

Application for a person to be Acting Manager of a Supported Residential Facility

Nomination of Acting Manager

I, _____ (Print full Name of current Manager)
Nominate _____ (Print full Name of intended Acting Manager)
to be the Acting Manager of _____ (Name of Facility)
during the absence on leave of the Manager.

Signed (Manager) _____ Date _____

I, _____ (Name of Acting Manager)
of _____ (full address)
Agree to act as Acting Manager
of _____ (Name of Facility)
under Section 34 of the Supported Residential Facilities Act 1992.

Signed (Acting Manager) _____ Date _____

I attach Hereto:-

1. Supportive evidence of my current qualification/s
2. Reference of previous experience or training.
3. Police Clearance.
4. Any other information which may assist the Council in consideration of the application, including the qualifications and experience of the person who will be involved in operating and managing the facility and their role.

Note: Where a manager is absent for a period exceeding seven (7) days, the licensee shall appoint, subject to the approval of the licensing authority, a person to temporarily manage that Supported Residential Facility. A facility must not have an acting manager for a period exceeding 3 months. (refer Regulation 17 Supported Residential Facilities Regulations 2009).