signed statement

Once the statement has been signed by the governing body member, either drag and drop the file into the box (as indicated) or click the 'Upload Files' button, locate the file from the stored location and select the file and click upload.

Upload Files

Or drop files

Make sure to upload the correct file from your folders.

Please ensure only PDF files of less than 30 megabytes in size are uploaded, or else the upload will fail.

Please note:

-
- For the downloading, signing, scanning and uploading option:
 - When you upload your document, it will be scanned for viruses.
 - This process may take up to 48 hours (two days). Please do not leave your submission to the last day for this reason (e.g. last few days of October).
 - Your document will not be successfully uploaded until this virus scan has confirmed the uploaded document does not contain a virus.
 - If a virus is detected, the document will not be uploaded and will be deleted – you will not be notified if this occurs.
-

5. Please continue to check that your document has been successfully uploaded.

Once the document has been successfully uploaded, you will see a new notification (red light on the bell icon) indicating your scanned document has been successfully uploaded to the system.

[Home](#)
[Switch provider](#)

User17744147628976...

Notifications

[Mark all as read](#)

Virus Scan Result Notification
[The file GBSDeclaration - Latest_25032026 has been uploaded.](#)
[a few seconds ago](#) ●

You will also now see it listed in the Uploaded document section.

6. Select Next to save and continue.

Do you want to send the Governing body statement to be signed electronically?
No

Signed statement(s)

GBS Declaration_2026-04-24 15:54:08 - Signed.pdf
Uploaded 24/04/2026, 04:10 pm
0.7MB

Do you want to send the Governing body statement to be signed electronically?
No

Signed statement(s)

GBS Declaration_2026-04-24 15:54:08 - Signed.pdf
Uploaded 24/04/2026, 04:10 pm
0.7MB

Open preview

This governing body statement form has already been completed and signed. Any further changes requires a new signed GBS declaration. To make edits, please select the Edit button to make editing available again.

Edit

Please note:

- You can only select ONE option of signing the Governing Body Statement (electronic e-Signature OR downloaded/ uploaded hard copy signed Statement) - follow the required steps to complete the signing.
- Whether the Governing Body Statement is signed electronically or by hard copy, the person signing must be a member of the governing body and must sign the Statement on behalf of all Governing Body Members.

6.7 Non-compliance

If the governing body member selected **Has failed to comply** when completing the Governing Body Statement, you will be required to submit details of all non-compliance/s to the Department here in the Form.

* Does the governing body believe the provider has complied / has failed to comply with all of its responsibilities under the Aged Care Act 2024 in relation to all its responsibilities as a provider of nursing and transition care services or residential care services?

☐ Has complied

☒ Has failed to comply

Non-compliance

+ Add a Non-compliance

Add at least one non-compliance entry.

Non-compliance details required include:

- Non-compliance (type)
- Detail of non-compliance
- Services involved
- Cessation of non-compliance
- Reasons for non-compliance
- Actions taken to rectify non-compliance.

For each non-compliance selected, complete all fields for that non-compliance and save that entry, before entering details for another non-compliance.

You can enter multiple non-compliances.

You can link each non-compliance to one or more services, by selecting the **Add Service** button then choosing the checkbox next to the service/s.

Each entry will have the above series of questions to be completed (up to a maximum of 30 separate non-compliance entries). You are encouraged to group similar non-compliances together when reporting.

Please note:

-
- Please do not include any personal or private information about any individual in your responses.
 - The responses will be published on the My Aged Care website exactly as you have submitted them.
-

Non-compliance

Non-compliance details

* As a provider of nursing and transition care services or residential care, what type of responsibility does the governing body believe the provider has failed to comply with?

Select an Option

* Please specify each responsibility the governing body believes the provider has failed to comply with during the period 1 July 2025 - 30 June 2026

Maximum 200 characters

Associate service(s)

0 0 services added

If this non-compliance relates to a specific service(s) of a nursing and transition care services or residential care service, please select the service(s)

+ Add a service

* Did the non-compliance cease during the period 1 July 2025 - 30 June 2026?

Yes

No

* Select one or more reasons why the provider has failed to comply with the responsibility

☐ Issues related to having a culture of inclusion and respect for an older person

☐ Issues related to supporting an older person to exercise choice and independence

☐ Issues related to respecting the privacy of an older person

☐ Issues related to initial and ongoing assessment and planning for care and services in partnership with the older person

☐ Issues related to the delivery of safe and effective personal care, clinical care, or both personal and clinical care

☐ Issues related to the provision of safe and effective services and supports for daily living

☐ Issues related to the provision of a safe and comfortable service environment

☐ Issues related to seeking regular input the older person, carers, the workforce and others and using the input and feedback to inform continuous improvements

☐ Issues related to having a workforce that is sufficient and is skilled and qualified to provide safe, respectful and quality care and services

☐ Issues related to accountability of the governing body for the delivery of safe and quality care and services

☐ Other, please specify

* What actions have been taken to rectify the non-compliance?

Maximum 200 characters

Cancel

Save

+ Add a Non-compliance

Add at least one non-compliance entry.

To complete the non-compliance section:

1. Select non-compliance items (types of responsibilities) from the dropdown menu of options that best applies for your provider organisation.

Non-compliance

Non-compliance details

* As a provider of nursing and transition care services or residential care, what type of responsibility does the governing body believe the provider has failed to comply with?

