APPLICATION FOR APPROVAL TO PROVIDE AGED CARE

New Applicant

This form enables organisations that are not approved providers of aged care to apply for approval to provide home care, residential care and/or flexible care under the Aged Care Act 1997 (the Act).

Before completing this form, you must understand what it means to be an approved provider. Read the Guidance for the Application for Approval to Provide Aged Care and ensure you are aware of the responsibilities and obligations of an approved provider prescribed in the Act and Aged Care Principles. The Commonwealth Criminal Code applies to offences against the Act. This includes providing false or misleading information in this application.

Existing approved providers

If your organisation is an approved provider of aged care with a National Approved Provider System (NAPS) ID and is seeking to provide another type of care, you must apply using the Existing Approved Provider form.

Government organisations

If your organisation is a State or Territory, authority of a State or Territory, or a local government authority, it is taken to have been approved under section 8-6 of the Act in respect of all types of aged care. However, in order for the Department to create a record that enables subsidies to be paid to the organisation, please complete the details in the Government Organisation form.

About this application form

This application is an essential step towards your eligibility to receive subsidies for the provision of aged care. Please ensure that you provide information about the organisation’s experience and the systems it will have in place to deliver quality care in the care type for which it is applying.

Section 8-4 of the Act requires further information to be requested from the applicant if that information is needed to make a decision about the application. This commonly occurs when the information provided by the applicant is insufficient, or is inconsistent with information held by the Department.

The information collected in this application is protected information under section 86-1 of the Act. You can access the Department of Health (the Department) privacy policy at www.health.gov.au.

How to use the form

- Use the Tab Key on your computer to move between fields marked “Click here to enter text”.
- Use the Mouse to change the status on a check box or to “Choose an Item”.
- All questions in the form must be answered, except in question 2.6. In this question, only answer the questions for the type of care the organisation is seeking approval to provide.
- In Section 2, please limit your responses to 300 words per question.
- Provide accurate, clear and complete information to assist with the assessment of your application.
- If you require a Statutory Declaration form, a copy is available on the Department’s website.
- The application will not be assessed if all the required documents are not provided. If you are required to provide further information, it will delay the decision on your application.

This form was approved under section 8–2(2) of the Aged Care Act 1997 (the Act) on 27 February 2017.
SECTION 1: APPLICANT DETAILS

This part of the form asks for details about the organisation. Where the term applicant is used in this form it means the organisation applying for approval to provide aged care. The form must be completed by one of the applicant’s authorised representatives with appropriate knowledge of the organisation, with the Key Personnel Endorsement form signed by a key personnel of the organisation.

1.1. Incorporation details

The organisation MUST be incorporated.

- Applicant’s Legal Name: Click here to enter text.
- Applicant’s ACN or IAN or ICN: Click here to enter text.

Attach a copy of the organisation’s incorporation certificate.

- Applicant’s ABN: Click here to enter text.
- Trading name (if applicable): Click here to enter text.

1.2. Registered business address of the applicant

- Street number and name: Click here to enter text.
- Suburb/Town: Click here to enter text.
- State/Territory: Click here to enter text.
- Postcode: Click here to enter text.

1.3. Postal address of the applicant

☐ As above

- Street number and name/ PO Box: Click here to enter text.
- Suburb/Town: Click here to enter text.
- State/Territory: Click here to enter text.
- Postcode: Click here to enter text.

1.4. Authorised contact person

The department requires details of an authorised contact person for this application to discuss the application as needed. The contact person must be authorised to act on behalf of your organisation and be familiar with the application content.

- Title and name: Click here to enter text.
- Position held: Click here to enter text.
- Phone number (incl. area code): Click here to enter text.
- Mobile number: Click here to enter text.
- Email address: Click here to enter text.
- Best day and time to make contact: Click here to enter text.

1.5. Organisation type and purpose

Information collected in this question is for statistical purposes only and does not affect the assessment of the organisation’s suitability as a provider of aged care.

For-Profit: A for-profit organisation is one which operates primarily for the financial profit or gain of its owners, members or shareholders. For-profit organisations include private incorporated bodies that are registered by the Australian Securities and Investment Commission (ASIC) or public listed companies that are listed on the Australian Stock Exchange.
**Not-for-Profit:** A not-for-profit organisation is one which is not operating for the profit or gain of its individual members, whether these gains would have been direct or indirect. This applies when the organisation is operating and when it winds up/concludes.

The Australian Taxation Office accepts an organisation as not-for-profit where its constituent or governing documents prevent it from distributing profits or assets for the benefit of particular people.

