



Australian Government

Department of Health

NOTICE TO TRANSFER AGED CARE PLACES TO ANOTHER PROVIDER

Legislative reference: Division 16 of the [Aged Care Act 1997](#)

This form should be used to advise the Secretary of the Department of Health (the Secretary) of the proposed transfer of aged care places from one approved provider (the transferor) to another approved provider (the transferee).

The transferor and transferee must give the Secretary notice of a transfer of aged care places at least 60 days before the proposed transfer day if the transferee is an approved provider, or at least 90 days before the proposed transfer day if the transferee is not yet an approved provider. However, the Secretary may allow a lesser number of days in some instances. You may attach additional information to support your application.

If the transferee is not an approved provider for the care type of the places being transferred, the transferee must also submit an [application for approval to provide aged care](#). The transfer cannot take effect until the transferee is an approved provider.

If the information in this notice changes after it has been submitted, the notice is taken not to have been made unless the transferor and transferee give the department written notice of the changes. This may include a change to the proposed transfer day.

The Secretary may give the transferor and transferee a veto notice rejecting the transfer if the Secretary is not satisfied of the matters set out in section 16-3 or 16-14 of the *Aged Care Act 1997*. The Secretary must give the veto notice at least seven days before the proposed transfer day. The vetoing of a transfer does not prevent the applicants from reapplying when the reasons stated in the veto notice have been resolved.

In making a decision, the Secretary will consider information provided in this transfer notice and other relevant information available to the Department of Health. The Secretary may also obtain relevant information from other persons or organisations.

Further information: Phone 1800 020 103 and ask to speak to the Places Management section in the state or territory office where the service is located.

Please email the completed form and any attachments, with scanned copies of the endorsement pages, to the state or territory office where the service is located:

NSWplaces@health.gov.au (NSW and ACT), NTplaces@health.gov.au, Qldplaces@health.gov.au, SAplaces@health.gov.au, Tasplaces@health.gov.au, Vicplaces@health.gov.au, or WAplaces@health.gov.au

Privacy and your personal information:

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles, and is being collected by the Department of Health for the primary purpose of assessing your application to transfer aged care places to another provider. Your information may also be used and disclosed if required or authorised by or under an Australian law, including the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018*.

If you do not provide this information, the Department may not be able assess and provide an outcome for your application to transfer aged care places to another provider.

You can get more information about the way in which the Department of Health will manage your personal information, including our privacy policy, at www.health.gov.au/resources/publications/privacy-policy

By completing this form you consent to the Department of Health collecting your personal information for the purposes indicated above.

Section 1 – Applicant information

1.1 Transferor details

Approved provider name:	Click or tap here to enter text.
NAPS provider ID: (if known)	Click or tap here to enter text.

Contact person for this application	
Name:	Click or tap here to enter text.
Position held in organisation:	Click or tap here to enter text.
Contact phone:	Click or tap here to enter text.
Email address:	Click or tap here to enter text.

1.2 Transferee details

Approved provider name:	Click or tap here to enter text.
NAPS provider ID: (if known)	Click or tap here to enter text.

Contact person for this application	
Name:	Click or tap here to enter text.
Position held in organisation:	Click or tap here to enter text.
Contact phone:	Click or tap here to enter text.
Email address:	Click or tap here to enter text.

Section 2 – Details of the proposed transfer

2.1 What is the proposed transfer day?

This is the day from which the transferee is taken to be the approved provider to whom the places are allocated.

Click or tap to enter a date.

2.2 If you are submitting this notice less than 60/90 days before the proposed transfer day, state the reasons why.

Click or tap here to enter text.

2.3 Provide details of the aged care places that you are proposing to transfer.

Type of places	Status of places	Number of places
Choose an item.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.

2.4 Provide details of the service to which the places currently relate.

If you are transferring places from more than one service between the same transferor and transferee, attach a list of the services (include information from questions 2.4, 2.5 and 2.6).

Service name:	Click or tap here to enter text.			
Service IDs: (if known)	RACS ID:	Click or tap here to enter text.	NAPS ID:	Click or tap here to enter text.
Physical address				
Street number and name:	Click or tap here to enter text.			
Suburb/Town:	Click or tap here to enter text.			
State/Territory:	Choose an item.	Postcode:	Click or tap here to enter text.	

2.5 Does the service to which the places currently relate have extra service status?

No Yes If yes, number of places. Click or tap here to enter text.

2.6 Are any of the transferring places adjusted subsidy places?

Some residential care places operated by state and territory governments receive a reduced amount of subsidy. The subsidy reduction is removed when the places transfer to a non-government provider.

No Yes If yes, number of places. Click or tap here to enter text.

2.7 If, after the transfer, the places will relate to a different aged care service, provide details of that service/proposed service.