Select an Option

Aged Care Quality Standards

Aged Care Code of Conduct

Statement of Rights

Fees and payments

Incident management

Management of refundable deposits, accommodation, bonds and entry contributions

Notification of changes to responsible persons

Notification of material changes

Prudential Standards

Reporting requirements

* As a provider of nursing and transition care services or residential care, what type of responsibility does the governing body believe the provider has failed to comply with?

Other

* If other, please specify the type of responsibility

Maximum 100 characters

Select **Other** if a type of non-compliance is not listed in the drop down menu of options for your organisation, and complete the free text area for other types.

Please note:

- Do NOT include any personal information in this free text area due to privacy reasons.
- There is a 100 character limit on text entry, should you select Other.

For further information on this question (for example: explanations of the terms) please refer to the 'Frequently Asked Questions' document in the **Guides and FAQs** section.

Select the option/s that best fit your organisation.

Please note:

- Remember to save your responses after completing each non-compliance, as you progress through this section.

If a non-compliance relates to multiple types of non-compliance (e.g. the Aged Care Quality Standards *and* the Charter of User Rights), only list the non-compliance **once**, choosing the type that is most relevant to the circumstances.

1. For each non-compliance type selected from the drop-down menu below, you will need to enter your response in **free text**.

* Please specify each responsibility the governing body believes the provider has failed to comply with during the period 1 July 2025 - 30 June 2026 ?

Maximum 200 characters

* Please specify each responsibility the governing body believes the provider has failed to comply with during the period 1 July 2025 - 30 June 2026 ?

Maximum 200 characters

Associate service(s) 0 services added

If this non-compliance relates to a specific service(s) of a nursing and transition care services or residential care

[+ Add a service](#)

* Did the non-compliance cease during the period 1 July 2025 - 30 June 2026?

Yes No

* Select one or more reasons why the provider has failed to comply with the responsibility

☐ Issues related to having a culture of inclusion and respect for an older person

Personal information is not to be included in the responses. Personal information is information or an opinion about an identified individual, or an individual who is reasonably identifiable. Information is identifiable if the relevant person can be identified and includes but is not limited to a name, email or phone number. In considering whether a person is reasonably identifiable from any information you are providing, you must consider whether they may be identified by a person holding additional information not necessarily disclosed in your response. For instance, whether they may be identifiable to a third party who has some existing familiarity with the relevant person.

Personal information is not to be included in the responses. Personal information is information or an opinion about an identified individual, or an individual who is reasonably identifiable. Information is identifiable if the relevant person can be identified and includes but is not limited to a name, email or phone number. In considering whether a person is reasonably identifiable from any information you are providing, you must consider whether they may be identified by a person holding additional information not necessarily disclosed in your response. For instance, whether they may be identifiable to a third party who has some existing familiarity with the relevant person.

The information entered into the free text area must relate directly to the type of non-compliance selected.

Refer to the above question about type of non-compliance selected to assist you in determining the detail required for your response. Complete to the best of your ability and accuracy.

Please note:

- There is a 200 character limit on text entry in the free text area space.
- Do NOT include any personal information in this free text area due to privacy reasons.

2. For each non-compliance type, if the non-compliance relates to a service, you will need to select one or more of the provider's services.

To do this, select **Add a service** and select from the services listed for your organisation (check service name and service ID).

If this non-compliance relates to a specific service(s), please select the service(s)?

Add service

Associate service(s) 0 services added

If this non-compliance relates to a specific service(s) of a nursing and transition care services or residential care service, please select the services(s)

+ Add a service

Only select your organisation's services that were non-compliant with the specific requirement during the reporting period.

Add service of nursing and transition care services or residential care

[Clear](#)

☐ ID ↑	Service Name
☐ SRV-████	████████████████████
☐ SRV-████	████████████████████
☐ SRV-████	████████████████████
☐ SRV-████	████████████████████

More than 1 service can be associated. Add only selected services that have failed to comply with the non-compliance.

Associate service(s) 2 services added

If this non-compliance relates to a specific service(s) of a nursing and transition care services or residential care service, please select the services(s)

SRV- X

SRV- X

[+ Add a service](#)

Associating services is not mandatory.

In some cases the non-compliance may only relate to the provider (for example: governing body requirements).

In that situation, do not select any services as being non-compliant with that responsibility or requirement.

Complete the cessation of non-compliance question by selecting:

- Yes if the non-compliance ceased or ended during the reporting period; or
- No as best applies to your organisation.

* Did the non-compliance cease during the period 1 July 2025 - 30 June 2026?

Yes

No

3. Select the reason/s for failing to comply with a responsibility or requirement from a list of options. The list of reasons aligns with expectations set out in the Aged Care Quality Standards.

Select Other if a reason for non-compliance is not listed here for your organisation and complete the free text area for other reasons.

* Select one or more reasons why the provider has failed to comply with the responsibility

☐ Issues related to having a culture of inclusion and respect for an older person

☐ Issues related to supporting an older person to exercise choice and independence

☐ Issues related to respecting the privacy of an older person

☐ Issues related to initial and ongoing assessment and planning for care and services in partnership with the older person

☐ Issues related to the delivery of safe and effective personal care, clinical care, or both personal and clinical care

☐ Issues related to the provision of safe and effective services and supports for daily living

☐ Issues related to the provision of a safe and comfortable service environment

☐ Issues related to seeking regular input the older person, carers, the workforce and others and using the input and feedback to inform continuous improvements

☐ Issues related to having a workforce that is sufficient and is skilled and qualified to provide safe, respectful and quality care and services

☐ Issues related to accountability of the governing body for the delivery of safe and quality care and services

☒ Other, please specify

* If other, reasons why the approved provider has failed to comply with the responsibility or requirement i

Maximum 100 characters

Please note:

- The information provided will be published on the My Aged Care website. Do NOT include any personal information in this free text area due to privacy reasons.
- There is a 100 character limit on text entry, should you select Other.

Providers are required to report the **reason why** the governing body believes the registered provider has failed to comply with a responsibility or requirement.

Non-compliances are often related to multiple reasons. Select as many reasons that apply for each non-compliance.

For supporting information on this question (for example: explanations of the terms), please refer to the 'Frequently Asked Questions' document in the **Guides and FAQs section**.

We have endeavoured to seek a wide range of possible reasons for non-compliance for providers.

4. For the non-compliance, outline the actions that have been taken to rectify the non-compliance in the field displayed below.

* What actions have been taken to rectify the non-compliance?

Maximum 300 characters

Please note:

- The information provided will be published on the My Aged Care website.
- Do NOT include any personal information in this free text area due to privacy reasons.
- There is a 300 character limit on text entry in the free text area.

5. To select another type of non-compliance, select Add a Non-compliance - select from the drop down menu of options (of non-compliance types).

CancelSave

+ Add Non-compliance

< BackNext >

You will need to enter all the required information for each non-compliance and then Save, before adding another non-compliance.

After you complete and save an entry for all questions related to a specific non-compliance, you can later edit the entry, or delete the non-compliance entry, if you need to do so.

Remember to Save your responses after entering the reasons for each non-compliance type, as you progress through this section.

Select Next to continue to the next section.

6.8 Important to note

The compliance data submitted in the Governing Body Statement is published on the My Aged Care website for your organisation under the *Find a provider* tool. Care recipients may use this data to make judgements about how informed the governing body is about the provider's performance.

This Governing Body Statement **MUST NOT** be changed after the Governing Body Member has -signed and submitted their declaration.

After receiving a signed declaration, either via manual upload or via electronic signature, the GBS form remains in read-only mode to prevent accidental changes. The provider user CAN intentionally edit the GBS form to change non-compliance details, however that results in requiring attaining a new signed declaration for the GBS form to be considered completed.

Electronic signing process

Non-compliance details

* As a provider of nursing and transition care services or residential care, what type of responsibility does the governing body believe the provider has failed to comply with?

Statement of Rights

* Please specify each responsibility the governing body believes the provider has failed to comply with during the period 1 July 2025 - 30 June 2026

The registered provider failed to establish a complaints resolution mechanism for the aged care service as per s56-4 of the Aged Care Act.

Associate service(s) 0 services added

If this non-compliance relates to a specific service(s) of a nursing and transition care services or residential care service, please select the services(s)

+ Add a service

* Did the non-compliance cease during the period 1 July 2025 - 30 June 2026?

Yes

No

* Select one or more reasons why the provider has failed to comply with the responsibility

☐ Issues related to having a culture of inclusion and respect for an older person

☐ Issues related to supporting an older person to exercise choice and independence

☐ Issues related to respecting the privacy of an older person

☐ Issues related to initial and ongoing assessment and planning for care and services in partnership with the older person

☐ Issues related to the delivery of safe and effective personal care, clinical care, or both personal and clinical care

☐ Issues related to the provision of safe and effective services and supports for daily living

☐ Issues related to the provision of a safe and comfortable service environment

☐ Issues related to seeking regular input the older person, carers, the workforce and others and using the input and feedback to inform continuous improvements

☐ Issues related to having a workforce that is sufficient and is skilled and qualified to provide safe, respectful and quality care and services

☐ Issues related to accountability of the governing body for the delivery of safe and quality care and services

☒ Other, please specify

* If other, reasons why the approved provider has failed to comply with the responsibility or requirement

The provider did not have processes in place to ensure that a person could make a complaint.

* What actions have been taken to rectify the non-compliance?

The provider will establish a complaints mechanism and use this mechanism to address any complaints made.

Cancel

Save

+ Add a Non-compliance

You can add more non-compliance entries if required.

Once the non-compliance entry is saved, it is shown in view mode.

▼ 2 Statement of Rights

As a provider of nursing and transition care services or residential care, what type of responsibility does the governing body believe the provider has failed to comply with?	Statement of Rights
Please specify each responsibility the governing body believes the provider has failed to comply with during the period 1 July 2025 - 30 June 2026	The registered provider failed to establish a complaints resolution mechanism for the aged care service as per s56-4 of the Aged Care Act.
If this non-compliance relates to a specific service(s) of a nursing and transition care services or residential care service, please select the services(s)	
Did the non-compliance cease during the period 1 July 2025 - 30 June 2026?	No
Select one or more reasons why the provider has failed to comply with the responsibility	Other, please specify The provider did not have processes in place to ensure that a person could make a complaint.
What actions have been taken to rectify the non-compliance?	The provider will establish a complaints mechanism and use this mechanism to address any complaints made.

