



Aged care approved provider

Request to revoke approval form

About this form

Approved providers may request that the Aged Care Quality and Safety Commissioner (the Commissioner) revoke their approval in accordance with section 63H of the *Aged Care Quality and Safety Commission Act 2018* (the Commission Act). If you wish to make such a request, you must do so in accordance with the requirements set out on section 63H(2) of the Commission Act. Providers should use this approved form to request the Commissioner to revoke your approval to provide aged care services.

Before a provider's approval can be revoked, the Commissioner must be satisfied that the matters under section 63H(3) have been addressed, meaning:

- **for residential care services or flexible care services:**
 - the allocation of places has been relinquished in accordance with section 18-1(1)(a) of the *Aged Care Act 1997* (Aged Care Act), or will be prior to the revocation day, and
 - the allocation of places has been revoked under section 18-5 of the Aged Care Act or by a notice given under section 63N of the Commission Act or will be prior to the revocation day.

- **for home care services:**

- appropriate arrangements have been made to ensure that care recipients (if any) to whom the provider will no longer be approved to provide home care after the revocation day will continue to be provided with care after that day.

In addition to this approved form you are required to provide the following documentation and/or information with your request:

- the day (**revocation day**) on which the revocation is to take effect
- a request for your approval to be revoked must be submitted at least **60 days**, or such other number of days as specified in the *Aged Care Quality and Safety Commission Rules 2018*, before the revocation day.

For all types of care

- A copy of correspondence signed by key personnel informing care recipients of your intention to cease being an approved provider.
- A copy of financial statements or evidence issued from the Department of Health and Aged Care demonstrating the repayment of unspent fees to care recipients or their estates, unspent subsidies to the Commonwealth, and/or the repayment or transfer of refundable deposits to care recipients or a new approved provider where applicable.

If you provide residential care and/or flexible care in a residential care setting

- A copy of your communication plan developed for engaging with care recipients regarding the closure of your aged care services.
- Correspondence from the Department of Health and Aged Care confirming the allocation of places to you have ceased to have effect or will cease to have effect before the revocation day.
- Documents or information demonstrating the refund of refundable deposits to all care recipients.

If you provide home care services

- A list of transferred care recipients.
- Documents or information demonstrating the repayment of any unspent fees to care recipients or their estates, and repayment of any unspent subsidies to the Commonwealth.
- Correspondence confirming that arrangements have been made to ensure that care recipients to whom the provider will no longer be approved to provide home care will continue to be provided with care after that day.

Important information for approved providers

Section 63H of the Commission Act requires the Commissioner to revoke the approval for all types of care if the Commissioner is satisfied of the matters under section 63H(3) of the Commission Act.

If the Commissioner is satisfied of the matters in section 63H(3) of the Commission Act, the Commissioner will revoke your approval as a provider of aged care and all your rights and entitlements as an approved provider will cease from the revocation day.

A revocation under 63H does not prevent you from re-applying for approval as an approved provider. If you do, your previous conduct as an approved provider will be considered in any decision as to your suitability.

Completing this form

The declaration on page 9 must be completed by a governing person. Only governing persons who are lawfully authorised to act on behalf of/represent the organisation (for instance, to enter contracts) can sign this application form.

Submitting this application form

Before submitting your request for revocation:

- Check that you have answered all questions and that you have attached documentation or information where relevant.
- Submit your completed form and attachments to: APRevocationRequest@agedcarequality.gov.au

After you submit the form

After receipt of this form, the Aged Care Quality and Safety Commission (the Commission) may seek further information from you in respect of the request for your approval to be revoked.



It is your responsibility to make sure that all relevant fields are completed and that the supporting documentation or information is attached with the form.

If any information is missing or incomplete, this form will be returned to you for further action, and you must return within the required timeframes.

Notice of Collection

Before completing this form, read the Commission's [Notice of Collection](#) that explains how we use personal information.

Privacy policy

The information collected in this form is protected information under Part 7 of the Commission Act.

You can access the Commission's [privacy policy on the Commission's website](#).

Record keeping

The Aged Care Act and Records Principles Section 11, specifies if you cease to be an approved provider, you must retain, for 3 years after the 30 June of the year in which provision of the care ceased, records relating to the care recipients.

Questions about this form?

Please send your questions and contact details to APRevocationRequest@agedcarequality.gov.au.

Provider responsibilities and legal obligations

Providers are encouraged to familiarise themselves with the legislation and obligations to ensure they have met the requirements outlined in the Commission Act, Commission Rules and the Aged Care Act.

As an Approved Provider of Aged Care, you have a legal obligation to transfer any unspent home care amount to a new provider or return unspent home care amounts to the Commonwealth.

Section A: **Details of person completing this form**

If the person completing this form is not one of the approved provider's governing persons, they must be authorised by the approved provider and may be required to engage with the Commission for the purpose of processing this form.

