

Supported Residential Facility Dispute Settlement Application

City of Mount Gambier is the Licencing Authority for Supported Residential Facilities (SRF) within the Council area under the South Australia SRF Act (*the Act*) 1992 and South Australia SRF Regulations 2009. Please use this form for Section 43 "Disputes" of the Act as follows;

- (1) An application may be made to the licensing authority under this section if -
- (a) a dispute arises between a resident of a SRF and the proprietor of the facility; or
 - (b) a resident of a SRF objects to a decision of the proprietor of the facility to terminate his or her resident contract; or
 - (c) a resident of a SRF believes –
 - i. That the proprietor has failed to comply with terms of their resident contract or a provision of this Act; or
 - ii. That the proprietor has acted in any other unauthorised manner

Council, upon assessment can make recommendations or issue an Order to one or more parties (including the Resident, Proprietor) to take specified actions. Penalties/Fines may apply if an Order is not followed.

Attempted dispute resolution must be undertaken as per the SRF Complaint Policy before an application is lodged with Council (Section 43 (12)). Evidence this process has been undertaken must be provided as part of this application.

Council's Authorised Officer(s) can take into account the details of the dispute, and also:

- Council's statutory powers;
- attempted resolution process undertaken by both parties to date;
- the result of any risk assessment that may be conducted;
- involvement of outside agencies (as appropriate);
- opportunities for negotiation/mediation/conciliation; and,
- other factors, as appropriate.

When making an application the licensing authority may decline to proceed with the application (Section 43 (12)). The Act allows right of appeal (Section 44) for a resident or proprietor who is dissatisfied with a decision or Order by Council. See the SRF Act & Regulations for full details www.legislation.sa.gov.au

<p>Applicant Fee payment and Contact details required (see SRF Regulations – Schedule 1 or contact Council for fee amount)</p> <p><i>Note: a Resident Representative is defined within the Act.</i></p> <p>If Applicant is not a Resident. Please complete Resident Name to whom this application refers.</p>	Fee Receipt Number: _____ Date: _____
	Applicant Name: _____
	Applicant Address: _____
	Applicant Phone: _____ Mobile: _____
	Applicant Email: _____
	Resident Name: _____
	How long has been a resident at the SRF: _____
<p>Basis of dispute Description of the circumstances, frequency, severity, source/cause of the dispute, general issues etc. on which the dispute is based. (how, why, where & when)</p> <p>Additional pages can be attached</p>	Location: _____
	Date of incident: _____
	Details: _____

<p>What best describes your dispute type?</p>	1. Resident Contract

(please circle)	2. Food 3. Accommodation 4. Resident behaviour 5. Staff behaviour 5. Other
Police involvement with incident/issue? Was an ambulance involved with incident/issue? Has the facility owner/operator been notified in writing?	Yes / No , if Yes Police Report Number:
	Yes / No , if Yes who called the ambulance?
	Yes / No , if Yes attach copy of written complaint
	If Yes, attach copy of SRF response / investigation resolution
	If No, follow steps within the SRF Complaint Policy / Procedure
What negative health impacts may arise from issue?	
What is your expectation of Council in this instance?	
What actions, if any, have you already taken to resolve this situation?	

The above information that I have provided is true and correct. There is no further information that is relevant to this matter that I am aware of.

Applicant Signature: _____ **Date:** _____

Tick the attachments included:

- Receipt
- Complaint/dispute Lodged with SRF
- SRF Resolution response or request
- Other _____

PLEASE RETURN COMPLETED FORM BY ANY OF THE FOLLOWING:			
Email:	city@mountgambier.sa.gov.au	In Person:	City of Mount Gambier
		OR	10 Watson Terrace
Facsimile:	(08) 8724 9791	By Post:	(PO Box 56)
			MOUNT GAMBIER SA 5290

<i>Office Use:</i>				
<i>Acknowledgement</i>	<i>Trim</i>	<i>CRM</i>	<i>Evaluation Assessment</i>	<i>Resolution</i>