+ Add a Non-compliance

Edit

Delete

You can add more non-compliance entries if required.

6.9 Diversity and Inclusion - Provider

This section is about the diversity of your organisation’s governing body.

Inc

← Return to submissions

Provider operations - 1 July 2023 to 30 June 2024

Reporting - Draft

Diversity and inclusion - Provider

About this section

This question is about the diversity of your organisation's governing body during the reporting period of 1 July 2023 to 30 June 2024.

The collection of this information is to assist aged care recipients to find the right care for them. The information collected is to be published on My Aged Care.

Before providing any information in response to this question you must note, and agree with, the following:

1. Reported information should not be drawn from assumptions about the diversity of governing body members, but from the way in which individual members of the governing body identify and wish to describe themselves.
2. Each member of the governing body must be asked to provide documented consent for the provider to include their individual information in the response given to the Department for publication on My Aged Care, and must be advised that their response is voluntary. It must be emphasised that individual members of the governing body are not obliged to disclose information about their diversity. Only the diversity of members who have provided consent should be included in your response.
3. To the extent that members of the governing body wish to consent to the information being provided, this information must be reported to the Department.
4. You are not obligated to report on other forms of diversity beyond those specifically listed in the following questions. Other forms of diversity should only be disclosed (in the space provided below) where a member of the governing body has specifically directed that they wish to report a form of diversity concerning themselves which is outside of the listed categories.

All fields marked with an asterix (*) are required.

Consent

* Do you have consent from individual governing body members to disclose the diversity and inclusion information to the Department?

Yes

No

No Consent provided

< Back

Next >

Please note, the above is a screenshot and the message is updated each year with accurate dates.

Diversity and inclusion - Provider

About this section

The question is about the diversity of your organisation's governing body during the reporting period of 1 July 2025 - 30 June 2026.

The collection of this information is to assist aged care recipients to find the right care for them. The information collected is to be published on My Aged Care.

Before providing any information in response to this question you must note, and agree with the following:

1. Reported information should not be drawn from assumptions about the diversity of governing body members, but from the way in which individual members of the governing body identify and wish to describe themselves.
2. Each member of the governing body must be asked to provide documented consent for the provider to include their individual information in the response given to the Department for publication on My Aged Care, and must be advised that their response is voluntary. It must be emphasised that individual members of the governing body are not obliged to disclose information about their diversity. Only the diversity of members who have provided consent should be included in your response.
3. To the extent that members of the governing body wish to consent to the information being provided, this information must be reported to the Department.
4. You are not obligated to report on other forms of diversity beyond those specifically listed in the following questions. Other forms of diversity should only be disclosed (in the space provided below) where a member of the governing body has specifically directed that they wish to report a form of diversity concerning themselves which is outside of the listed categories.

Please see the guidance material for further details about the diversity information that is being collected.

Fields marked with an * are mandatory

 This question is optional and recognises the value of governing bodies and workforces reflecting the diversity of the people they care for.
The Department acknowledges that some providers specialise in the provision of services to particular sectors of the community and this is likely reflected in their board membership.
By selecting Yes you are committing to selecting options.

* Privacy consent

Do you have consent from individual governing body members to disclose the diversity and inclusion information to the Department?

☐ Yes

☐ No

[< Back](#)

[Next >](#)

Select either Yes or No if one or more members of the governing body have consented to information about their diversity being reported in the Form.

Consent

* Do you have consent from individual governing body members to disclose the diversity and inclusion information to the Department?

Yes

No

Select one, multiple, or none of the following responses as appropriate for your organisation:

* What diverse backgrounds and/or lived experience were included in your organisation's governing body during the period 1 July 2025 - 30 June 2026?

☐ Aboriginal or Torres Strait Island persons, including those from Stolen Generations survivors
☐ Adult survivors of institutional child sexual abuse
☐ Care leavers, including Forgotten Australians and former child migrants placed in and out of home care
☐ Carer
☐ Cultural, ethnic and linguistic diversity
☐ Deaf, deafblind, vision-impaired or hard of hearing
☐ Dementia
☐ Disability or mental ill-health
☐ Experience of homelessness or at risk of experiencing homelessness
☐ Financially or socially disadvantaged
☐ LGBTQIA+
☐ Neurodivergent
☐ Older member (over 65)
☐ Parents and children who are separated by forced adoption or removal
☐ Religious diversity
☐ Representation of women
☐ Rural, remote or very remote
☐ Veterans or war widows
☐ Other diversity

For supporting information on this question (such as definitions), please refer to the 'Frequently Asked Questions' document in the **Guides and FAQs** section.

If **Other** is selected you will be asked to specify the form/s of diversity represented within the provider's governing body.

Only select **Other** if a member has specifically directed that they wish to report a form of diversity concerning themselves, outside of the above listed categories.

☒ Other forms of diversity, please specify

* If other, specify the forms of diversity represented within the provider's governing body ⓘ

* If other, specify the forms of diversity represented within the provider's governing body ⓘ

Maximum 50 characters

Please note:

- The free text area is limited to 50 characters.

Click **Next** to continue (noting you may also select **Back** to go back to update/ edit the previous section).

Both **Next** and **Back** icons (and accessing the left **Navigation Bar**) will save the information that you have entered provided there are no errors on the page.