Full name (including middle name if applicable):	
Role or position:	
Phone:	
Email:	

Section B: **Approved provider details**

Approved provider name:	
Approved provider NAPS ID:	
Registered Trading Name (if applicable):	
ABN:	
Incorporation number (ACN/IAN etc):	
Physical Address:	
Postal Address:	

Section C: **Type of care approved for**

Select all that apply:

<input type="checkbox"/>	Residential Care (complete section E)
<input type="checkbox"/>	Home Care (complete section F)
<input type="checkbox"/>	Flexible Care (complete section G)

Section D: Reason for requesting revocation

Nominated date* on which you would like the revocation to take effect (subject to external agency requirements).

**You must not enter a date less than 60 days after this form is signed and submitted to the Commission.*

Nominated date:

Explain the reasons for requesting that the Commissioner revoke your approval to provide aged care under section 63H of the Commission Act. Your reasons may relate to your ability to meet your aged care responsibilities under Chapter 4 of the *Aged Care Act 1997* (Aged Care Act) i.e. financial management, quality of care and corporate governance.

Select from the following options that apply and provide an explanation in the space provided:

1. No longer want to provide aged care and want to exit the aged care industry.

Have you sold your service(s) to another approved provider or new owners?



You **must** complete a [Notification form](#) and submit to the Commission before proceeding with this request.

No

Yes

2. Business structure/model has changed.

3. Unable to comply with your responsibilities under Chapter 4 of the Aged Care Act including for example, the responsibility to comply with the Aged Care Quality Standards.

4. No longer financially viable and unable to meet your financial obligations under the Aged Care Act.

5. Other

6. Have you contacted or engaged with anyone within the Department of Health and Aged Care, Services Australia or the Commission in relation to this matter?



Please provide details and attach copies of any correspondence to this form.

Section E: **Residential care service details (if applicable)**

Provide details of each residential care service:

Residential Care Service 1	
Name of Service:	
NAPS Service ID:	
Number of allocated places:	
Date service closed:	
Residential Care Service 2	
Name of Service:	
NAPS Service ID:	
Number of allocated places:	
Date service closed:	
Residential Care Service 3	
Name of Service:	
NAPS Service ID:	
Number of allocated places:	
Date service closed:	

You can provide details of up to three residential care services in this form. If necessary, additional services can be attached separately. Please indicate below if you have attached details of additional services (you must duplicate the details set out in the section below).

Have you attached details of additional services to this form?	No	Yes
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Please title the attached document ***Addendum to residential care service details.***

What arrangements have you made to ensure that care needs are appropriately met for those care recipients (if any) who are being provided with care in respect of the places to be relinquished?	
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What arrangements have you made for ensuring that you have met your responsibilities under the Aged Care Act in relation to ceasing to provide care? This includes financial obligations in respect of care recipients exiting or transferring to another approved provider (i.e. refundable deposits).	
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You **must** attach documentation demonstrating the refund of refundable deposits to all care recipients and documentation that evidences the arrangements you have put into place to ensure the care needs are met for your care recipients. **This form will be returned if you do not attach the relevant documentation.**

Date the allocated places will cease or have ceased:	
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Allocation of residential places

You **must** provide information about whether your allocation of places has ceased to have effect or will cease to have effect before the revocation day. Your request will not be processed if one of the following has not occurred.

	Allocation of places has ceased to have effect under paragraph 18-1(1)(a) or (b) of the Aged Care Act; or
	Allocation of places will cease to have effect under that paragraph before the revocation day.

If your allocation of places has not ceased or will not cease to have effect before the revocation day, please explain why.	
Provide any other information relevant to the cessation of your allocated places.	

Section F: **Home care service details (if applicable)**

Provide details of each home care service:

Home Care Service 1	
Name of Service:	
NAPS Service ID:	
Number of care recipients:	

Home Care Service 2	
Name of Service:	
NAPS Service ID:	
Number of care recipients:	

Home Care Service 3	
Name of Service:	
NAPS Service ID:	
Number of care recipients:	

You can provide details of up to three home care services in this form. If necessary, additional services can be attached separately. Please indicate below if you have attached additional details (you must duplicate the details set out in the section below).

Have you attached details of other services to this form?	No	Yes
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Please title the attached document ***Addendum to home care service details.***

What arrangements have you made to ensure that the care recipients to whom you will no longer be approved to provide home care after the revocation day will continue to be provided with care after that day?	
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What arrangements have you made for ensuring that you have met your responsibilities under the Aged Care Act in relation to ceasing to provide home care? This includes financial obligations in respect of care recipients exiting or transferring to another approved home care service (i.e. issuing of monthly statement of available funds and expenditure).	
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Did you inform/have you informed care recipients of your intention to cease providing home care?	No	Yes
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You **must** attach either a copy of your communication plan (developed for the purpose of engaging with care recipients regarding the closure of your service), or a copy of the correspondence signed by key personnel and sent to care recipients informing of the closure of your service. **This form will be returned if you do not attach the relevant documentation.**

Have any care recipients transferred to another home care provider prior to this form being submitted? Note if your service has closed more than 12 months ago you only need to provide written confirmation from the department that your care recipients have been transferred.	No	Yes
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You **must** provide details of each transfer using the [List of transferred care recipients](#) template at the end of this form.

