## Application for a change of an associate

Residential Services (Accreditation) Act 2002

This form is effective from 28 November 2024

# ABN: 86 504 771 740

	Instructions
OFFICE USE ONLY	This form needs to be completed to notify the department of a change of an associate of the service provider for a registered residential service, as required under Section 68 of the
Date received	Residential Services (Accreditation) Act 2002 (the Act).
	Please note:
	<ul> <li>The Notes accompanying this form should be read before completing this form</li> </ul>
Application number	<ul> <li>Use BLOCK letters when you fill out this form</li> </ul>
	Attach extra pages if necessary
	<ul> <li>All dates should be DD/MM/YYYY</li> <li>If you require further information regarding this form, please contact Regulatory Services</li> </ul>
Lodgement details	• If you require further mormation regarding this form, please contact regulatory Services on o7 3013 2666 or call 13 QGOV (13 74 68) for after hours enquiries.
Lodgement unit number	Privacy Statement—Please Read
	The Department of Housing and Public Works is collecting your personal information in
	accordance with the <i>Residential Services (Accreditation) Act 2002</i> in order to process your application. Your personal information will be provided to the public upon request through
	the Register of Residential Services or may be disclosed to the Residential Tenancies
	Authority, the Office of the Public Guardian, the Department of Justice and Attorney General
	or to other Federal, State and Local government agencies in the performance of a function of, the <i>Residential Services (Accreditation) Act 2002</i> or as required or permitted by law. Your
	personal information will also be used for the purpose of publishing contact details (phone
	number and email address) on the Find Registered Accommodation website so that members
	of the public can obtain additional information regarding accommodation and optional
	services available. Limited personal information may be used for related research, policy or planning functions. Your personal information will be handled in accordance with the
	Information Privacy Act 2009.
	Fee
	No application fee is applicable.
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Part 1—Details of service	<b>provider</b> (to be completed by the service provider)
Name of service provider Please include the company	
number and ABN if a corporate	
service provider or the names	
service provider or the names of all individuals carrying on the	
service provider or the names	
service provider or the names of all individuals carrying on the	
service provider or the names of all individuals carrying on the registered service	
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service provider or the names of all individuals carrying on the registered service Address of residential service Postal Address Commencement of	Suburb       State       Postcode         Postal address       Suburb       Postcode         Suburb       State       Postcode         Has the associate commenced performing the role?       State       State

Form 6

Part 2—Details of associa	<b>te</b> (to be completed by the associate on commencement)

Contact name and details	Preferred title Mr Mrs Ms Miss Other (specify)
	Last name
	First names
	Have you been known by any other name?
	No Yes—Give other name(s)
	If the service provider is a corporation, are you a director of that corporation?
	No Yes
<b>Residential address</b>	Residential address
	SuburbStatePostcode
Postal address of associate	Postal address
Enter 'as above' if the same as the residential address	Postal addressStatePostcode
Birth details of associate	Place of birth (town, state and country)
	Date of birth
	DD / MM / YYYY
Contact details of associate	Phone (business) Mobile
	Email
	Preferred contact method Phone Mobile Email Mail
Suitability requirements	Do you have any convictions less than five years old?
Disclosure of previous convictions does not automatically disqualify	No Yes—Please attach details
you from being involved in the operation of a residential service.	Do you have any convictions greater than five years old where the sentence imposed was 30
However, a failure to disclose convictions may result in service	months imprisonment or greater? No Yes—Please attach details
accreditation being cancelled.	
You are required to complete a criminal history check and submit a National Police Certificate for each individual listed on this form. Go to <u>www.police.qld.gov.</u> <u>au/documents-for-purchase/</u> <u>national-police-certificates</u>	Have you ever been bankrupt or taken advantage of a law about bankrupt or insolvent debtors (as a debtor)?
	No Yes—Please attach details
	Have you ever had an application refused or cancelled under the <i>Residential Services</i> ( <i>Accreditation</i> ) <i>Act 2002</i> or similar Act of any state, territory or country?
to apply.	No Yes—Please attach details
	I have checked the answers I have given and state that they are true and correct in every detail. I also acknowledge that it will be the ongoing responsibility of the Service Provider to maintain my correct contact details (phone number and email address), with Regulatory Services.
	Signature of associate
	Name of signatory
	Date
	DD / MM / YYYY