6.10 Diversity and Inclusion - Service

This section is to collect information about initiatives implemented at each residential service and home care service to support a diverse and inclusive environment between 1 July and 30 June annually for each financial year reporting period.

All questions in this section are required for each service operated by the providers during the reporting period 1 July - 30 June.

The Form lists each service name and service ID that operated during the reporting period. All services under the provider that are operational for the reporting period will be displayed.

The screenshot displays the GPMS interface for 'Diversity and inclusion - Service' reporting. The top navigation bar includes links for Home, Switch Provider, Manage Users, Help, and a user profile (User16714). The sidebar on the left lists the following steps: 'Before you start' (completed), 'Key personnel' (completed), 'Governing body membership' (completed), 'Governing body statement' (not completed), 'Diversity and inclusion - Provider' (not completed), 'Diversity and inclusion - Service' (current step, highlighted with a blue circle), 'Feedback, complaints and improvements' (not completed), and 'Declaration and submission' (not completed). The main content area has a dark purple header for 'Provider operations - 1 July 2022 to 30 June 2023' with a 'Return to submissions' link. Below this, the section is titled 'Diversity and inclusion - Service'. An 'About this section' box explains that the page collects information about initiatives implemented at each residential care and home care service to support a diverse and inclusive environment between 1 July 2022 to 30 June 2023. The form includes two input fields for 'Service ID' (one highlighted in blue) and three questions marked with an asterisk (*), indicating they are required. The questions are: 'Does the service have policies and procedures for culture, diversity and inclusion?', 'Does the service have policies and procedures for cultural safety?', and 'Does the service have social activities to support culture, diversity and inclusion?'. Each question has three radio button options: 'Developing', 'Implemented', and 'No'. A 'Save' button is located at the bottom right of the form area. At the very bottom of the page, there are '< Back' and 'Next >' buttons.

Diversity and inclusion - Service

About this section

This page is to collect information about initiatives implemented within a nursing and transition care or residential care service, to support a diverse and inclusive environment between 1 July 2025 and 30 June 2026. The information is being collected to help older Australians to choose a provider that is right for them.

Fields marked with an * are mandatory

Show incomplete items only ☐ All items

>  Draft Home

>  Draft Home

>  Draft Home

>  Draft Home

To complete this section of the Form, select a service from the displayed list of services to enter data about the initiatives at that service.

Please note:

- You do not need to select services in the order listed in the Form.
- When data has been entered for a service, a Completed stamp will be displayed against the service.
- This will allow you to track the services that have been completed and identify any services whose data has not yet been entered.

To assist you when there are many services listed, a Show incomplete items **only** toggle is shown at the top of the services listing.

Diversity and inclusion - Service

 **Success!**
Responses Saved

About this section

This page is to collect information about initiatives implemented at each residential care and home care service to support a diverse and inclusive environment between 1 July 2023 to 30 June 2024. The information is being collected to help older Australians to choose a provider that is right for them.

>  Complete  **Success!**
Responses Saved

For each service you will need to select either **Developing**, **Implemented** or **No** for each of the following statements.

All fields marked with an asterisk (*) are required.

*Does the service have policies and procedures for culture, diversity and inclusion?

Developing

Implemented

No

*Does the service have policies and procedures for cultural safety?

Developing

Implemented

No

*Does the service have social activities to support culture, diversity and inclusion?

Developing

Implemented

No

Save

* Does the service have policies, procedures and training for culture, diversity and inclusion?

Developing Implemented No

* Does the service have policies, procedures and training for cultural safety?

Developing Implemented No

* Does the service have social activities to support culture, diversity and inclusion?

Developing Implemented No

Save

Respond as appropriate for your organisation for each of the three questions listed, for each service offered in the reporting period:

