



Change in circumstance notification

Provider information form

This is the Change in circumstance notification baseform.

- If you are submitting a Change in circumstance notification subform(s), it must be accompanied by this baseform, otherwise the Commission will not accept your submission.
- Only one Change in circumstance notification baseform is required per submission.

Digital only form

You must complete this form digitally using a PDF reader application.

- Do not open the PDF in a web browser or on a handheld device.
- This form cannot be printed.

To submit your completed form:

- Save this file.
- Access the [Commission website](#) and complete your contact details.
- You will be emailed a unique link to upload your form securely.

Purpose of this notification

Use this form to notify the Commission of a Change of circumstance. Registered providers have an obligation to tell the Commission of a Change of circumstance within 14 days after they become aware of the change.

The information you provide in this form will help us to understand the purpose behind the Change of circumstance to determine if further action or inquiries need to occur.

Important Information

As the registered provider, you are responsible for the information provided in this form. Giving false and misleading information is a serious offence. There are offences established by the *Aged Care Act 2024* and the *Criminal Code Act 1995* relating to providing false and misleading information.

How to complete the notification form

This application form refers to 'you/your' and 'the applicant'. This means the legal entity (organisation or person) applying to change their registration details as a provider.

Provider guidance

There is guidance on our website to help you understand the questions asked in this form.

[Change of circumstance: provider guidance](#)

Have the guidance open when filling out this form. We expect that you have read and followed it on submitting the form.

Required sections

To successfully upload and submit this form, you must make sure that all selections made on page 3, [Section 2: Change of circumstance type](#), match the related forms you upload.

Your form will be **rejected** if the selection does not match to the uploaded forms.

Privacy and your personal information

 By completing this notification you agree and consent to your personal data being used in line with the Commission's [Notice of Collection](#)

The personal information collected through this form is protected by law. This includes the *Privacy Act 1988*, the Australian Privacy Principles, and the *Aged Care Act 2024*.

Information collected may include personal information of responsible persons such as their date of birth and contact details.

We use the information in this form, and other relevant information we obtain or receive, to perform our functions under the Aged Care Act. This information is used to make decisions about the registration of providers. This includes information used to update the Provider Register, as well as help us understand any risk to older people.

Information may be shared with other regulators if needed for their regulatory functions. This includes the Department of Health, Disability and Ageing, other State and Commonwealth agencies and where otherwise permitted or required by law.

Read the Commission's [Notice of Collection](#) which explains how we use personal information.

Guidance to assist you in completing this form

- [Provider Handbook](#)
- [Change of circumstance notification guidance](#)

Questions about this form?

Send your questions and contact details to providernotifications@agedcarequality.gov.au.

You can also contact the Commission's Customer Contact Team via phone at 1800 951 822.

For more information on this form visit the [Commission website](#)

Section 1: Registered provider details

1.1 Registered provider ID

1.2 Registered provider name

Registered provider's best contact details

Name the person who is the best contact for your *Change in circumstance notification* form.

1.3 First name

1.4 Last name

1.5 Business contact number

Only Australian landline and mobile numbers are accepted.

1.6 Email address

Section 2: Change in circumstance type

2.1 What change in circumstance would you like to notify to the Aged Care Quality and Safety Commission?

Select one or more that apply:

Provider suitability

Change to provider suitability to be a registered provider
Complete *Change to provider suitability to be a registered provider* form.

Changes to responsible persons

Adding a person as a responsible person
Complete *Adding a person as a responsible person* form.

Removing a person as a responsible person
Complete *Removing a person as a responsible person* form.

Suitability matter in relation to a responsible person of the employer
Complete *Suitability matter in relation to a responsible person of the employer* form.
If you're removing the person as a responsible person due to a suitability matter, you also need to complete the *Removing a person as a responsible person* form.

Organisation structure or governance arrangements

As well as this part, You should also complete:

- Relevant forms under **Changes to responsible persons** if there are changes to your responsible persons because of the organisation or governance changes.
- Relevant forms under **Changes to associated providers** if there are changes to your associated providers because of the organisation or governance changes.

Significant change in the organisation or governance arrangements of the provider
Complete *Significant change in the organisation or governance arrangements of the provider* form.

Changes to scale of provider

Significant change in the scale of the provider
Complete *Significant change in the scale of the provider* form.

Changes to services

Adding a service type to registration
Complete *Adding a service type to registration* form.

Removing a service type from registration
Complete *Removing a service type to registration* form.

Changing the intended delivery of any specialist aged care programs
Includes ceasing delivery of the program.
Complete *Changes to specialist aged care programs* form.

Changes to associated providers

Only for providers with a registration in Category 4, 5, or 6.

Add an associated provider
Complete *Adding an associated provider* form.

Remove an associated provider
Complete *Remove an associated provider* form.

Changes to arrangements with an associated provide
Please *Changes to arrangements with an associated provider* form.

Residential care homes

Changes to an approved residential care home
Complete *Changes to an approved residential care home* form.