If the applicant is a not-for-profit organisation, select the item that identifies its principal purpose:

- **Religious** – An organisation whose objectives and activities reflect its character as a body instituted for the promotion of religious objectives and the beliefs and practices of whose members constitute a religion.
- **Community based** – An organisation formed for a particular common purpose by members of an identifiable community based on locality, ethnicity or some other identifiable affiliation, whose activities may be carried out for the benefit of its members but which does not provide financial profit or gain to its individual owners or members.
- **Charitable** – An organisation that intends social value or utility to the general community or an appreciable section of the public, and that is not established primarily to provide profit, gain or benefit to its individual owners or members.

Please select the organisation’s type:

Choose an item.

If Not-for-Profit, select the **principal** purpose of your organisation:

Choose an item.

Is your organisation or its parent body listed on the Australian Stock Exchange?

Choose an item.

1.6. **Type of care**

Select the type(s) of care for which approval as a provider of aged care under the Act is sought:

- [ ] Home care
- [ ] Residential care
- [ ] Flexible care

If more space is required for further key personnel, please copy and paste one of the completed key personnel above and amend as required for each additional key personnel.

If more space is required for further key personnel, please copy and paste one of the completed key personnel above and amend as required for each additional key personnel.

1.7. **Key personnel of the organisation**

In deciding whether the organisation is suitable to provide aged care, the suitability and experience of the key personnel may also be considered.

Please note:

- Each key personnel must provide a National Police Certificate (NPC) obtained through a police agency or a National Police History Check (NPHC) from an Australian Criminal Intelligence Commission (ACIC) accredited agency.
- **If an application is received without a National Police Check from each key personnel it will not be assessed.**
- Directors of a company registered with the Australian Securities and Investment Commission and persons listed as responsible persons with the Australian Charities and Not for Profit Commission are considered key personnel.
- Persons in a management company associated with the applicant are considered key personnel.
- Key personnel must not be disqualified individuals. The applicant should refer to subsection 10A-1(1) of the Act for further information about disqualified individuals.

The names of each key personnel and their position in the organisation must be individually listed below.
**Key Personnel List**

### Key Personnel 1

**Date of Birth:** __/__/____

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
<th>Last name</th>
<th>Former Names</th>
<th>Preferred Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Qualifications/Experience:** (Max 1000 characters, approx. 160 words)

- 
- 
- 

**Position & principal duties in the organisation** (Max 1000 characters, approx. 160 words)

- 

### Key Personnel 2

**Date of Birth:** __/__/____

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
<th>Last name</th>
<th>Former Names</th>
<th>Preferred Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Qualifications/Experience:** (Max 1000 characters, approx. 160 words)

- 
- 
- 

**Position & principal duties in the organisation** (Max 1000 characters, approx. 160 words)

- 

### Key Personnel 3

**Date of Birth:** __/__/____

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
<th>Last name</th>
<th>Former Names</th>
<th>Preferred Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Qualifications/Experience:** (Max 1000 characters, approx. 160 words)

- 
- 
- 

**Position & principal duties in the organisation** (Max 1000 characters, approx. 160 words)

- 

### Key Personnel 4

**Date of Birth:** __/__/____

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
<th>Last name</th>
<th>Former Names</th>
<th>Preferred Name</th>
</tr>
</thead>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Qualifications/Experience:** (Max 1000 characters, approx. 160 words)
Key Personnel 4
Date of Birth: __/__/____


Position & principal duties in the organisation (Max 1000 characters, approx. 160 words)


Key Personnel 5
Date of Birth: __/__/____


Qualifications/Experience: (Max 1000 characters, approx. 160 words)


Position & principal duties in the organisation (Max 1000 characters, approx. 160 words)


Key Personnel 6
Date of Birth: __/__/____


Qualifications/Experience: (Max 1000 characters, approx. 160 words)


Position & principal duties in the organisation (Max 1000 characters, approx. 160 words)

If more space is required, please copy and paste one of the tables above and add as required for each additional key personnel.

1.8. National Police Checks

Attach a National Police Check for each key personnel

1.9. Statutory Declaration Form

If the former or current names of a key personnel are not shown on the police check obtained or if the key personnel has been a resident of a country other than Australia at any time after turning 16 years of age, a Statutory Declaration Form must be completed and a declaration made as to whether the person has been convicted of an indictable offence.

The Statutory Declaration/s must be attached to the application with the NPC or NPHC. A blank Statutory Declaration is available on the Department’s website for this purpose.
Further information is available in the *Guidance for Applicants Seeking Approval to Provide Aged Care.*

Attach a Statutory Declaration Form for key personnel, if applicable.

**END OF SECTION 1**
SECTION 2: SUITABILITY OF THE APPLICANT

This section of the form is specifically about the applicant’s experience in aged care and the applicant’s ability to provide the type of care for which it is applying.

In this section, please limit your responses to 300 words per question.

