

# Application for Transfer of Accreditation

## Overview

Thank you for your interest in transferring your accreditation as a service provider for the Australian Government Hearing Services Program to another entity.

Please click the link below to begin your application.

You may wish to download a PDF of the application form for your information before you proceed. Note that we will not accept applications that have been completed through the PDF form. All applications must be submitted through this online application form.

## Important Information

Thank you for your interest in applying to transfer your accreditation as a service provider for the Australian Government Hearing Services Program (the program) to another entity.

### The Australian Government Hearing Services Program

The Department of Health (the department) is responsible for managing and administering the Australian Government Hearing Services Program (the program). Through the program, the department continues to work towards reducing the incidence and consequences of avoidable hearing loss in the Australian community by providing access to high quality hearing services and devices

The Minister may accredit entities as service providers under the program as per section 14 of the **Hearing Services Administration Act 1997** <<https://www.legislation.gov.au/Details/C2016C00384>> <<https://www.legislation.gov.au/Details/C2016C00384>> (Cth) (the Act). Section 22 of the **Hearing Services Program (Voucher) Instrument 2019** <<https://www.legislation.gov.au/Details/F2019L00969>> (Instrument) provides for accreditation to be transferrable if deemed in the best interests of persons receiving hearing services under the Act.

### What is a transfer of Accreditation?

There are recognised entity types under the Act which are able apply for accreditation. These include:

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

Transfer of accreditation may be sought when an accredited entity undergoes a change to its corporate structure and wishes to transfer its accreditation to the new entity.

Examples of this would include the following:

- Sole Trader under the program wishing to change to company status
- Partnership under the program changing to a company
- Partnership being dissolved and looking to move to a sole trader
- Company to Trustee Company

A trust is not a recognised entity type for the purpose of the program and can therefore not be accredited to provide services.

### Before I start my application

In order to confirm that your request meets the requirements for accreditation to be transferred please check that your situation meets one of the examples above. If it does not, please contact the program on [hearing@health.gov.au](mailto:hearing@health.gov.au) to discuss your specific situation.

Once you confirm that you may be eligible to transfer your accreditation, complete your name and email address, and read the documentation checklist below before continuing the application.

#### 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

#### Applicant Details

- Australian Securities and Investments Commission certificate of registration of a company (if the entity is a company)
- Certificate of registration of trading name
- An Australian Business Registry extract
- Trust Deed (if the entity incorporates a Trust)

#### Financial Viability and Insurances

- A statement from an accountant acknowledging the financial viability of the business (if existing entity has been accredited under 12 months)
- Public liability insurance certificate
- Professional indemnity insurance certificate
- Workers compensation insurance certificates (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

The information provided in this section determines whether the applicant is an "entity" under the Act (Section 4 – Definitions). The following questions will request information related to the **existing entity**, and the **new entity**.

### 1 What is the Existing Entity Name?

Existing Entity Name (Required)

### 2 What is the Existing Entity's Australian Business Number (ABN)?

Existing Entity ABN (Required)

### 3 What is the Existing Entity's Business Name (Trading Name)?

Existing Entity Trading Name (Required)

#### 4 What is the New Entity Name?

New Entity Name (Required)

##### More Information about Entity Name

The entity name refers to the **legal entity** linked to the Australian Business Number (ABN) and/or Australian Company Number (ACN) under which accreditation is sought. The legal entity name may be different to the business or trading name. It is **not possible** for an entity to be accredited or contracted using its trading name. The ABN should also list business name and/or trading names.

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>

#### 8 What is the New Entity's ABN?

New Entity ABN (Required)

All applicants must be listed on the **Australian Business Register** <https://abr.gov.au/> (ABR) and hold a valid Australian Business Number (ABN)

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

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

#### 5 What is the New Entity Type?

(Required)

Please select only one item

- Body Corporate (Sole Director Company)  Body Corporate (Multiple Director Company)  Partnership  
 Individual (Sole Trader)  Trustee Company (Sole Director)  Trustee Company (Multiple Directors)  Trustee (Other Authority)  
 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

#### 6 Does the New Entity Incorporate a Trust?

(Required)

Please select only one item

- Yes  No

Please note, trusts are **not recognised** as an entity type under the Act, and cannot be accredited. However, the Commonwealth has capacity to accredit business structures that incorporate a trust. 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

#### 7 Provide a Link to the New Entity's Website (if available)

Website

#### 9 Is the New Entity Registered for GST?

(Required)

Please select only one item

- Yes  No

Please note, the entity **must** be GST registered to be approved for accreditation 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.

**10** If the New Entity is a Company, what is the Australian Company Number (ACN)?

New Entity ACN

**11** What is the New Entity's Business Name (Trading Name)?

New Entity 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 (Required)

**12** New Entity Business Address

Street Address (Required)

Suburb/Town (Required)

State (Required)

*Please select only one item* ACT  NSW  VIC  QLD  WA  NT  TAS

Postcode (Required)

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

Because you answered 'Yes' to the question 'Does the New Entity Incorporate a Trust?', you will need to supply a copy of the Trust Deed related to the entity of the trustee. 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 2(a) - Details of Relevant Person/s****1** Are there any relevant persons that are not part of the existing entity but will be part of the new entity?

