

# Application to Register as an Appointed Supplier

## Overview

Thank you for your interest in becoming registered as an Appointed Supplier for the Australian Government Hearing Services Program.

Please click the link below to begin your application.

You may wish to download a PDF version of the application form [here](#) `<user_uploads/application-to-register-as-an-appointed-supplier---australian-government-hearing-services-program.pdf>` before you proceed.

## Important Information

Thank you for your interest in applying for registration to supply approved hearing devices to clients of the Hearing Services Program (the program) through Contracted Hearing Service Providers (providers).

Please read the Deed of Standing Offer (the Deed), provide your name and email address, and read the documentation checklist below before continuing to the application.

## Deed of Standing Offer

The Service Provider Contract and Associated Legislation requires that a provider may only fit a voucher holder with a hearing device that has been approved by the Minister by an appointed supplier under the program. Approval of a device by the Minister is dealt with in accordance with the terms and conditions of the current Deed.

It is in your best interest to ensure you read and understand the Deed prior to completing the application. Ensure that you are willing to agree to the requirements of registration as set out in the Deed should your application be successful. You should be aware that if you do not comply with the Deed once registered, your registration can be terminated.

Some important information to note set out in the Deed includes the following:

- Clause 5.1 of the Deed requires that devices which are required under section 9A of the **Therapeutic Goods Act 1989** <<https://www.legislation.gov.au/Details/C2019C00066>> to be registered must be included on the Australian Register of Therapeutic Goods (ARTG), before being offered by Suppliers for inclusion on the program's device schedule/s.
- Part 6 of the Deed outlines the Indemnity and Insurance requirements required in your application.
- Schedule 1 of the Deed (the Device Schedule) contains a price schedule for approved device types.

### Deed of Standing Offer 2019-2020

You may find it useful to download or print a copy of the Deed for your information as you complete the application form.

## 1 What is your name?

Name

## 2 What is your email address?

By providing an email address you will automatically receive an acknowledgement email after you submit your application.

Email

## Documentation Checklist

Please ensure you have the following documentation ready to upload as you complete your application:

- A copy of the Australian Securities and Investments Commission Certificate of Registration of Company (if the entity is a Company)
- A copy of the Certificate of Registration of Trading Name
- An Australian Business Registry extract
- Trust Deed (if the entity incorporates a Trust)
- A statement from a business accountant acknowledging the financial viability of the business
- Public liability insurance certificate
- Professional indemnity insurance certificate
- Work compensation insurance certificate (if applicable)

Note that there will be accompanying information to assist you with completing your application as you progress. You will be able to save your application and return to it at a later time.

Any enquiries on completing the application form should be directed to the Hearing Program Management team on 1800 500 726 or [hearing@health.gov.au](mailto:hearing@health.gov.au)

## Part 1 Applicant Details

### 1 What is the Entity Name?

Entity Name (Required)

#### More Information about Entity Name

The entity name refers to the legal entity linked to the business' Australian Business Number (ABN) and/or Australian Company Number (ACN) under which registration is sought. The legal entity name may be different to the trading name of the business. It is not possible for an entity to be registered using its trading name.

#### See also:

- **ABN Website FAQ's - What is the difference between business, trading, and entity (legal) names?** <<https://www.abr.business.gov.au/FAQ/Names>>

## 2 Entity Type

(Required)

*Please select only one item*

Body Corporate (Company)  Partnership  Individual (Sole Trader)  Other

If other, please specify

**Please attach a copy of any documents you wish to include to this printout.**

If the entity type is a Company, provide a copy of the Australian Securities and Investments Commission Certificate of Registration of Company documentation

Refer to the **Australian Securities and Investments Commission (ASIC)**

<<https://asic.gov.au/for-business/registering-a-company/steps-to-register-a-company/>> website for more information related to this certificate.

## 3 Does the entity incorporate a Trust?

(Required)

*Please select only one item*

Yes  No

Please note, Trusts are **not recognised** as an entity type for registration. If your business structure incorporates a Trust, all information provided in the applicant details section must relate to the trustee. If your entity incorporates a Trust, you will need to provide a copy of the Trust Deed on the next page.

