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| Information about new key personnel |
| Notification form |
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## Using this form

A registered social service provider (provider) should use this form to provide information to the Social Services Regulator (the Regulator) about new key personnel.

When completing this form, you should reference the [Reporting changes to your organisational and operational information page](https://www.vic.gov.au/reporting-changes-your-organisation) and [Suitability requirements information sheet](https://www.vic.gov.au/sites/default/files/2024-08/Suitability-requirements-fact-sheet.docx).

## When to use this form

Providers should use this form to advise the Regulator of changes to key personnel in their organisation in line with section 47 of the Social Services Regulation Act 2021 (the Act) and the Social Services Regulations 2023. It must be completed **in addition to** the Reporting changes to your organisational and operational information notification form.

See our [Suitability requirements fact sheet](https://dhhsvicgovau.sharepoint.com/sites/HumanServicesRegulator-DHHS-GRP/Shared%20Documents/Guidance%20and%20engagement/Sec%2047%20(registration)%20notifications/Key%20personnel%20details/Suitability%20requirements%20fact%20sheet) for details on who is considered key personnel

This form asks you for information that is similar to the information we ask for during the registration application process, excluding criminal convictions.

You should NOT use this form for:

* individuals who the provider engages or employs to act as a member of key personnel for 28 days or fewer
* reporting other changes to the provider’s organisational and operational information, such as criminal convictions of key personnel. Providers should submit information about these changes via the Reporting changes to your organisational and operational information notification form.

## How to complete this form

You must submit a separate form for each individual new member of key personnel.

The person submitting this form must be authorised to complete the form on behalf of the provider. We cannot process forms completed by an unauthorised person.

You must complete each section of the form and provide sufficient information in each part.

Before the form is submitted, the provider’s Chief Executive Officer (or equivalent) must review the completed form and sign a declaration at the end of the form to confirm the information in the form is true and correct.

Once the form is complete and the declaration signed, email an electronic version to us at [registration@ssr.vic.gov.au](mailto:registration@ssr.vic.gov.au).

We will send you an email to confirm receipt of the form.

## Next steps

We will review the information submitted by the provider and, in some circumstances, may contact the provider for additional information.

The form is below.

## Key personnel information notification form

### New key personnel details

|  |  |  |
| --- | --- | --- |
| 1. | Title |  |
| 2. | First name |  |
| 3. | Last name |  |
| 4. | Previous first name (if applicable) |  |
| 5. | Previous last name (if applicable) |  |
| 6. | What position does this individual hold? |  |
| 7. | On what date did the individual commence their role? |  |

### Qualifications, skills and experience

|  |  |  |
| --- | --- | --- |
| 8. | What qualifications, skills and experience does the provider require for the role?  (e.g. as outlined in the position description) |  |
| 9. | Qualifications of the individual |  |
| 10. | Skills of the individual |  |
| 11. | Experience of the individual |  |
| 12. | Does the individual hold any professional registrations?  (please specify) |  |
| 13. | Does the individual hold a current Working with Children Check? | Yes / No |
| 14. | Does the individual have a NDIS Worker Screening Check? | Yes / No |

### Suitability

|  |  |  |
| --- | --- | --- |
| 15. | Has the individual had any findings or decisions against them in relation to fraud, misrepresentation or dishonesty in any civil proceedings?  If yes, provide details | Yes / No |
| 16. | Has the individual had their registration to provide a social service revoked for a reason other than lapsing or a change to funding?  If yes, provide details | Yes / No |
| 17. | Has any sanction, condition or restriction been placed on the provider of a social service owned or managed wholly or in part by the individual?  If yes, provide details | Yes / No |
| 18. | Has any business or service owned, provided or managed wholly or in part by the individual been placed under administration?  If yes, provide details | Yes / No |
| 19. | Have there been any disciplinary proceedings before a board of a relevant professional discipline (for which registration or licensing is a prerequisite to practising) that led to the removal or restrictions of the individual’s ability to practice within that discipline?  If yes, provide details | Yes / No |

## Declaration

This declaration must be completed by the provider’s Chief Executive Officer or equivalent

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| --- | --- |
| Full name |  |
| Role title |  |
| Do you verify that the information and documents submitted in this application are true and correct? |  |
| Signature |  |
| Date declared |  |

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