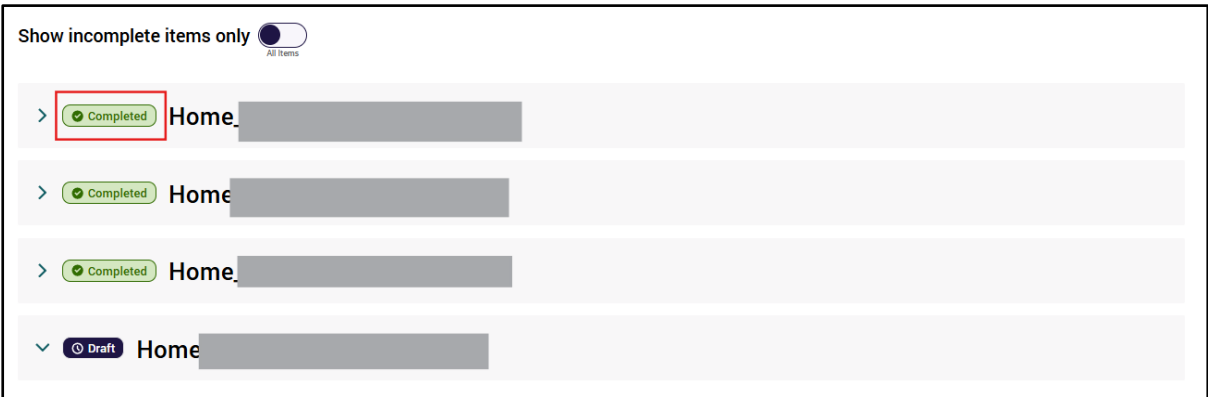
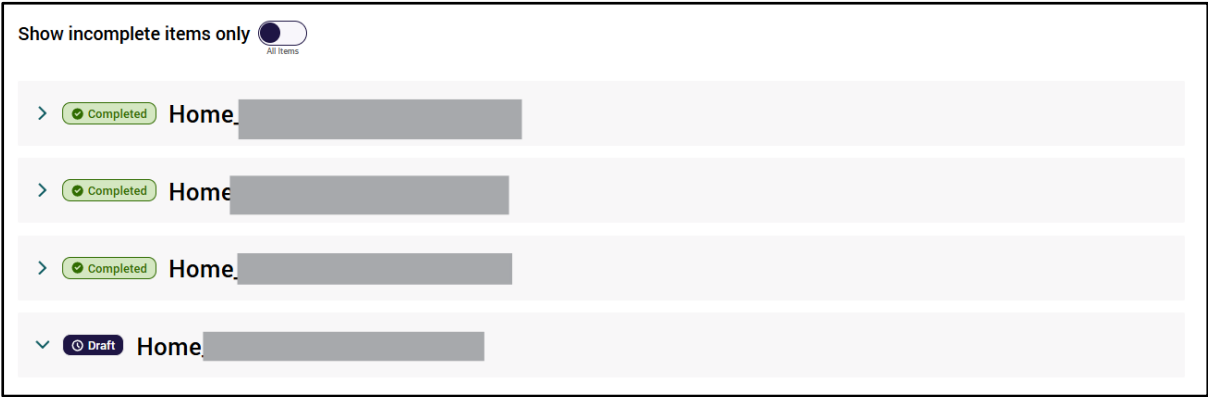
- Developing: work is underway, in progress, or has commenced in our organisation for this service.
- Implemented: this has been completed and we have policies and procedures in our organisation for this service.
- No: not yet started or completed or underway, no work has been done in this in our organisation for this service.

Remember to **Save** your responses for each service.

If you offer an additional service expand the next service applicable to your organisation.



When you have completed entering the data for each service - this will be indicated by a tick Completed stamp.



All fields marked with an asterix (*) are required.

Service ID:

Service ID:

*Does the service have policies and procedures for culture, diversity and inclusion?

Developing
Implemented
No

*Does the service have policies and procedures for cultural safety?

Developing
Implemented
No

*Does the service have social activities to support culture, diversity and inclusion?

Developing
Implemented
No

Save

< Back Next >

Continue until the three questions have been completed for every service operated in the reporting period.

Then click Next to progress to the next section of the Form.

6.11 Feedback, Complaints and Improvements

This section is to collect information about the most common kinds of positive feedback and complaints received about each residential care and home care service, as well as information about the key improvements made at each residential care and home care service between the reporting period 1 July and 30 June.

Government Provider Management System

Home
Switch Provider

 acg-sit-5

Steps

- Before you start
- Key personnel
- Governing body membership
- Governing body statement
- Diversity and inclusion - Provider
- Diversity and inclusion - Service
- Feedback, complaints and improvements
- Declaration and submission

Inc
Return to submissions

Provider operations - 1 July 2023 to 30 June 2024
Reporting - Draft

Feedback, complaints and improvements

About this section

This page is to collect information about the most common kinds of positive feedback and complaints received about each residential care and home care service and information about the key improvements made at each residential care and home care service between 1 July 2023 to 30 June 2024.

For complaints, this includes all complaints made in regard to the service, including those made to the provider, as well as those made to other agencies that the provider is aware of. This information is being collected as one information source to help older Australians, their families or carers to choose a provider that is right for them. A provider's response to feedback or a complaint demonstrates its commitment to improving its quality of care.

Service ID:

Service ID:

Service ID:

All fields marked with an asterisk (*) are required.

Feedback

*During the period 01 July 2023 to 30 June 2024 what were the three most common kinds of positive feedback received about the service?

Select answer

Select answer

Select answer

Complaints

*During the period 01 July 2023 to 30 June 2024 what were the three most common kinds of complaints received about the service?

Feedback complaints and improvements

About this section

This page is to collect information about the most common kinds of positive feedback and complaints received about each nursing and transition care or residential care service and information about the key improvements made at each nursing and transition care or residential care service between 1 July 2025 and 30 June 2026.

For complaints, this includes all complaints made in regard to the service, including those made to the provider, as well as those made to other agencies that the provider is aware of. This information is being collected as one information source to help older Australians, their families or carers to choose a provider that is right for them. A provider's response to feedback or a complaint demonstrates its commitment to improving its quality of care.

Fields marked with an * are mandatory

Show incomplete items only
All items

Draft Home

Draft Home

Draft Home

All questions in this section are required for each service operated by the providers during the reporting period 1 July - 30 June.

We have endeavoured to provide a wide range of categories for you to record positive feedback, complaints and improvements.

For supporting information on this question including explanations about each category, please refer to the 'Frequently Asked Questions' document in the Guides and FAQs section.

Select the categories that best fit the most common feedback, complaints and improvements for each residential care and home care service within your organisation. In selecting the most common kinds of feedback and complaints, providers should consider the frequency in which the kind of feedback and complaint is raised.

Select Other if the most common feedback, complaint, or improvement does not fit in with the provided menu of options.