## 4 Provide a link to the entity's website

Website

## 5 What is the entity's Australian Business Number (ABN)?

ABN (Required)

**Please attach a copy of any documents you wish to include to this printout.**

Please provide an extract of the Australian Business Registry (Required)

## 6 Is the entity registered for GST?

(Required)

Please select only one item

Yes  No

Please note, the entity **must** be GST registered to be approved for registration as an appointed supplier under the program. See the **Australian Taxation Office website**

<<http://www.ato.gov.au/business/gst/registering-for-gst/>> for more information about registering your entity for GST.

## 7 If the entity type is a Company, what is the Australian Company Number (ACN)?

ACN

## 8 What is the entity's Business Name (Trading Name)?

Trading Name (Required)

**Please attach a copy of any documents you wish to include to this printout.**

Please upload a copy of the Certificate of Registration of Trading Name

## 9 What is the entity's Incorporation Number? (If applicable)

Incorporation Number

Please refer to the **Australian Taxation Office** <<http://www.ato.gov.au/Non-profit/Getting-started/In-detail/Registration/Overview-of-legal-structures/#Incorporatedassociations>> and the **Australian Business Register** <<https://abr.business.gov.au/Help/EntityTypeDescription?Id=17>> websites for more information on incorporated entities.

**10** Are the devices that are being supplied under the program listed with the Australian Register of Therapeutic Goods Administration (TGA)?

(Required)

Please select only one item

Yes  No

If you have checked **No** please refer to information available on the **TGA website** <<https://www.tga.gov.au/medical-devices-regulation-basics>> . TGA's Medical Devices Information Unit can provide advice on if devices need to be listed, how to include devices on the ARTG, and related legal obligations (phone 1800 141 144 or email [devices@tga.gov.au](mailto:devices@tga.gov.au)).

## Part 1(a) Applicant Details - Trust Information

### 1 Trust Deed Information

Because you answered 'Yes' to the question 'Does the entity incorporate a Trust?', you will need to supply a copy of the Trust Deed related to the entity. This is needed to provide evidence that the applicant is the trustee who holds the Trust Deed.

**Please attach a copy of any documents you wish to include to this printout.**

Upload a copy of the Trust Deed (Required)

## Part 1 Address Details

### 1 Business Address

(Required)

### 2 Suburb/Town

(Required)

### 3 State

(Required)

Please select only one item

ACT  NSW  VIC  QLD  WA  NT  TAS

#### 4 Postcode

(Required)

#### 5 Is the applicant's postal address different to the business address provided above?

*Please select only one item*

Yes  No

Note, if you select 'Yes' you will be required to provide the postal address on the next page.

### Part 1(a) Postal Address Details

Please provide the applicant's postal address details.

#### 1 Postal Address

#### 2 Suburb/Town

#### 3 State

*Please select only one item*

ACT  NSW  VIC  QLD  WA  NT  TAS

#### 4 Postcode

### Part 2 Contact Details

Provide contact details for the person/s nominated as the Primary and Secondary Contacts who have authority to receive and sign notices and written communications on the applicant's behalf.



## 1 Contact Details for Primary Contact

Title (Required)

Given Name/s: (Required)

Surname (Required)

Official Position (Required)

Telephone Number (Required)

Email Address (Required)

## 2 Contact Details for Secondary Contact

Title

Given Name/s

Surname

Official Position

Telephone Number

Email Address

## Part 2 Details of Relevant Person/s

Provide details of the applicant/s, including all directors/ partners/ office bearers or other relevant person's in the entity including all partners in the partnership.

### Who is relevant?

Relevant persons are individuals who have direct or indirect interest in the entity with the power to exert influence over the management or operation of the entity.

