

Circular to Previous Employees

Care Providers Pty Ltd (In Liquidation)

ACN 143 530 796 ("the Company")

Previously trading as "Esar Home Care"

1. On 17 February 2025, Care Providers Pty Ltd ACN 143 530 796 (**Care Providers**) was voluntarily placed into liquidation by resolution of its members and I was appointed as liquidator. At all material times, Care Providers traded under the name "ESAR Home Care".
2. I am now in the process of calling for and admitting claims by creditors owed debts by Care Providers as at the date of my appointment.
3. Following directions made by the Supreme Court of South Australia, this circular is being sent to you as the books and records of Care Providers indicate that you were employed by it for a period of time following 1 July 2022. Please note that the contents of this circular are generic and have not been tailored to the circumstances of each individual recipient. Receipt of this circular does not necessarily mean that you are a creditor.
4. Effective as of 1 July 2022, amendments were made to the Social, Community, Home Care and Disability Services Industry Award (**SCHADS Award**). I understand that for part-time and casual personal and domestic care workers covered by the SCHADS Award, the effect of these amendments was to, amongst other things:
 - (a) introduce a requirement that part-time and casual employees be paid for the following minimum number of hours, at the appropriate rate, for each shift or period of work in a broken shift:
 - (i) social and community services employees (except when undertaking disability services work)—3 hours; and
 - (ii) all other employees—2 hours.
 - (b) prescribe the maximum number of unpaid breaks that are permitted in a broken shift or period of work in a broken shift, being that unless the employee agrees, only one unpaid break other than a meal break is permitted. With the employee's consent, this could be increased to a maximum of two such breaks.
 - (c) introduce a 'broken shift allowance' payable to an employee working a broken shift.

5. I consider as a consequence of the above changes to the SCHADS Award, time spent by care workers travelling between clients in the course of their work since 1 July 2022 ought to have been paid time, unless it constituted one of the (up to) two unpaid breaks in a broken shift. On my review of the books and records of Care Providers, I am not satisfied that the Company fully complied with the SCHADS Award requirements from 1 July 2022. In certain circumstances, a company's employees may also be amongst its creditors, meaning that they are a person to whom the company owes a sum of money. Pursuant to the *Corporations Act 2001* (Cth), employees shall have a priority claim over other unsecured creditors in respect of any outstanding employee entitlements.
6. To that end, I **attach** a notice inviting proofs of debt by persons who consider themselves to have a claim in the liquidation of Care Providers. Please carefully note the information therein, including the date by which any formal proofs of debt or claim are required to be received by me.
7. I do not purport to give legal advice to any previous employee of Care Providers. I recommend that any person who is uncertain whether they have a claim in the liquidation of Care providers, or seeks further information as to how to make a claim, should seek legal advice or contact their local branch of the Australian Services Union.

Dated this 17th day of September 2025.

A handwritten signature in dark ink, appearing to read 'M. Lieberenz', with a long horizontal flourish extending to the right.

Mark Lieberenz
Liquidator

Companies Form 534
Notice Inviting Formal Proof of Debt or Claim
Corporations Regulations 2001 (Cth) regulation 5.6.48

Care Providers Pty Ltd (In Liquidation)
ACN 143 530 796 ("the Company")
Previously trading as "Esar Home Care"

Take notice that creditors of the Company, whose debts or claims have not already been admitted, are required on or before the 17th day of October 2025 to prove their debts or claims and to establish any title they may have to priority by delivering or sending through the post to me at my address a formal proof of debt or claim in accordance with Form 535 or 536 containing their respective debts or claim.

In default they will be excluded from the benefit of any distribution made before their debts or claims are proved or their priority is established and from objecting to the distribution.

Form of proof is attached to this Circular.

Further information may be obtained by accessing the liquidator's website at: www.hplca.com.au/current-matters/care-providers-pty-ltd

The password to access documents is **CARE9162**.

Dated this 17th day of September 2025.



Mark Lieberenz

Liquidator

Telephone: 08 7089 0011

Email: cpemployees@hplca.com.au

FORM 535

subregulation 5.6.49(2)
Corporations Act 2001

FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)

To the Liquidator of Care Providers Pty Ltd (In Liquidation) ACN 143 530 796 ("the Company")

1. This is to state that the Company was on 17 February 2025, and still is, justly and truly indebted to: _____

_____ full name, ABN and address of the creditor and, if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor]

for _____ dollars and _____ cents

Particulars of the debt are:

(Please attach any supporting documents you wish to rely on)

Date	Consideration (state how the debt arose)	Amount \$	Remarks (include details of voucher substantiating payment)

2. To my knowledge or belief the creditor has not, nor has any person by the creditor's order, had or received any satisfaction or security for the sum or any part of it except for the following: _____

[Insert particulars of all securities held. If the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, show them in a schedule in the following form].

Date	Drawer	Acceptor	Amount \$	Due Date

3. Signed by (select option):

I am the creditor personally.

I am employed by the creditor and authorised in writing by the creditor to make this statement. I know that the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

I am the creditor's agent authorised in writing to make this statement in writing. I know the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

Signature: _____ Dated: _____

Name: _____ Occupation: _____

Address: _____

RECEIVE REPORTS BY EMAIL

Do you wish to receive all future reports and correspondence from our office via email?

Yes No

☐ ☐

Email: