



# Digital platform operator notification form

Notice of operation under s 189  
of the *Aged Care Act 2024*

## Who uses this form

You can use this form if you are an aged care digital platform operator that is a constitutional corporation.

## When to use this form

You can use this form to notify or update the Aged Care Quality and Safety Commission (Commission) about your operation.

Under section 189 (s 189) of the *Aged Care Act 2024* (Aged Care Act) you must notify (tell) the Commission within 14 days of starting operations as an aged care digital platform:

- that you are operating the platform
- the service types you plan to provide access to through your platform.

If there is a change in the operator of the digital platform, the new operator must tell us within 14 days.

You can find more information about your obligations by using the [Aged Care Provider Requirements Search](#) on the Department of Health, Disability and Ageing's website.

## Digital platform operators who are also registered providers

If you are a digital platform operator who is also a registered provider, or planning to be one, you need to tell us you are operating a digital platform through this form. This applies even if you have already told us through your [registration](#) or [renewal application forms](#). This is to make sure you meet your obligations as a digital platform operator under s 189 of the Aged Care Act.



## Privacy and your personal information

By completing this form, you agree and consent to the Commission using your personal information in line with our [Notice of Collection](#).

The personal information we collect through this form is protected by law, including the:

- *Privacy Act 1988*
- Australian Privacy Principles
- Aged Care Act.

The information we collect includes personal information of your key contact person, such as their identity and contact details.

We use the information in this form, and other relevant information we gather, to perform our functions under the Aged Care Act.

We use the information from this form to:

- record details of your operation
- update the Digital Platform Operator Register
- help us understand any risk to older people.

We can share this information:

- with other state, territory and Australian Government agencies
- in other ways that the law permits (allows) or requires us to.

If you do not provide this information, your organisation may not meet its notification obligations under s 189 of the Aged Care Act.

If you do not meet your notification obligations, we have certain compliance and enforcement actions we can take, to exercise our regulatory powers under the Aged Care Act.

## Completing the form

You must complete Section 1 of this form.

If you are giving us a **new notification** about your operation, you must also complete Sections 2 to 5.

If you are letting us know about **changes in your operation**, you must complete the questions in Sections 2 to 5 that apply to your change.

To complete this form, you may need to provide supporting documents about your operation. Each section of the form will list what documents you need to include.



## Submitting the form

You are responsible for making sure all the information you provide is accurate and complete. You should check all information before you submit your form.

Email the completed form and all supporting documents to [registrar.applications@agedcarequality.gov.au](mailto:registrar.applications@agedcarequality.gov.au) within 14 days of:

- your operation commencing, or
- changes in your operation.

## After you submit the form

If any information is missing or inaccurate, we will:

- ask you to review and resubmit your form
- not process the form until you provide the requested information.

If we have questions about the information you provided, we will:

- ask you to clarify or explain further
- give you a due date to respond – this date will be based on what we think is reasonable.

It is your responsibility to make sure that you complete all fields in this form that apply to you and provide us with any supporting documents we have requested.

## Questions about this form

You can send your questions to [registrar.applications@agedcarequality.gov.au](mailto:registrar.applications@agedcarequality.gov.au).



## Section 1: Notification type

Select the reason for completing this form.

☐ New digital platform operator notification

Complete Sections 2 to 5.

☐ Change in digital platform operator notification

Complete:

- Section 5.2: Date of operation
- any questions in Sections 2 to 5 that relate to the changes to your digital platform's operation.

## Section 2: Business registration details

### Section 2.1: Australian Business Number (ABN)

Do you have an ABN?

☐ Yes

Complete Section 2.2: ABN details.

☐ No

Go to Section 2.3: Name of digital platform.

### Section 2.2: ABN details

<b>ABN</b> This should match the ABN in the <a href="#">Australian Business Register</a> .	
<b>Entity name</b> This should match the entity's legal name in the <a href="#">Australian Business Register</a> .	

### Section 2.3: Name of digital platform

<i>If this is a new digital platform notification:</i> <b>What is the name of your digital platform?</b>	
<i>If you are notifying us of a change to your digital platform that is not a name change:</i>	



<b>What is the name of your digital platform?</b>	
<i>If you are notifying us of a change to the name of your digital platform:</i> <b>What is the new name of your digital platform?</b>	

## Section 3: Business contact details

### Section 3.1: Registered business address

<b>Unit number</b> (if relevant)	
<b>Level number</b> (if relevant)	
<b>Building name</b> (if relevant)	
<b>Street number</b>	
<b>Street name</b>	
<b>Street type</b>	
<b>Suburb</b>	
<b>State</b>	
<b>Postcode</b>	

### Section 3.2: Postal address

Is the postal address the same as the registered business address?

☐ Yes

Go to Section 3.4: Contact details.

☐ No

Complete Section 3.3: Postal address details.

### Section 3.3: Postal address details

<b>Postal box type</b>	
<b>Postal box number</b>	
<b>Unit number</b> (if relevant)	
<b>Level number</b> (if relevant)	
<b>Building name</b> (if relevant)	
<b>Street number</b>	
<b>Street name</b>	
<b>Street type</b>	
<b>Suburb</b>	
<b>State</b>	
<b>Postcode</b>	



## Section 3.4: Contact details

<b>Business contact number</b> Australian landline and mobile numbers only. Include the area code.	
<b>Emergency and after hours contact number</b> Australian <b>mobile</b> numbers only.	
<b>Business email address</b> Enter your preferred business email address for receiving Commission documents and communications.	
<b>Website address</b>	

## Section 4: Key contact person

The person listed below is authorised to act for the digital platform operator. They may need to provide more information to help the Commission process this form.

### Section 4.1: Personal details

<b>Title</b>	
<b>First name</b>	
<b>Middle name</b> (optional)	
<b>Last name</b>	
<b>Former name/s</b> (if applicable)	
<b>Preferred name</b> (optional)	
<b>Role/position</b>	

### Section 4.2: Contact details

<b>Business contact number</b> Australian landline and mobile numbers preferred. Include the area code. For international numbers, make sure the contact number starts with a + followed by the country code.	
<b>Alternative contact number</b> (optional) Australian landline and mobile numbers preferred. Include the area code. For international numbers, make sure the contact number starts with a + followed by the country code.	
<b>Email address</b>	



<b>What days is this contact available?</b> Select one or more that apply.	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>What time is this contact available?</b> Provide the time in 24-hour clock format as HH:MM.	
<b>What is your time zone?</b>	



## Section 5: Digital platform operation details

### Section 5.1: Service types

#### What service types do you plan to provide access to?

Select one or more that apply.

#### Home and community services

- ☐ Domestic assistance
- ☐ Home maintenance and repairs
- ☐ Meals
- ☐ Transport

#### Assistive technology and home modifications

- ☐ Equipment and products
- ☐ Home adjustments

#### Advisory and support services

- ☐ Hoarding and squalor assistance
- ☐ Social support and community engagement

#### Personal and care support in the home or community

- ☐ Allied health and therapy
- ☐ Personal care
- ☐ Nutrition
- ☐ Therapeutic services for independent living
- ☐ Home or community general respite
- ☐ Community cottage respite
- ☐ Care management
- ☐ Restorative care management

#### Nursing and transition care

- ☐ Nursing care
- ☐ Assistance with transition care

#### Residential care (including respite)

- ☐ Residential accommodation
- ☐ Residential everyday living
- ☐ Residential clinical care
- ☐ Residential non-clinical care





## Section 5.2: Date of operation

**When did you start operating the digital platform?**

Provide the date as DD/MM/YYYY.

## Section 5.3: Roles and responsibilities

**If you have any relationships with registered providers within your corporate structure, please provide the details of these relationships here.**