Residential Services



Application for registration of a residential service

Residential Services (Accreditation) Act 2002

This form is effective from 3 September 2018

ABN: 86 504 771 740

OFFICE USE ONLY

Date received

Application number

Lodgement details

Lodgement unit number

Amount allocated

Total amount

Instructions

This form needs to be completed to apply to register a residential service, as required under Section 10 of the Residential Services (Accreditation) Act 2002 (the Act).

Please note:

- The Notes accompanying this form should be read before completing this form
- Use BLOCK letters
- Attach extra pages if necessary
- All dates should be DD/MM/YYYY
- If you require further information regarding this form, please contact Regulatory Services on 07 3013 2666 or Department of Housing on 13 QGOV (13 74 68) for after hours enquiries.

Privacy statement—Please read

The Department of Housing is collecting your personal information in accordance with the Residential Services (Accreditation) Act 2002 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 Residential Services (Accreditation) Act 2002 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.

Fees are applicable for this registration. Refer to Notes for current fees. Goods and Services tax (GST) is not payable on the application fees.

Part 1—Service provider details—individual or partnership

(to be completed by each individual applicant)

Individual service provider details Please complete if applying for registration of a residential service as an individual or member of a partnership See Notes for instructions on completing this part	Preferred title Last name First Name Have you been k No Ye Other name(s)	Mrs ny other na provide oth		Other (specify)
Residential address	Address		State	Postcode
Postal address	Postal address		 State	Postcode

Part 1—Service provider details—individual or partnership continued		
Place of birth and date of birth	Place of birth (town, state and country) Date of birthDD / MM / YYYY	
	(Please supply a certified copy of your birth certificate, birth extract, passport or driver licence.) See notes for details on who can certify documents.	
Contact details	Phone (business)Fax (business)	
	Phone (home)Mobile	
	Email	
	Preferred contact method Phone Fax Mobile Email Mail	
Suitability Disclosure of previous convictions does not automatically disqualify you from being involved in the operation of a residential service. However, ongoing failure to disclose convictions may result in service registration being cancelled. A criminal history check will need to be conducted for each individual listed on this form.	Do you have any convictions less than five years old? No Yes—Please attach details Do you have any convictions greater than five years old where the sentence imposed was 30 months imprisonment or greater? No Yes—Please attach details Have you ever been bankrupt or had your estate assigned for the benefit of your creditors? No Yes—Please attach details Have you ever had an application refused or cancelled under the <i>Residential Services</i> (Accreditation) Act 2002 or similar Act of any state, territory or country? No Yes—Please attach details I have checked the answers I have given in this part and state that they, and the additional documents provided, are true and correct in every detail. Signature	
Dant a Compies provider	details Corneration	
Part 2—Service provider	details—Corporation	
Please complete if applying for registration of a residential	ACN (Australian Company Number)and/or	
service as a corporation.	Full name of corporation	
Corporate registered office address Note: a post office box address	Address State Postcode	
is not acceptable.		

Part 2—Service provider	details—Corporation continued
Nominated director Director nominated as main contact	Preferred title Mr Mrs Ms Miss Other (specify) Last name First name Position held in the corporation Residential address Suburb State Postcode Phone (business) Fax (business) Phone (home) Mobile Email Preferred contact method Phone Fax Mobile Email Mail
Suitability	Has the company executed a deed of company arrangement under the <i>Corporations Act 2001</i> (Cth) that has not yet terminated? No Yes—Please attach details Is the company subject to a winding up (whether voluntarily or under a court order under the <i>Corporations Act 2001</i> (Cth)? No Yes—Please attach details Has the company been the subject of an appointment of an administrator, liquidator, receiver or receiver and manager under the <i>Corporations Act 2001</i> (Cth)? No Yes—Please attach details Has the company 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. No Yes—Please attach details
Associate details Please copy and complete for each associate. Please refer to the Notes for the definition of 'Associate'.	Preferred title Mr Mrs Ms Miss Other (specify) Last name First name Have you been known by any other name? No Yes—Please provide other name below Other name(s) Are you, or have you been registered as a service provider and or associate for any other residential services in Queensland or interstate? No Yes—Please provide other name below
Residential address of associate	AddressStatePostcode