## 1 Applicant One Details

Position Title (Required)

Given Name/s (Required)

Surname (Required)

Number of Years in Position (Required)

## 2 Applicant Two Details (if applicable)

Position Title

Given Name/s

Surname

Number of Years in Position

**3** If there are more than 2 relevant persons, download and complete the form below

- **Additional Relevant Persons Details Form** <[user\\_uploads/additional-relevant-persons-details-form.docx](#)>

**Please attach a copy of any documents you wish to include to this printout.**

Please upload a copy of the completed form

**4 Have any of these relevant persons listed above been convicted of fraud or dishonesty?**

(Required)

*Please select only one item*

Yes  No

If Yes, provide the name/s of those relevant person/s and details of the offence/s in the textbox below.

**5 Is any court action on charges concerning fraud or dishonesty pending against any of these relevant persons?**

(Required)

*Please select only one item*

Yes  No

If Yes, provide the name/s of those relevant person/s and details of the offence/s in the textbox below.

**6** Have any of the listed relevant person/s been the subject of a personal insolvency event under the Bankruptcy Act 1966?

(Required)

*Please select only one item*

Yes  No

If Yes, provide the name/s of those relevant person/s in the textbox below.

**Link to the Bankruptcy Act 1966**

- **Bankruptcy Act 1966** <<https://www.legislation.gov.au/Details/C2019C00203>>

**7 Have any of the listed relevant person/s been a director/partner/office bearer of a company placed under the control of a receiver or placed into liquidation under the Corporations Act 2001?**

(Required)

*Please select only one item*

Yes  No

If Yes, provide the name/s of those relevant person/s and the name of the company/s in the textbox below.

**Link to the Corporations Act 2001**

- **Corporations Act 2001** <<https://www.legislation.gov.au/Details/C2019C00216>>

## Part 3 Other Matters

This part of the application relates to any other matter that may affect the standard or delivery of services. In particular, the financial viability and the indemnity and insurance of the entity seeking registration needs to be taken into consideration during the assessment process.

## 1 Statement from an Accountant

Requirements for addressing the financial viability of an entity involves the applicant engaging a qualified accountant to review the entity's financial information. A signed statement from the accountant will be required indicating that they have considered the financial viability of the entity.

Please see below for an example statement that would be acceptable.

### Example Statement

*Based on the financial information calculated in the provided (or projected) Profit and Loss statement for [Entity Name], I/we can confirm to the best of I/our knowledge that the financial assumptions are reasonable and that there is adequate capital available.*

**Please attach a copy of any documents you wish to include to this printout.**

Upload the statement from the accountant (Required)

## 2 Insurance and Indemnity

As outlined in the Deed, appointed suppliers for the program are required to maintain insurance with reputable insurance companies from the commencement of their registration. We will require evidence that the entity has the following insurances:

- Public and Product Liability Policy of Insurance
- Worker's Compensation Insurance
- Professional Indemnity Insurance

Please refer to Part 6 Clause 17 and 18 of the Deed for more information.

**Please attach a copy of any documents you wish to include to this printout.**

Public and Product Liability Policy of Insurance

**Please attach a copy of any documents you wish to include to this printout.**

Workers Compensation Insurance

**Please attach a copy of any documents you wish to include to this printout.**

Professional Indemnity Insurance

## Part 4 Acknowledgement and Completion of Application

Please read and indicate your acknowledgement to the statements below.

By ticking the boxes below,

(Required)

*Please select all that apply*

I acknowledge that the Department may make enquiries into the information provided in this application as needed. In particular, I acknowledge the Department may require my consent to enquire into my application if deemed necessary. I understand that if my consent cannot be provided, the progress of my application may be hindered.

I acknowledge that if my application is successful, the Department will be entitled to terminate my registration at any time if my application contains any false or misleading information.

### **Completion of Application**

Thank you for completing your application to register as an Appointed Supplier for the Australian Government Hearing Services Program.

Please note, once you submit your application you will not be able to edit or make changes to this online application form. Make sure that you have reviewed your application before submission. The Hearing Program Management team will inform you if additional information is required once an initial review of your application has been conducted.