Places cannot be transferred to a service in a different state or territory.
For provisionally allocated places, the location cannot change as a result of the transfer.
If you are transferring places to more than one service, attach a list of the services.

Service name:	Click or tap here to enter text.			
Service IDs: (if known)	RACS ID:	Click or tap here to enter text.	NAPS ID:	Click or tap here to enter text.
Physical address				
Street number and name:	Click or tap here to enter text.			
Suburb/Town:	Click or tap here to enter text.			
State/Territory:	Choose an item.	Postcode:	Click or tap here to enter text.	

2.8 Does the service to which the places are transferring have extra service status?

No Go to section 3 Yes Go to question 2.9

2.9 Will the transferring places be located in an existing extra service distinct part or whole service?

No Yes If yes, also complete section 6.

Section 3 – Compliance with responsibilities

Transferor to complete for operational places only

3.1 How and when did/will you notify affected consumers and their representatives of the proposed transfer?

Attach copies of advice sent to consumers and minutes of meetings, if applicable.

Click or tap here to enter text.

3.2 Have any concerns about the proposed transfer been expressed to you by consumers or their representatives? What measures have you taken, or will you take, to address concerns raised?

Click or tap here to enter text.

3.3 What measures do you propose to take to:

- (i) help consumers find suitable alternative care and accommodation of their choice, if required;
- (ii) maintain services for the affected consumers during the transfer;
- (iii) help affected consumers move if they are required to relocate;
- (iv) ensure that consumers will not be disadvantaged by the proposed transfer?

Click or tap here to enter text.

Section 4 – Provisionally allocated places

Transferor to complete

To assist in assessing this section, the department will also consider information provided in progress reports and applications to extend the provisional allocation period previously submitted in respect of these places, your Aged Care Approvals Round application, and other relevant information.

4.1 Why are you seeking to transfer these provisionally allocated places?

Click or tap here to enter text.

4.2 What progress have you made towards being in a position to provide care in respect of these provisionally allocated places?

Click or tap here to enter text.

4.3 What are the exceptional circumstances that you consider will justify the transfer in meeting the needs of the aged care community in the region for which the places were provisionally allocated?

Exceptional circumstances are circumstances that are out of the ordinary, unusual or special or uncommon. The circumstance need not be unique or unprecedented or very rare; but it cannot be one that is regularly, or routinely, or normally encountered. Exceptional circumstances can include a single exceptional matter or a combination of factors, including a combination of ordinary factors which, although individually are not exceptional, when taken together are seen as exceptional.

Click or tap here to enter text.

Section 5 - Transferee to complete

5.1 Attach a copy of the most recent financial statements for your organisation.

5.2 How do you propose to undertake the responsibilities of an approved provider under Parts 4.1 and 4.2 of the Aged Care Act 1997 and Part 4.2 of the Aged Care (Transitional Provisions) Act 1997?

Click or tap here to enter text.

5.3 How will you provide accommodation and care for consumers with special needs?

People with special needs is defined in section 11-3 of the *Aged Care Act 1997* and includes: Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse communities; people who live in rural and remote areas; people who are financially or socially disadvantaged; veterans; people who are homeless or at risk of becoming homeless; care leavers; parents separated from their children by forced adoption or removal; lesbian, gay, bisexual, transgender and intersex people.

Click or tap here to enter text.

5.4 If you are proposing to construct or develop premises to accommodate the transferring places, provide a description of your proposal for the service, including details of any capital works proposed, the source of funds for the capital works and a timetable for completion of the project.

Click or tap here to enter text.

5.5 If you are constructing or developing premises, when will you be in a position to commence providing care in respect of the places?

If construction is complete, attach copies of appropriate certificates and advice from authorities in the state or territory where the service is located confirming that the premises can be occupied (e.g. certificate of occupancy or classification, fire connection certification).

Click or tap to enter a date.

5.6 If the places will be relocated to a location that has a different catchment area to the current location of the places, provide a description of your understanding of the need for the places in that location.

Click or tap here to enter text.

5.7 If you are proposing to vary any other conditions to which the transferring places are subject, provide details of the proposed variation, including why the variation is required and how you intend to comply with the proposed conditions.

Conditions typically include the service to which the places are allocated and its location, and the proportion of care to be provided to particular groups of people.

You may contact the department to obtain a copy of the conditions that apply to these places.

Click or tap here to enter text.

5.8 How do you intend to comply with any existing conditions of allocation that will not be varied as a result of this transfer?

You may contact the department to obtain a copy of the conditions that apply to these places.

Click or tap here to enter text.

Section 6 – Proposal for extra service status

Transferee to complete

This section is to be completed if the transferring places are to be located in an existing residential service with extra service status (either a distinct part or the whole service) at another location.

