

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