

Application seeking consideration of exceptional circumstances

Transfer of disability group homes and respite services to the non-government sector

Complete the form

Contact details

Name	Click here to enter text.
Employment status	<input type="checkbox"/> Ongoing <input type="checkbox"/> Fixed term <input type="checkbox"/> Casual
Employee PIN	Click here to enter text.
Classification	Click here to enter text.
Division	Click here to enter text.
House location/s or office locations of Operations Manager <i>(please list all locations you are a casual and if you are on the house's preferred casual list)</i>	Click here to enter text.
Phone number	Click here to enter text.
Email address	Click here to enter text.
Provider you have been allocated to	Click here to enter text.
Description of your exceptional circumstances, including concerns you have	Click here to enter text.
Supporting evidence <i>(if applicable)</i> <i>(attach any material that you believe is relevant)</i>	Click here to enter text.
What is your desired outcome?	Click here to enter text.
Signature	
Have you had a discussion with your manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the outcome of the discussion with your manager?	Click here to enter text.

The completed form should be submitted to SILSTAATransfer@dhhs.vic.gov.au