Section 16-6 and 16-17 of the *Aged Care Act 1997* (the Act) requires the Secretary to veto a transfer if the transfer would result in the places being provided through a service in a different location and that service has extra service status, unless: granting the transfer would be reasonable having regard to the criteria set out in section 32-4 of the Act; and the maximum proportion of extra service places determined under section 32-7 of the Act would not be exceeded; and the proposal meets any other requirements set out in the [Allocation Principles 2014](#).

6.1 How many of the transferring places are you seeking to have extra service status?

Click or tap here to enter text.

6.2 What is the proposed new extra service room structure for the service?

If you are seeking a new extra service fee for the new places, you will need to create a new Room Type and apply to the [Aged Care Pricing Commissioner](#) for approval of the new fee. If the existing extra service fees will apply to the new places you can change the number of extra service rooms and places against the existing Room Types.

Room Type e.g. single ensuite	Number of rooms in this room type	Total number of extra service places in this room type	Proposed daily extra service fee per place
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

6.3 For extra service places to be located in a distinct part of the service, attach a floor plan of the whole service, clearly marking the distinct part.

A distinct part is a specific area of the service that is physically identifiable as separate from all other places included in the service.

6.4 Are you proposing any changes to the standard of accommodation, services and food (the extra service benchmarks) at the service?

If yes, provide details of the proposed changes or attach a copy of your current extra service benchmark list with the proposed changes marked.

Click or tap here to enter text.

6.5 Provide a description of your understanding of the need for additional extra service places at the location.

For example, demonstrate your understanding of the local community. This could include service specific waitlists, the demographics of the proposed location, the different kinds of services already offered in the region, any research you have conducted including anecdotal evidence, information collected through consultations with surrounding health and aged care services or Aged Care Assessment Teams.

Click or tap here to enter text.

Section 7 – Transferor endorsement of application

This transfer notice must be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of your organisation. Giving false or misleading information is an offence. There are offences established by the [Aged Care Act 1997](#) and the [Criminal Code Act 1995](#) relating to providing false or misleading information.

- I am aware of the transferor's responsibilities as prescribed in the *Aged Care Act 1997* and the Aged Care Principles.
- I am aware of the transferor's legal obligations under Part 4.2 of the *Aged Care Act 1997* in relation to refundable deposit balances and accommodation bond balances connected with the places.
- I declare that the information provided by the transferor in this notice, and any associated attachment(s), is true and complete.
- I declare that the key personnel of the transferor are, and will continue to be, suitable to provide aged care and are not disqualified individuals.
- I consent to the Secretary of the Department of Health obtaining relevant information and documents from other persons or organisations, including the Aged Care Quality and Safety Commission and state, territory and Australian government departments or authorities, to assist in assessing this transfer notice.

Transferor endorsing officer 1	
Name:	Click or tap here to enter text.
Signature:	
Position held in organisation:	Click or tap here to enter text.
Date:	Click or tap to enter a date.
Postal address:	Click or tap here to enter text.

Transferor endorsing officer 2 (if applicable)	
Name:	Click or tap here to enter text.
Signature:	
Position held in organisation:	Click or tap here to enter text.
Date:	Click or tap to enter a date.

Section 8 – Transferee endorsement of notice

This transfer notice must be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of your organisation. Giving false or misleading information is an offence. There are offences established by the [Aged Care Act 1997](#) and the [Criminal Code Act 1995](#) relating to providing false or misleading information.

- I am aware of the transferee's responsibilities as prescribed in the *Aged Care Act 1997* and the Aged Care Principles.
- I am aware of the transferee's legal obligations under Part 4.2 of the *Aged Care Act 1997* in relation to refundable deposit balances and accommodation bond balances connected with the places.
- For any provisional places included in the transfer, I am aware the provisional allocation period for making these places operational is currently four years after the day on which the allocation is made, unless extended, and will not be extended beyond six years from the date of allocation, unless the Secretary of the Department of Health is satisfied that exceptional circumstances justify the extension.
- I declare that the information provided by the transferee in this notice, and any associated attachment(s), is true and complete.
- I declare that the key personnel of the transferee are, and will continue to be, suitable to provide aged care and are not disqualified individuals.
- I consent to the Secretary of the Department of Health obtaining relevant information and documents from other persons or organisations, including the Aged Care Quality and Safety Commission and state, territory and Australian government departments or authorities, to assist in assessing this transfer notice.

Transferee endorsing officer 1	
Name:	Click or tap here to enter text.
Signature:	
Position held in organisation:	Click or tap here to enter text.
Date:	Click or tap to enter a date.
Postal address:	Click or tap here to enter text.

Transferee endorsing officer 2 (if applicable)	
Name:	Click or tap here to enter text.
Signature:	
Position held in organisation:	Click or tap here to enter text.
Date:	Click or tap to enter a date.