2.1 Governance

In the space below, tell us about your organisation:

a) when the organisation started operating and its purpose
   
   Click here to enter text.

b) the corporate structure including any related entities, management committees, boards and allocation of responsibilities
   
   Click here to enter text.

c) the systems in place to ensure effective governance of the organisation. For example, how will the organisation manage risk, continuous improvement, information management and regulatory compliance, oversee the delivery of care and financial management for the care type it seeks approval to deliver.
   
   Click here to enter text.

d) the systems to support oversight of care in multiple locations
   
   Click here to enter text.

e) business model to deliver aged care.
   
   Click here to enter text.

Provide an organisation chart and highlight the area directly responsible for the delivery of aged care.

2.2 Use of another entity

Does the applicant currently have, or propose to enter into an agreement with another entity to deliver care services on its behalf? If the answer is YES, provide the following details:

Full legal name of the other entity: Click here to enter text.

ABN: Click here to enter text.

Describe the arrangement you have or propose to enter into, such as a brokerage arrangement or engagement of a management company. Also describe the services or functions to be provided by the other entity.

Click here to enter text.

Attach a copy of the agreement, such as a contract with the other entity.

2.3 Experience in aged or related care

Describe your organisation’s experience in providing aged care under the Act, or other relevant forms of care which may include services provided through the National Disability Insurance Scheme; retirement villages; sheltered housing; nursing homes or hostels for the aged; home and community care programs; residential care services and/or home care services.

In this section, please limit your responses to 300 words per question.

Your response must include:

a) type and length of experience, for example, in the Commonwealth Home Support Programme, National Disability Insurance Scheme, brokerage or private fee for service
   
   Click here to enter text.

You may wish to attach relevant evidence that demonstrates your experience, such as a contract or Quality Review Report.

b) services offered for example, meals, transport, clinical care
2.4 Responsibilities as a provider

Demonstrate your understanding of your responsibilities as an approved provider by including examples of the systems that will be implemented to provide aged care under the Act.

Chapter 4 of the Act specifies the responsibilities of approved providers. The responsibilities relate to:

- the quality of care you provide
- user rights for the people to whom the care is provided
- accountability for the care that is provided

In this section, please limit your responses to 300 words per question.

Describe the systems your organisation will implement for the care type for which you are applying, to ensure that the:

a) quality of care will be delivered in accordance with Division 54 of the Act

b) rights of care recipients are protected in accordance with Part 4.2 of the Act

c) approved provider is accountable for the care in accordance with Division 63 of the Act

NOTE:

- Ensure that the responses reflect the type/s of care for which approval is sought.
- Repeating sections of the Act does not demonstrate your organisation’s suitability to provide aged care.

2.5 Financial Management

Describe the methods the organisation uses, or proposes to use, in order to ensure sound financial management.

In this section, please limit your responses to 300 words per question.

Your response must include:

a) a description of accounting policies, procedures and information technology systems

b) a description of the skills, qualifications and experience of the person/s responsible for financial management

c) sources of revenue available to cover any start-up costs required for the business of delivering aged care

d) an explanation of any financial assistance or loans from other entities including parent bodies and directors

e) if applicable, an explanation for any significant losses evident in your financial statements and the strategies that will be employed to maintain sufficient cash flow for operational purposes.
Attach the following documents

i. If your organisation has traded – provide a copy of the most recent complete set of financial statements for the last two years, including financial performance (profit and loss), financial position (balance sheet), cash flow, a statement of equity and a signed Directors’ Declaration.

ii. If the latest financial statement is greater than 6 months old, then a year-to-date financial statement is also required.

iii. If your organisation has not traded – provide evidence of the organisation’s financial capacity to commence the provision of aged care, for example financial statements of a related entity, line of credit, business plan, a letter from an accountant and/or bank statements.

Note: The required documents must be attached in order to demonstrate the applicant’s financial management and capacity to deliver aged care.

2.6 Ability to provide the type of care applied for

In seeking approval to provide a certain type of care, the applicant must demonstrate how it will deliver that type of care in accordance with the Act and Aged Care Principles.

2.6.1 HOME CARE

Answer the following questions if you are seeking approval to provide Home Care under the Act.

In this section, please limit your responses to 300 words per question

a) Describe how the organisation will provide care to a care recipient, that is, the process from referral to delivery, including:

i. the development of care plans and agreements

Click here to enter text.

ii. assessment, monitoring and review of care recipient’s needs, including referrals to clinical care, and the management of medications and clinical services

Click here to enter text.

iii. consideration of the delivery of care to persons with dementia and/or special needs, as defined in section 11-3 of the Act.

Click here to enter text.

Note: The applicant should consider the Quality of Care Principles 2014 in the response.

b) Describe how the organisation will provide choice and flexibility to care recipients in their home care packages in accordance with the User Rights Principles 2014.

Click here to enter text.

c) Describe the systems and processes that will be implemented to manage individual care recipients’ fees, budgets, monthly statements, invoices and subsidies received.