(Required)

*Please select only one item* Yes  No**Who is a relevant person?**

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, i.e. directors/ partners/ office holders in the entity including all partners in a partnership

**Part 2(b) - Details of Relevant Person/s**

Provide details of **new** relevant persons such as directors/ partners/ office holders in the entity including all partners in the partnership.

**Who is a relevant person?**

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 Relevant Person Details**

Position Title (Required)

Given Name/s (Required)

Surname (Required)

Number of Years in Position (Required)

**2 Relevant Person Details (if applicable)**

Position Title

Given Name/s

Surname

Number of Years in Position

**3 Relevant Person Details (if applicable)**

Position Title

Given Name/s

Surname

Number of Years in Position

**4 If there are more than three 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

**5 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.

**6** 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.

**7** Have any of the listed relevant persons 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.

**Link to the Bankruptcy Act 1966**

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

**8** Have any of the listed relevant persons 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 name of company/s.

**Link to the Corporations Act 2001**

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

## Part 3 - Financial Viability and Insurances

Section 19(3)(b) of the Instrument provides for *any other matters that may affect the standard or delivery of services* to be considered when accrediting an entity.

For entities seeking a transfer of accreditation, where the existing entity has been accredited for less than 12 months, the financial viability of the existing/new entity is considered.

Given insurance certificates are in the name of a specific entity, new insurance certificates must also be supplied before accreditation can be transferred.

### 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 (if the existing entity has been accredited under 12 months)

### 2 Insurance and Indemnity

As outlined in Clause 23 of the contract, contracted providers are required to maintain insurance with reputable insurance companies from the commencement of their accreditation. We will require evidence that the new entity has the following insurances:

- Public liability insurance certificate
- Professional indemnity insurance certificate
- Work compensation insurance certificate (confirm with your **relevant state/territory body** <<https://www.business.gov.au/risk-management/insurance/insurance-in-your-state-or-territory>> if this is required)

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

Public liability insurance certificate

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

Professional indemnity insurance certificate

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

Workers compensation insurance certificate (if applicable)

## Part 4 - Service Management System Requirements

If your accreditation transfer is approved, your new contract will require you to have a range of policies and procedures in place before delivering services to program clients under the new entity. These policies must comply with relevant program requirements, federal and state/territory laws and PPB standards and requirements.

Please confirm that you have, or will ensure you will have, the following policies and/or procedures in place prior to delivering services to program clients under the new entity.

## Policies and Procedures

- Management of Ambient Noise and Equipment Calibration (refer to Provider Factsheet 4)
- Device Supply Disclosure (refer to Clause 8 of the contract)
- Complaints Handling Policies and Procedures (refer to Section 33 of the Instrument)
- Voucher-holder Relocations Policy (refer to Section 35 of the Instrument)
- Medical Referral Policy (refer to Section 39(2) of the Instrument)
- Provision of Device Quotes (refer to Section 46(3) of the Instrument)
- Minimum Hearing Loss Threshold (MHLT) Fittings (refer to Section 47(2) of the Instrument)
- Provision of Private Services and Devices to Program Clients (refer to Section 49 of the Instrument)
- Infection Control Procedures (refer to your relevant PPB standards and procedures)

### Provider Factsheet 4 - Ambient Noise Level Testing and Equipment Calibration

<[http://www.hearingservices.gov.au/wps/portal/hso/site/prof/deliveringservices/provider\\_factsheets/provider\\_factsheet\\_4\\_ambient\\_noise\\_level\\_testing](http://www.hearingservices.gov.au/wps/portal/hso/site/prof/deliveringservices/provider_factsheets/provider_factsheet_4_ambient_noise_level_testing)

**Hearing Services Program (Voucher) Instrument 2019** <<https://www.legislation.gov.au/Details/F2019L00969>>

**Service Provider Contract** <<http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts!/ut/p/a1/>>

I confirm that I have, or will ensure I will have, the above policies and/or procedures in place prior to delivering services to program clients under t

## Part 5 - Acknowledgements and Completion of Application

### 1 Acknowledgements

I agree to ensure that I and my personnel will comply with the following when providing services to program clients:

- the **Hearing Services Administration Act 1997** <<https://www.legislation.gov.au/Details/C2016C00384>> ;
- the **Hearing Services Program (Voucher) Instrument 2019** <<https://www.legislation.gov.au/Details/F2019L00969>> ;
- the conditions of my **Service Provider Contract** <<http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/landingcontracts!/ut/p/a1/>> and the **Schedule of Service Items** <[http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/schedule\\_service\\_items!/ut/p/a1/](http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/schedule_service_items!/ut/p/a1/)> and **Schedule of Fees** <[http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/schedule\\_fees\\_2019-2020!/ut/p/a1/](http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/schedule_fees_2019-2020!/ut/p/a1/)> ; and
- the PPB Code of Conduct and Scope of Practice

I acknowledge that the department may make enquiries into the information provided in this application as needed. In particular, I acknowledge that 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 a decision in relation to this application will be given under Section 22 of the Instrument.

I indicate my acknowledgement to the above statements (Required)

### 2 Certifications

If this application contains false or misleading information, the department will be entitled to terminate your accreditation and contract, in accordance with the Instrument.

I hereby certify that all the information provided in this application is true and correct. (Required)

### Completion of Application

Thank you for completing your application to transfer your accreditation as a service provider for the Australian Government Hearing Services Program (the program) to another entity.

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.