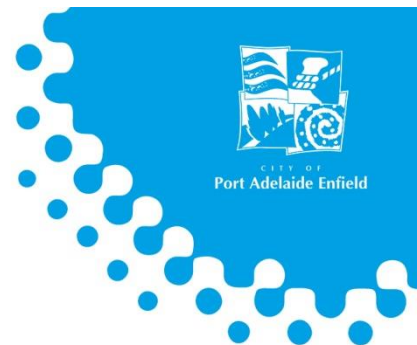


Supported Residential Facility Transfer of Licence Application



APPLICATION FOR TRANSFER OF LICENCE OF A SUPPORTED RESIDENTIAL FACILITY (Pursuant to Section 30 of the Supported Residential Facilities Act 1992)

DETAILS OF PREMISES

Name of premises (if any)	<input type="text"/>
Address of premises	<input type="text"/>
Phone number of premises	<input type="text"/>
Full name of the owner of the building (if not the applicant)	<input type="text"/>
Address of the owner	<input type="text"/>
Phone number	<input type="text"/>
If the applicant is different from the building owner, what is the length lease has been arranged/approved?	
<input type="text"/>	Months <input type="text"/> Years

DETAILS OF APPLICANT

Full name	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>
<p>Footnote: Where the applicant is a body corporate please provide the full name(s), address(es) and telephone numbers of all partner(s), Director(s), or community organisation (including details of the chairperson and secretary of the board of management) responsible for the conduct of this facility. Attach a separate sheet if required.</p>	
ABN/ ACN (if company)	<input type="text"/>

Please provide copies of Australian Securities and Investment Commission's (ASIC) search and/or searches from State Business and Corporate Affairs Department regarding company and business registrations.

REFERENCES

Please provide the names, addresses and telephone numbers of:

Two referees able to be consulted about the applicant's character and recent employment/ business history

Bankers/ other persons able to provide reference to the financial security of the proposed undertaking

Please give details of Supported Residential Facilities, or similar facilities, in which the applicant has, or has had, an interest, or in which the applicant has been employed.

Where the applicant has owned or managed a facility elsewhere in Australia a reference should be obtained from the licensing authority.

Has the applicant, or any partners, Director, or community organisation with which the applicant is, or has been involved, been subject to any warnings or cancellation of licence proceedings with any licensing authority in South Australia or elsewhere? If so, please give details.

Has the applicant, or any person responsible for the proposed conduct of the facility, been convicted of any offence relevant to the care of people requiring personal care services?

If so, please give details.

Note that licensing authorities are empowered to obtain a Police Check on all applicants.

Please provide documentation demonstrating financial viability, such as independently audited annual financial statement for the most recent financial year for the proposed licensee, consisting of profit and loss statement and balance sheet.

FACILITY DETAILS

Are any changes to the aims and objectives, category of residents, or levels of service at the facility being proposed? If so, please give details.

Is it intended that the facility provide nursing care?

Yes / No (Please Circle)

Are any changes to the accommodation and maximum number of residents being proposed? If so, please give details.

Is the facility intended to be dual licensed e.g. Retirement Villages Act?

Yes / No (Please Circle)

If yes, please provide a copy of license/ accreditation.

Has a Food Safety Program been prepared?

Yes / No (Please Circle)

If yes, please provide a copy of the Food Safety Plan.



STAFFING

Regulation 16 (h) stipulates that where there are 30 or more residents residing at a facility, management must ensure that the staff includes both a cook and a cleaner in addition to staff who provide personal care services.

If the applicant proposes to manage the facility, please give details (including dates) of qualifications or related experience and employment.

If the applicant proposes to manage the facility, a confidential reference should be forwarded by the applicant's registered medical practitioner advising of any medical condition or disability which may affect the applicant's ability to manage a Supported Residential Facility.

If the Applicant does not propose to manage the facility, please give the following details of the proposed Manager and where applicable assistant manager:

Full name

Address

Telephone

Is the proposed Manager currently approved to manage a Supported Residential Facility?

Yes / No (Please Circle)

If yes, please give details of the approval given and the facilities managed.

Please note that a separate Application for Approval of Manager is required for any person not currently approved by the licensing authority.

Please provide position descriptions for all staff members.

FIRE SAFETY

Do the premises have adequate fire safety provisions in place e.g. - exit signage, emergency lighting, fire extinguishers, fire extinguishers, fire hose reels, fire sprinklers system, evacuation plans?

YES NO (Please circle)

If yes, please provide details

Do the premises have a Schedule of Essential Safety Provisions which is being maintained in accordance with Regulation 76 of the Development Regulations 2008?

YES NO (Please circle)

If yes, please provide details

Provide evidence of Form 3 – Certificate of Compliance with Maintenance Procedures for Essential Safety Provisions annual return completed and signed by the owner or manager

Provide the name, address and contact details of the current fire safety service maintenance contractor engaged to undertake inspection and maintenance of the fire safety systems.

Full name

Address

Telephone

Does the operator of the supported residential facility have a current fire safety certificate from the SAMFS issued on a triennial basis? Please attach copy of the certificate with this application.

DECLARATION

I hereby declare that the information contained in this application is accurate and complete, and that I will comply with the requirements of the Supported Residential Facilities Act, Regulations, and Guidelines and any other reasonable requirements of the licensing authority.

Signature

Date

ENDORSEMENT BY CURRENT LICENSEE

I hereby support this application for transfer of licence in respect of the Supported Residential Facility known as

and located at

Full name

Signature

Date

 /

NOTES

- "Supported Residential Facility" or "facility" means the premises at which, for money or other consideration (but whether or not for profit), residential accommodation is provided or offered together with personal care services (other than for members of the immediate family of the proprietor or facility).
- No building or any part thereof shall be used for the purpose of a Supported Residential Facility unless and until the building, or part thereof is licensed.
- The holder of the licence for the building shall ensure that the premises are maintained in at least as good a condition as approved at the time of granting or last renewing of the licence. The licensee of the Supported Residential Facility shall, as a condition of the licence provide the Manager with the resources to enable that person to comply with the obligations placed by the Supported Residential Facilities Regulations.
- A licence for the building shall not be renewed or transferred by the licensing authority until the premises have been inspected and the licensing authority is satisfied that the premises comply with the Regulations.
- The premises shall not be used for the purpose of a Supported Residential Facility until a person is approved and licensed as Manager by the licensing authority. An Acting Manager, approved by the licensing authority, must be appointed if the Manager is absent from the premises for more than seven days.
- All premises are subject to inspection at any reasonable hour.
- An application fee for the transfer of a licence must accompany this form.
- Please ensure that all sections of the form are completed and that any extra information required (e.g. confidential medical reference, Application for Approval as Manager - if required) is attached before lodging the application for transfer of licence with the licensing authority.