Section G: **Flexible care service details (if applicable)**

Provide details of each service you deliver flexible care from:


Flexible Care Service 1	
Name of Service:	
NAPS Service ID:	
Number of allocated places:	

Flexible Care Service 2	
Name of Service:	
NAPS Service ID:	
Number of allocated places:	


Flexible Care Service 3	
Name of Service:	
NAPS Service ID:	
Number of allocated places:	

You can provide details of up to three flexible care services in this form. If necessary, additional services can be attached separately. Please indicate below if you have attached additional details (you must duplicate the details set out in the section below).

Have you attached details of other services to this form?	No	Yes
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 Please title the attached document ***Addendum to flexible care service details.***

What arrangements have you made for ensuring that you have met your responsibilities under the Aged Care Act in relation to ceasing to provide care? This includes financial obligations in respect of care recipients exiting or transferring to another approved service (i.e. refundable deposits).

 You **must** attach documentation demonstrating the repayment of any unspent fees to care recipients or their estates, unspent subsidies to the Commonwealth, and/or the repayment or transfer of refundable deposits to care recipients or the new provider. **This form will be returned if you do not attach the relevant documentation.**

Allocation of flexible care places

You **must** provide information about whether your allocation of places has ceased to have effect or will cease to have effect before the revocation day.

	Allocation of places has ceased to have effect under paragraph 18-1(1)(a) or (b) of the Aged Care Act; or
	Allocation of places will cease to have effect under that paragraph before the revocation day.

<p>If your allocation of places has not ceased or will not cease to have effect before the revocation day, please explain why.</p>	
<p>Provide any other information relevant to the cessation of your allocated places.</p>	

Section H: **Required attachments**

The following attachments must be provided to assist with demonstrating that you have complied with your aged care responsibilities under Chapter 4 of the *Aged Care Act 1997* as an approved provider.

Please note: If you have not provided all specified documents and information as applicable to your circumstances, the Commission will not accept this form and will return it to you.

Tick all that you have attached/completed:

	For home care services, completion of Attachment A - List of transferred home care service recipients (at end of this form).
	For providers who have closed their services within the last 12 months, a copy of the correspondence signed by a governing person informing care recipients of your intention to cease being an approved provider, including a summary of how you ensured continuity of care for consumers.
	A copy of your communication plan developed for the purpose of engaging with care recipients regarding the closure of your aged care services.
	If you provide home care services, documents or information demonstrating the repayment of any unspent fees to care recipients or their estates, and repayment of any unspent subsidies to the Commonwealth.
	If you provide residential or flexible care services, documents or information demonstrating the refund of refundable deposits to all care recipients.

Do you have any other documents or information you wish to submit?	
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Required Signature

Only governing persons who are lawfully authorised to act on behalf of/represent the organisation (for instance, to enter contracts) can sign this *Request to Revoke Approval* form.

A governing person is defined under the *Aged Care Quality and Safety Commission Act 2018*.

Specifically, the person signing this form must be one of your key personnel who is authorised or has responsibility for, or significant influence over, planning, directing or controlling the activities of the approved provider at that time.

If you are not currently listed as key personnel of your organisation, you will need to submit a [notification form](#).

Privacy and Your Personal Information

Your personal information is protected by law, including the *Privacy Act 1988*, and is being collected by the Commission for the primary purposes of:

- Making a request to the Commissioner to revoke your organisation's approval to provide aged care services;
- Understanding whether you have met your aged care responsibilities in relation to care recipients, including in relation to the ongoing provision of care and the refund or transfer of subsidies or refundable deposits;
- updating your organisation's records.

The information you provide to the Commission on, and attached to, this form may be disclosed to the Department of Health and Aged Care, other State and Commonwealth agencies and where otherwise authorised or required by law.

You can obtain more information about the way in which the Commission will manage your personal information by accessing our [Privacy Policy](#).



Declaration

I/ we declare that:

- I/we have read and understood the above privacy notice.
- I/we declare that I/we have the legal authority to sign this form and give assurances on behalf of the approved provider.
- I/we declare that all information provided in this form and any attachments is true and correct.
- I/we understand that it is an offence under section 137.1 of the Criminal Code to provide false or misleading information to the Commission.
- Submission of this form does not automatically remove your organisation's responsibilities or obligations as an approved provider.

Signature – Governing Person

Full name:	
Signature:	
Position:	
Date:	



