



Australian Government

Department of Health

Application to provide care

This form is used to apply for a determination by the Secretary that an approved provider is in a position to provide residential or flexible aged care in respect of provisionally allocated places.

The application may be submitted at any time before the end of the provisional allocation period.

The Department of Health will notify you of the outcome of your application.

A decision to make a determination or reject an application will be made within 28 days of the Department of Health receiving your application.

This form has three parts:

Part A: Service / Provisional Allocation Details

All Applicants to complete

Part B: Service information

Applicants for Residential Care or Flexible Care delivered by a Multi-Purpose Service (MPS) to complete.

Part C: Declaration

All applicants to complete.

If you have any questions about completing this form, please phone **1800 020 103** and ask for aged care services in your state or territory. If you require more room, please attach additional pages. Ensure that any additional pages are clearly labelled with your details and refer to the specific question.

Note: You may be contacted by the Department of Health to discuss your application. The Department of Health may, at its discretion, request documentation to support your claims.

Part A – Approved provider details

This section asks for information about you as the approved provider applying for this determination.

A1: Name of approved provider

A2: NAPS ID (If known)

A3: Service details

Service ID

Name /proposed name of aged care service

PO Box/Street & number

Suburb/Town

State/Territory

Postcode

A4: Key personnel for this Application

Title

Given name(s)

Family name

Position

Contact phone

Fax

E-mail address

A5: About the places:

Type of place <i>(please tick)</i>	Date provisional allocation made	Number of places allocated	Number of places requested to take effect
Residential Care <input type="checkbox"/>			
Residential Care – Extra Service Status <input type="checkbox"/>			
Flexible Care • Multi-Purpose Service <input type="checkbox"/> • Innovative Pool <input type="checkbox"/>			

A6: If any of the places identified in A1 have conditions of allocation that must be met before the allocation of places can take effect, have the conditions been met?

Yes

No

N/A

A7: On what date will you be in a position to provide care in respect of the provisionally allocated places that are the subject of this application (i.e. on what date will the places become operational)?

/ /

Part B – Service information - for Residential Care Places and Flexible Care Places (delivered by a Multi-Purpose Service)

B1: Have premises been built or refurbished to accommodate the places?

Yes **Please go to B2.**

No **Please go to B6.**

B2: Have you received all appropriate certificates and advice from authorities in the state or territory where the service is located that the premises can be occupied (e.g. council certificate of occupancy/classification)?

Yes

No

If yes, please provide a list of all relevant certificates and/or notification or advice documents and attach copies.

If no, the department is unable to finalise your application until relevant documentation is provided.

B3: Have you applied for accreditation of the service?

Yes

No

B4: Have you paid the accreditation application fees in full?

Yes

No

B5: Has your application for accreditation been approved?

Yes

No

B6: Have you made the necessary management and staffing arrangements to effectively operate the service?

Yes

No

Part C – Declaration – All applicants to sign

This application must be signed only by those persons who are legally authorised to sign for and on behalf of the approved provider. A person who gives information to a Commonwealth entity, or to a person exercising powers or performing functions under, or in connection with, a law of the Commonwealth, or who gives the information in compliance or purported compliance with a law of the Commonwealth, and does so knowing the information is false or misleading, or omits any matter or thing without which the information is misleading, may be guilty of an offence under the *Criminal Code Act 1995*.

I/We have read the *Aged Care Act 1997* and understand our obligations under it.

I/We declare that all the information set out in all sections completed in this application, and any associated attachments, is true and complete.

I/We declare that the key personnel in my/our service are, and will continue to be, suitable to provide aged care and are not disqualified individuals.

I/We consent to the Secretary of the Department of Health obtaining information and documents from other persons or organisations, including the Australian Aged Care Quality Agency and state, territory and Australian Government Departments / authorities, to assist in assessing the application.

	Title	Given name(s)	Family name
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		
Signature	<input type="text"/>		Date
	<input type="text"/>		<input type="text" value="/ /"/>

	Title	Given name(s)	Family name
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		
Signature	<input type="text"/>		Date
	<input type="text"/>		<input type="text" value="/ /"/>

Please send the completed form to the Department

By post:

Aged Care Branch
Department of Health
GPO Box 9848

In the capital city of the state or territory in which the aged care service is located (for services located in the ACT use Sydney NSW 2001).

By email:

To the state office in which the aged care service is located.

QLDplaces@health.gov.au; NSWplaces@health.gov.au; VICplaces@health.gov.au;
TASplaces@health.gov.au; SAPlaces@health.gov.au; WAPlaces@health.gov.au;
NTplaces@health.gov.au.