Part 3—Associate details	s continued
Postal address	Address
Enter 'as above' if the same as residential address of associate	Suburb State Postcode
Place of birth and date of birth of associate	Place of birth (town, state and country)
or birth or associate	Date of birthDD / MM / YYYY
	(Please supply a certified copy of your birth certificate, birth extract, passport or driver licence.) See notes for details on who can certify documents.
Suitability	Do you have any convictions less than five years old?
Disclosure of previous convictions does not	No Yes—Please attach details
automatically disqualify 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 months imprisonment or greater?
However, ongoing failure	No Yes—Please attach details
to disclose convictions may result in service accreditation being cancelled.	Have you ever been bankrupt or taken advantage of a law about bankrupt or insolvent debtors (as a debtor)?
A criminal history check will	No Yes—Please attach details
need to be conducted for each individual listed on this form.	Have you ever had an application refused or cancelled under the <i>Residential Services</i> (Accreditation) Act 2002 or similar Act of any state, territory or country?
	No Yes—Please attach details
Sign here	I have checked the answers I have given in this part and state that they, and the additional documents provided, 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.
	SignatureDateDD_/ MM / YYYY
	DD / MINI / TTT
Part 4—Details of the res	sidential service
Particulars of the	How do you intend to carry on the business?
residential service	Sole Trader Partnership Corporation
	Trading-entity name
	Australian Business Number (ABN)
	Business name

Registered Business Number (BN) (Not Australian Business Number) Is this the business name to be used in correspondence? Yes No Have you/corporation ever been registered as a Service provider for any other residential service in Queensland Yes No If yes, please provide details Owned Is the building: Leased Do you have the authority to carry out building works on the premises? Yes No Local Government to whom rates are paid _____

Part 5—Residential servi	ces details
Premises details If a residential service is provided at more than one premises, please submit details for each.	What is the maximum number of residents who are intended to be accommodated in the residential service? Addresses at which the residential service will be conducted?
	Suburb State Postcode (If the service is conducted from more than one address continue on a separate page.)
Management of the residential service	Will there be an onsite manager/ associate? If so, please provide their details below.
Services offered	Indicate the services that will be offered Accommodation Food service (means a service of regularly providing meals to a resident) Personal care services means a service of regularly providing or arranging to provide a resident with: a) help in: i. bathing, toileting or another activity related to personal hygiene; or ii. dressing or undressing; or iii. consuming a meal; or iv. meeting a mobility problem of the resident; or v. taking medication; or b) help in managing the resident's financial affairs.
Previous cancellations of registration	Have you previously had the registration for these premises cancelled by the department? Yes No If yes, how have you addressed the reasons for cancellation and/or why should the residential service be registered despite the reasons for cancellation? Date of refusal DD / MM / YYYY
Part 6—Criminal history	check
Criminal history check	You are required to complete a criminal history check and submit a National Police Certificate for each individual listed on this form. Fees may apply. Go to www.police.qld.gov.au/documents-for-purchase/national-police-certificates to apply.

Part 7—Checklist and declaration

Checklist and declaration

N/A = Not applicable.

Have you completed the following?

I have read all the accompanying Notes for this form.

I have completed all relevant parts of the form.

I have enclosed the fire safety management plan or a decision notice from a local government approving a development application that required a fire safety management plan to be provided as part of the application.

I have enclosed the building compliance notice stating that the premises in which the residential service is to be provided complies with the prescribed building requirements for each premises.

I have enclosed notification of compliance with MP2.1—Fire Safety in Budget Accommodation in buildings of that Code for each premises if accommodating six or more residents. This can be obtained by contacting either Queensland Fire and Emergency Services or your local council.

I have enclosed the appropriate fee.

I have completed a criminal history check for each individual listed on this form and have enclosed copy/ies of the National Police Certificate/s.

I have checked the answers I have given on this form and state that they, and the additional documents provided, are true and correct in every detail to the best of my knowledge.

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. The penalty for a corporation may be up to 1000 penalty units.

Applicants sign here

Please attach separate sheet for additional signatures.

For corporation— 1 x director and 1 x director or secretary unless you are a sole director—see section 127 of the Corporations Act 2001 (Cth).