Financial and prudential matters

Changes to financial and prudential matters
Complete *Financial and prudential matters* form.

Section 3: Declaration

Submitting the form

Depending on the type of entity making this application, the person who signs below must be:

- **Body corporate:** An individual authorised to bind the body corporate
- **Body politic:** An individual authorised to bind the body politic
- **Partnership:** A member of the partnership
- **Individual/sole trader:** The individual named as the entity
- **Unincorporated association:** A member of the governing body

 You will not be able to make changes to the notification once it has been submitted. The details you provide must be accurate and truthful.

I declare that:

1. I am lawfully authorised to act on behalf of the entity making the notification (including giving assurances on behalf of the legal entity);
2. I am aware that:
 - a. it is an offence under the *Criminal Code Act 1995* to give false or misleading information to a Commonwealth entity;
 - b. giving false or misleading information is a serious offence;
3. I have provided true and accurate information in this notification, including information in any attachments;
4. I consent to the Commissioner obtaining information and documents from other persons or organisations, including the Department of Health, Disability and Ageing, other Commonwealth, State and Territory government agencies and authorities to assist in assessing this notification;
5. I understand that information I give to the Commission may be disclosed where permitted or required by law, including to the Department of Health, Disability and Ageing or other Commonwealth agencies;
6. I have read and understood the Introduction - Request for a change in circumstances form;
7. I understand the conditions of registration and obligations of registered providers under Chapter 3, Part 4 of the *Aged Care Act 2024*;
8. I understand that information provided in this notification may be published by the Commission and used to update the Provider Register;
9. if the notification related to changes with a responsible person(s), all of the responsible persons of the entity are suitable to be involved in the provision of aged care (with reference to the suitability matters in relation to an individual under section 13 of the Aged Care Act - See [Appendix 1: Suitability Matters](#);
10. I understand that the Commission will examine its own records in relation to this notification as it may relate to the suitability of the entity or the suitability and conduct of any responsible persons of the entity;
11. I understand that if a consultant or external party was engaged to assist, or artificial intelligence has been used, in preparing this notification, the entity is responsible for:
 - a. the information provided in this notification (including the entity reviewing any information provided and adapting it to the entity's circumstances);
 - b. ensuring that the information in this notification is true and correct; and
 - c. ensuring that the information in the attachments provided with this notification is true and correct.

Ticking this box verifies that you fully comprehend and agree to the above matters.

3.1 First name

3.2 Middle name (Optional)

3.3 Last name

3.4 Position title

3.5 Email address

Please provide a monitored and secure email address suitable for receiving information that may be sensitive or confidential. We may contact you using this address in relation to the information submitted in this form.

3.6 Contact number

Only Australian landline and mobile numbers are accepted.

3.7 Date

Appendix 1: Suitability Matters

Section 13 Meaning of suitability matters in relation to an individual

1. Each of the following matters is a suitability matter in relation to an individual:
 - a. the individual's experience in providing, at any time, funded aged care services or other similar services;
 - b. whether a banning order against the individual is, or has at any time been, in force;
 - c. whether an NDIS banning order against the individual is, or has at any time been, in force;
 - d. whether the individual has at any time been convicted of an indictable offence;
 - e. whether a civil penalty order against the individual has been made at any time;
 - f. whether the individual is, or has at any time been, an insolvent under administration;
 - g. whether the individual is, or has at any time been, the subject of adverse findings or enforcement action by any of the following:
 - i. a Department of the Commonwealth or of a State or Territory;
 - ii. the Australian Securities and Investments Commission;
 - iii. the Australian Charities and Not-for-profits Commission;
 - iv. the Australian Competition and Consumer Commission;
 - v. the Australian Prudential Regulation Authority;
 - vi. the Australian Crime Commission;
 - vii. AUSTRAC (within the meaning of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*);
 - viii. the Australian Health Practitioner Regulation Agency;
 - ix. another body established for a public purpose by or under a law of the Commonwealth;
 - x. a State or Territory authority (including, but not limited to, a body that is equivalent to a body mentioned in subparagraphs (ii) to (viii));
 - xi. a local government authority;
 - xii. a body responsible for maintaining standards of conduct in a profession that is involved in the delivery of funded aged care services;
 - h. whether the individual:
 - i. is, or has at any time been, the subject of any findings or judgment in relation to fraud, misrepresentation or dishonesty in any administrative, civil or criminal proceedings; or
 - ii. is currently party to any proceedings that may result in the individual being the subject of such findings or judgment;
 - i. whether the individual is, or has at any time been, disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001*;
 - j. if circumstances prescribed by the Aged Care Rules 2025 apply in relation to the individual—the individual is a person in respect of whom the worker screening requirements prescribed for the purposes of section 152 of the Aged Care Act are met;
 - k. any other matter prescribed by the Aged Care Rules 2025.

End of form

To submit your completed form, save this file and upload it to the [Commission website](#) 