Part 3—Criminal history check and declaration (to be completed by the associate on commencement)		
Criminal history check	To conduct a criminal history check go to <u>www.police.qld.gov.au/documents-for-purchase/</u> <u>national-police-certificates</u> . Fees may apply. You will need to supply a National Police Certificate to Regulatory Services for each new associate as part of your application (issued within the last 12 months).	
Part 4—Cessation of associate (to be completed by the service provider)		
Cessation of associate	Has the associate stopped performing the role? Yes No If yes, date stopped DD / MM / YYYY Name of associate	
<ul> <li>Notice</li> <li>Each service provider is required to sign to certify the information</li> <li>(For a corporation 1x director and 1x director or secretary unless you are the sole director (see section 127 of the <i>Corporations Act 2001</i> (Cth))</li> <li>Sign here  <sup>•</sup></li> </ul>	I certify that the associate is no longer involved in the operation of the residential service as indicated above. Signature of service provider or corporation representative (director) Signature of service provider	

Part 5—Checklist and notice about commencement (to be completed by the service provider)		
Checklist	Have you included with your application: a National Police Certificate (issued within the last 12 months) for the associate/s nominated on this form.	
Notice Each service provider is required to sign to certify the information (For a corporation–1x director and 1x director or secretary unless you are the sole director (see section 127 of the <i>Corporations Act 2001</i> (Cth)) Sign here	I certify the information provided by me about the associate is true to the best of my knowledge and hereby seek consideration of their suitability as an associate. Signatures of service provider or corporation representatives (director) Signed	
Part 6—Lodgement and payment details		
Lodgement	Please email the completed application and any supporting documentation to <u>regulatoryservices@housing.qld.gov.au</u> . If you would like more information regarding this application, contact Regulatory Services on o7 3013 2666, email <u>regulatoryservices@housing.qld.gov.au</u> , or visit our website at <u>www.housing.qld.gov.au</u> . After hours enquiries can be made by calling 13 QGOV (13 74 68).	

## Residential Services Form 6-Notes

## Application for a change of an associate

*Residential Services (Accreditation) Act 2002* 

#### This form is effective from 28 November 2024



### Instructions

Use the Residential Services Form 6 to notify of a change of an associate (use a separate form for each associate)

#### Associate

A person is an 'associate' of a service provider for a residential service if the person makes decisions, in the course of the service, that influence the operation of the service, or the health, safety or other interests of residents in the service.

Examples of an associate are:

- 1. persons employed by the service provider to:
  - a) negotiate and enter into agreements with residents on the service providers behalf
  - b) make house rules for a registered premises
  - c) manage a personal care service provided to residents in the service
  - d) manage the medication of residents in the service
  - e) manage the finances, or financial transactions of residents in the service.
- 2. for a service provider that is a corporation—an executive officer of the corporation who takes part in the management of the service (i.e. a director or other executive).

A person is not an associate merely because they do one or both of the following:

- 1. collect rent from residents in the service;
- 2. cleans or maintains the registered premises or facilities.

A service provider of a registered residential service is required to give notice within 30 days after a person becomes an associate of the service provider for a registered service, under Section 68 of the *Residential Services (Accreditation) Act 2002*.

**Note:** to supply incorrect or misleading information may subsequently result in the refusal or cancellation of registration. Conducting an unregistered residential service or acting as a service provider without registration or conducting a residential service in unregistered premises may attract a maximum penalty of 200 penalty units (maximum penalty \$32,260). The penalty for a corporation may be up to 1000 penalty units (maximum penalty \$161,300).

*Note:* The fees and penalty amounts referred to in this form may be altered at any time.