



APPROVED PROVIDER NOTIFICATION OF A MATERIAL CHANGE SECTION 9-1 OF THE *AGED CARE ACT 1997*

About this form

This form is an approved form under the *Aged Care Act 1997* (the Act) to enable approved providers to notify the Secretary of material changes to their organisation in accordance with section 9-1 of the Act. Under section 9-1 approved providers are required to notify the Secretary of a change of circumstances that materially affects their suitability to be a provider of aged care. The notification must occur within 28 days after the change occurs.

Consequences of not notifying a material change

Approved providers have a responsibility under Part 4.3 of the Act to comply with the obligation under section 9-1 (described above). Failure to comply may result in a sanction being imposed under Part 4.4.

Please note that an approved provider that is a corporation commits an offence if it does not notify the Secretary of a material change within the 28 day period.

Penalty: 30 penalty points. Strict liability applies to this offence.

Note 1: Chapter 2 of the *Criminal Code* sets out the general principles of criminal responsibility.

Note 2: For strict liability, see section 6.1 of the *Criminal Code*.

Completing this form

The person completing this form must be one of the approved provider's key personnel and legally authorised to give assurances and enter into contracts and commitments on behalf of the approved provider.

DO NOT COMPLETE this form if you are seeking approved provider status for another organisation. In this instance, you must complete a new [Application for Approval to Provide Aged Care](#) form.

DO NOT COMPLETE this form to simply add or remove key personnel. Approved providers no longer need to notify the department of changes to key personnel.

Questions?


If you have any queries about this form please send an email with your contact details to prudential@health.gov.au

APPROVED PROVIDER DETAILS	
Approved provider name	Click here to enter text.
NAPS provider ID	Click here to enter text.
Name of person completing the form	Click here to enter text.
Role	Click here to enter text.
Phone	Click here to enter text.
Email	Click here to enter text.

NATURE OF THE MATERIAL CHANGE	
Change to the name of the organisation	<input type="checkbox"/>
Change to the incorporation details (ACN or IAN) of the organisation	<input type="checkbox"/>
Change to the ABN of the organisation	<input type="checkbox"/>
Change to the address details of the approved provider	<input type="checkbox"/>
Change to the organisational structure such as a merger or take-over, use of or removal of a management company	<input type="checkbox"/>
Change to the governance of the organisation and/or under administration. For example, change to board arrangements or the business model.	<input type="checkbox"/>
Change that is affecting the financial status of the organisation	<input type="checkbox"/>
Change to the suitability of a key personnel, that is, a person is, or is about to become a *disqualified individual	<input type="checkbox"/>
Change in the authorised contact person and their contact details	<input type="checkbox"/>
Other	<input type="checkbox"/>

*A disqualified individual for the purposes of the Act is an individual who:

- (a) has been convicted of an indictable offence; or
- (b) is an insolvent under administration; or
- (c) is of unsound mind.

DETAILS OF THE MATERIAL CHANGE
<p>Describe the change (For example – the board of management was replaced; or the organisation merged with another organisation)</p> <p>Click here to enter text.</p>
<p>Reason for the change (For example –the board decided to merge the organisation with another organisation to build capability and strengthen our ability to deliver aged care)</p> <p>Click here to enter text.</p>
<p>Specify the changes that have occurred (For example – the new ABN; new members of the board and their positions; new management agreement)</p> <p>Click here to enter text.</p>
<p>Date of effect of the change</p> <p>Click here to enter text.</p>
<p>Impact on the suitability of the organisation to provide aged care (For example – improved organisational structure to deliver aged care; improved financial viability; nil impact)</p> <p>Click here to enter text.</p>
<p>Evidence</p> <p> Attach evidence of the change/s such as an ASIC certificate of registration of change of name, diagram of the organisational structure, change of ABN ID from the Australian Business Register or copy of a management agreement with another organisation to deliver aged care.</p>

Next Steps

When you have completed this *Approved Provider Notification of a Material Change* form, email it together with any relevant documents to prudential@health.gov.au

After receipt of this form, further information may be needed from your organisation to confirm the Departments understanding of the material changes being made. Under section 9-2 of the Act the Secretary may require, at any time, an approved provider to provide information about that provider's suitability to provide aged care. This information will be requested via a notice and the approved provider must provide a response within 28 days after the request is made.

KEY PERSONNEL ENDORSEMENT

The person/s signing this *Notification of a Material Change* form **must** be one of the applicant's key personnel and legally authorised to give assurances on behalf of the approved provider.

Signature space has been made available for two key personnel to sign, if required, in accordance with the *Corporations Act 2001*.

Endorsement:

- This endorsement covers all information provided in this form. It must be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the approved provider.

Consent:

- Australian Government agencies must comply with the Australian Privacy Principles (APPs) set out in the Privacy Act 1988 (the Privacy Act). The APPs cover the collection, storage, quality, use and disclosure of personal information about individuals. In this notice 'personal information' has the same meaning as in the Privacy Act.
- The purpose of the Notice of Collection is to inform you that personal information about you is being, or has been, collected by the department under the Aged Care Act and Aged Care Principles.
- I/we have read and understood the Notice of Collection

Declaration:

- I/we understand that it is an offence for an approved provider that is a corporation if it fails to notify of a material change within 28 days after the change occurs.
- I/we declare that unless specified in this form, to the best of my/our knowledge, none of the approved provider's key personnel is a disqualified individual under subsection 10A-1(1) of the Act and understand that under section 10A-2 of the Act, a corporation commits an offence if a disqualified individual is one of the corporation's key personnel, and the corporation is reckless as to that fact.
- I/we declare that all information provided in this form and any attachments is true and correct.

Signature: _____ Name of Key Personnel: _____

Position: _____ Date: _____

Signature: _____ Name of Key Personnel: _____

Position: _____ Date: _____