Sign here



Signature
Signatory's name
Position held
DateDD / MM / YYYY
Signature
Signatory's name
Position held
DateDD / MM / YYYY
Signature
Signatory's name
Position held
Date
DD / MM / YYYY

Part 8—Lodgement and payment details		
Lodgement	Please email the completed application, any supporting documentation and fees to regulatoryservices@chde.qld.gov.au. If you would like more information regarding this application, contact Regulatory Services on o7 3013 2666, email regulatoryservices@chde.qld.gov.au, or visit our website at www.housing.qld.gov.au. After hours enquiries can be made to the Department of Housing on 13 QGOV (13 74 68).	
Payment details	Pay via BPOINT at: www.bpoint.com.au/pay/DHPWREGULATORYSERVICES Biller Code: 1655513 Receipts will not be generated unless specifically requested via BPOINT.	

Residential Services Form 1—Notes

Application for registration of a residential service



Residential Services (Accreditation) Act 2002

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ABN: 86 504 771 740

Instructions for Parts 1 and 2

One or more persons may be registered as the service provider for a residential service. If there is more than one individual applicant, each applicant should complete Parts 1 and 6 and sign Part 7. Please make as many copies of these parts as required. A certified copy of a birth certificate, birth extract, passport or drivers licence is required for each individual applicant and associate. A Justice of the Peace, Commissioner for Declarations, solicitor or notary public can certify copies of documents.

If the service is run by a partnership/group of individuals please ensure that each partner/individual completes a copy of this form.

A separate application should be submitted for each residential service.

Instructions for Part 3

All associates of the applicant must complete and sign a copy of Part 3 of this form.

Associates must also sign Part 7 of this form. A criminal history check will be performed for all associates.

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

Required documents for assessment of the building/s in which the residential service is provided

The safety and amenity of the building/s in which the residential service is provided must comply with registration requirements. You should attach to this application a copy of:

- building compliance notice issued by the local government within the previous 12 months, in relation to MP 5.7—
 Residential Services Building Standard of the Queensland Development Code and notification of compliance with MP
 2.1—Fire Safety in Budget Accommodation in Buildings of that Code if accommodating six or more residents. The building compliance notice is issued by local government and notification of compliance with MP 2.1 may be obtained by contacting either Queensland Fire and Emergency Services or your local council.
- a fire safety management plan or a copy of a decision notice from the local government approving a development application that required a fire safety management plan to be provided as part of the application.

A building compliance notice for premises, means a notice, issued by the local government for the local government area in which the premises are situated, stating that the premises comply with the prescribed building requirements.

Fire safety management plan

For premises that accommodate **six or more people** a fire safety management plan for a building is defined in section 104FC of the *Fire and Emergency Services Act 1990* as a plan that states each of the following matters, which must comply with the fire safety standard:

- 1. The allowable number of occupants for the building
- 2. the proposed maintenance schedule for the building's prescribed fire safety installations
- 3. the evacuation plan for evacuating the building's occupants, including occupants with an intellectual or physical disability, in the event of a fire in the building
- 4. proposed training programs for occupants and persons employed in the building about:
 - a) fire management and prevention
 - b) emergency evacuation
- 5. a list of the building's prescribed fire safety installations, together with the brand name and model number of each installation, if applicable.

The fire safety management plan must have attached to it, or be accompanied by, a copy of the building plans, in a reasonable scale, identifying the location of the building's prescribed fire safety installations.

For premises that accommodate a **maximum of four or five** residents, section 10 of the *Residential Services (Accreditation) Regulation 2018* requires that a fire safety management plan for a building must state:

- 1. the allowable number of occupants for the premises taking into account room size requirements stated in the prescribed building requirements
- 2. the proposed maintenance schedule for the premises' fire safety equipment
- 3. the evacuation plan for evacuating the premises' occupants, including occupants with an intellectual or physical disability in the event of a fire on the premises
- 4. the proposed training programs for occupants and persons employed on the premises about:
 - a) fire management and prevention
 - b) emergency evacuation
- 5. a list of the premises' fire safety equipment, together with the brand name and model number of each piece of equipment, if applicable.

The fire safety management plan must have attached to or be accompanied by, a copy of the building plans, in a reasonable scale, identifying the location of the premises' fire safety equipment and fire exits.

Fees

The fee for an application for registration of a residential service is \$360.40.

Note: Conducting a residential service without accreditation may result in a maximum penalty of 200 penalty units (maximum penalty \$28,750) or cancellation of registration. The maximum penalty for corporations is 1000 penalty units (maximum penalty \$143,750).

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