When data has been entered for a service, a tick will be displayed against the service. This will allow you to track the services that have been completed and identify any services whose data has not yet been entered.

The Form lists each service name and service ID that operated during the reporting period.

1. Select a service to enter information for feedback, complaints and key improvements each service.

*** Complaints**

During the period 1 July 2025 to 30 June 2026 what were the three most common kinds of complaints received about the service?

*** Complaint 1**

Select an Option ▼

*** Complaint 2**

Select an Option ▼

*** Complaint 3**

Select an Option ▼

*** Improvements**

During the period 1 July 2025 to 30 June 2026 what were three main kinds of improvements made in relation to the quality of the service?

*** Improvement 1**

Select an Option ▼

*** Improvement 2**

Select an Option ▼

*** Improvement 3**

Select an Option ▼

Save

2. Select the top three categories that best fit the positive feedback received on each service (not the whole organisation) during the reporting period.

Select **Other** if the most common kind of positive feedback received about the service does not fit in with the provided menu of options.

*** Feedback**

During the period 1 July 2025 to 30 June 2026 what were the three most common kinds of positive feedback received about the service?

*** Feedback 1**

Agreements ▼

- ✓ Agreements
 - Assessment and implementation (including care management)
 - Clinical care
 - Communication and consultation
 - Fees and charges
 - Financial statements
 - Food and catering
 - Goods and equipment (including technology)
 - Infection disease control
 - Medication management
 - Palliative/End of life care

*** Feedback**

During the period 1 July 2025 to 30 June 2026 what were the three most common kinds of positive feedback received about the service?

*** Feedback 1**

Agreements ▼

*** Feedback 2**

Choice and dignity (including lifestyle and activities) ▼

*** Feedback 3**

Other (please specify) ▼

*** If other, what common feedback was received?** ⓘ

Maximum 50 characters

Feedback

*During the period 01 July 2023 to 30 June 2024 what were the three most common kinds of positive feedback received about the service?

Select answer

Select answer

Select answer

3. Select the top three categories that best fit the most common kind of complaints received about your service (not the whole organisation) during the reporting period.

Complaints

*During the period 01 July 2023 to 30 June 2024 what were the three most common kinds of complaints received about the service?

Select answer

Select answer

Select answer

Select **Other** if the most common complaint/s made about the service does not fit in with the provided menu of options. You may select **Other** for each of the three responses.

Please note:

-
- The categories selected should capture include all complaints made during the reporting period in regard to the service, including those made to the provider, as well as those made to other agencies (such as the Aged Care Quality and Safety Commission) that the provider is aware of.
 - If you select *Other* do not include personal information about any individual due to privacy reasons.
 - Click Save often to regularly save your work as you progress.
-

4. Select the top three kinds of improvements made in relation to the quality of the service (not the whole organisation) during the reporting period.

Select **Other** if the most common improvement made at the service does not fit in with the provided menu of options.

Improvements

*During the period 01 July 2023 to 30 June 2024 what were three main kinds of improvements made in relation to the quality of the service?

Select answer

Select answer

Select answer

Save

* Improvements

During the period 1 July 2025 to 30 June 2026 what were three main kinds of improvements made in relation to the quality of the service?

* Improvement 1

Financial statements

* Improvement 2

Personal care

* Improvement 3

Other (please specify)

* If other, what common improvements were received?

Maximum 50 characters

Save

Please note:

- If you select *Other* do not include personal information about any individual due to privacy reasons.
- Click Save often to regularly save your work as you progress.

5. Click Next to continue (noting you may also select Back to go back to update or edit the previous entry).

< Back

Next >

← Back

Next →

6.12 Declaration and Submission

This section is the final step in completing the Form and preparing for final submission via the GPMS portal.

The screenshot shows the GPMS portal interface. At the top, there's a header with the 'Government Provider Management System' logo, a 'Home' link, a 'Switch Provider' button, and a user profile icon labeled 'acg-sit-5'. On the left, a 'Steps' sidebar lists the following steps: 'Before you start' (checked), 'Key personnel' (unchecked), 'Governing body membership' (checked), 'Governing body statement' (unchecked), 'Diversity and inclusion - Provider' (checked), 'Diversity and inclusion - Service' (unchecked), 'Feedback, complaints and improvements' (unchecked with a red X), and 'Declaration and submission' (checked with a lock icon). The main content area has a dark purple header with the text 'Provider operations - 1 July 2023 to 30 June 2024' and 'Reporting - Draft'. Below this, the title 'Submission of Provider Operations Collection Form' is displayed. A light blue box titled 'About this section' contains the following text: 'This page is where you submit your Provider Operations Collection Form to the Department of Health and Aged Care. You will not be able to submit your Form unless it has been fully completed. You are encouraged to carefully check the information that you have submitted through the Provider Operations Collection Form. Please ensure the information submitted is suitable for publication on the My Aged Care website.' Below this, the 'Declaration' section states: 'As a person authorised by the approved provider submitting this Provider Operations Collection Form (the Form), I certify that all particulars disclosed in this Form are true and correct. I confirm that the completed information does not include any personal information, other than where specifically requested in this Form, including: the name and role of an executive member of the provider, the name and signature of the governing body member signing the Statement by the Governing Body, diversity information for members of the governing board.' The signature 'Joe Bloggs' and date '24-Apr-2024' are shown. At the bottom right, there are two buttons: '< Back' and 'Agree and Submit'.

The screenshot shows the 'Declaration and submission' page. It features a light blue box titled 'About this section' with the following text: 'This page is where you submit your Provider Operations Collection Form to the Department of Health, Disability and Ageing. You will not be able to submit your Form unless it has been fully completed. You are encouraged to carefully check the information that you have submitted through the Provider Operations Collection Form. Please ensure the information submitted is suitable for publication on the My Aged Care website.' Below this, the 'Declaration' section states: 'As a person authorised by the registered provider submitting this Provider Operations Collection Form (the Form), I certify that all particulars disclosed in this Form are true and correct. I confirm that the completed information does not include any personal information, other than where specifically requested in this Form, including: the name and role of an executive member of the provider, the name and signature of the governing body member signing the Statement by the Governing Body, diversity information for members of the governing board.' At the bottom right, there are two buttons: '< Back' and 'Agree and submit'.

This final page (at the bottom of the left navigation bar) is where you submit your Form to the Department.

You will not be able to submit your Form unless it has been fully completed.

If you have not completed all sections in the Form, you will see those sections in the left-hand navigation bar marked with a red cross (⊗): has errors, or grey dot (⊙): not yet started – both these icons indicate these sections are incomplete.

Return to these sections in the Form and complete the ones marked with a red cross (⊗) or grey dot (⊙).

You are encouraged to carefully check all the data that you have entered into the Form, prior to final submission. Please ensure the information submitted is suitable for publication on the My Aged Care website.

Please note:

- You must be the person authorised by the registered provider to submit the completed Form.
- Your name as a provider operations user will appear at the bottom of the Declaration Statement, above the date.
- Once submitted, you will not be able to go back and edit/ update/ review your responses within the Form.

If you have completed all sections in the Form (confirmed by green ticks in all sections in the left navigation bar (barring **Declaration and submission**, the last section)):

6. Review the declaration

Declaration

As a person authorised by the approved provider submitting this Provider Operations Collection Form (the Form), I certify that all particulars disclosed in this Form are true and correct.

I confirm that the completed information does not include any personal information, other than where specifically requested in this Form, including:

- the name and role of an executive member of the provider,
- the name and signature of the governing body member signing the Statement by the Governing Body,
- diversity information for members of the governing board.

Joe Bloggs
06-Jun-2023

[< Back](#) [Agree and Submit](#)

As a person authorised by the registered provider submitting this Provider Operations Collection Form (the Form), I certify that all particulars disclosed in this Form are true and correct.

I confirm that the completed information does not include any personal information, other than where specifically requested in this Form, including:

- the name and role of an executive member of the provider,
- the name and signature of the governing body member signing the Statement by the Governing Body,
- diversity information for members of the governing board.

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7. If you are ready to make the declaration and submit the Form, select Agree and submit.

Government Provider Management System

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Steps

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- Governing body membership
- Governing body statement
- Diversity and inclusion - Provider
- Diversity and inclusion - Service
- Feedback, complaints and improvements
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The Central & Upper Burnett District Home for the Aged
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Submission of Provider Operations Collection Form

About this section

This page is where you submit your Provider Operations Collection Form to the Department of Health and Aged Care.

You will not be able to submit your Form unless it has been fully completed.

You are encouraged to carefully check the information that you have submitted through the Provider Operations Collection Form. Please ensure the information submitted is suitable for publication on the My Aged Care website.

Declaration

As a person authorised by the approved provider submitting this Provider Operations Collection Form (the Form), I certify that all particulars disclosed in this Form are true and correct.

I confirm that the completed information does not include any personal information, other than where specifically requested in this Form, including:

- the name and role of an executive member of the provider,
- the name and signature of the governing body member signing the Statement by the Governing Body,
- diversity information for members of the governing board.

datatwo loadtwo
28-May-2024

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Agree and Submit

As a person authorised by the registered provider submitting this Provider Operations Collection Form (the Form), I certify that all particulars disclosed in this Form are true and correct.

I confirm that the completed information does not include any personal information, other than where specifically requested in this Form, including:

- the name and role of an executive member of the provider,
- the name and signature of the governing body member signing the Statement by the Governing Body,
- diversity information for members of the governing board.

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Agree and submit

Once submitted, you will receive an acknowledgement There will be a record on the screen confirming the name of the person and the date submitted. This will also be recorded in the system records.

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Provider Operations reporting

Provider ID: PRV-10 (Registered)

Publication Preview

Thank you for submitting your Provider Operations report.

Report was submitted by on 28 April 2025

Need assistance or have questions about the submission
Please contact ACFRQFRQueries@health.gov.au

Return to submissions

Report was submitted by <full name> on <date month year>.

Thank you for submitting your Provider Operations report.

Report was submitted by [redacted] on 28 April 2025

Need assistance or have questions about the submission

Please contact ACFRQFRQueries@health.gov.au

[Return to submissions →](#)

After submission, you will have access to a read-only view of your Form and you will be able to download, save and print a copy of your Form.

00010430	30 June 2026	Submitted	31 Oct 2026	Download
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Submissions				
Case number ↑	Period ending	Status	Due date	
00010430	30 June 2026	Submitted	31 Oct 2026	View
00011258	30 June 2025	Overdue	15 Oct 2025	Download

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