Click here to enter text.

d) Describe how you will meet your obligations and responsibilities to ensure the portability of the care recipient’s home care package including the management of the care recipient’s unspent home care amount as defined in the User Right Principles 2014.

Click here to enter text.

2.6.2 RESIDENTIAL CARE

Answer the following questions if you are seeking approval to provide Residential Care under the Act.

In this section, please limit your responses to 300 words per question

a) Describe how your organisation will ensure security of tenure for a care recipient’s place in a service in line with the User Rights Principles 2014.
c) Describe how your organisation will ensure that information is provided to care recipients in line with the User Rights Principles 2014.

Click here to enter text.

d) What systems will your organisation implement to:

   i. ensure that it complies with the Prudential Standards as described in the Fees and Payments Principles 2014 (No.2)

   Click here to enter text.

   ii. manage, monitor and control the use of the use of any refundable deposits. *Refundable deposits include refundable accommodation deposits, accommodation bonds and entry contributions.

   Click here to enter text.

d) Describe the skills, qualifications and experience that will be required of the person responsible for nursing services (including clinical governance) in the residential care facility.

Click here to enter text.

2.6.3 FLEXIBLE CARE

Answer the following questions if you are seeking approval to provide Flexible Care under the Act. In this section, please limit your responses to 300 words per question.

a) Provide details about your organisation’s experience providing:

   • restorative care that would meet the objectives of delivering flexible care in the form of short-term restorative care; and/or
   • other kinds of flexible care including flexible care delivered through a multi-purpose service, innovative care service or transition care.

The applicant should refer to Division 3 of the Subsidy Principles 2014 for further information about kinds of flexible care.

If the applicant has no relevant experience, write Not Applicable.

Click here to enter text.

b) Describe how your organisation will meet the relevant standards required for the environment in which any flexible care is delivered.

Click here to enter text.

c) Describe how your organisation will

   i. provide statements for services delivered through the program

   Click here to enter text.

   ii. track any daily fees that a care recipient may be required to pay

   Click here to enter text.

   iii. measure and record changes in a care recipients functional status if required by the program

   Click here to enter text.

   iv. coordinate the delivery of care and if required, refer the care recipient to other services to meet their individual care needs

   Click here to enter text.

END OF SECTION 2
SECTION 3: KEY PERSONNEL ENDORSEMENT FORM

(Provide full legal name of Applicant (organisation) seeking approval to provide aged care)

The person/s signing this Key Personnel Endorsement Form must be one of the applicant’s key personnel and legally authorised to give assurances and enter into contracts and commitments on behalf of the applicant. Signature space has been made available for two key personnel to sign, if required, in accordance with the Corporations Act 2001.

Endorsement:

- Subsection 8-2(4) of the Act states that an application that contains information that is, to the applicant’s knowledge, false or misleading in a material particular is taken not to be an application.
- Furthermore, paragraph 10-3(1)(c) of the Act states that the Secretary must revoke an approval of a person as a provider of aged care under section 8-1 of the Act if the Secretary is satisfied that the person’s application for approval contained information that was false or misleading in a material particular.
- This endorsement covers all information provided in the application and must be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the applicant.

Consent:

- I/we consent to the Secretary obtaining information and documents from other persons or organisations, including the Australian Aged Care Quality Agency and Commonwealth, State and Territory Government departments in respect of any previous or current involvements of the applicant or organisation in providing aged care or other relevant forms of care to assist in assessing this application.

Declaration:

- I/we understand that the Criminal Code applies to offences against the Act and that providing false or misleading information in this application is a serious offence.
- I/we understand that the name of the applicant is that shown on the Incorporation Certificate provided with this application, or as previously provided, and that the Department of Health will use that name in any communications and in establishing records in its systems for payment of subsidies.
- I/we declare that none of the approved provider’s key personnel is a disqualified individual under section 10A-1(1) of the Act and understand that under section 10A-2 of the Act, a corporation commits an offence if a disqualified individual is one of the corporation’s key personnel, and the corporation is reckless as to that fact.
- I/we have read the Guidance for the Application for Approval to Provide Aged Care and understand the responsibilities and obligations of approved providers prescribed in the Aged Care Act 1997 and the Aged Care Principles.
- I/we understand that the Department of Health will examine its own records in relation to this application.
- I/we declare that all information provided in this application and attachments is true and correct.

Signature: _______________________ Name of Key Personnel: ______________________________
Position: ___________________________ Date: __________________________

Signature: _______________________ Name of Key Personnel: ______________________________
Position: ___________________________ Date: __________________________

Attach Company Seal if required
Under section 8-2 of the Act, an application seeking approval to provide aged care must be in a form approved by the Secretary of the Department and must be accompanied by any documents that are required by the Secretary.

Before you submit the application form, check that you have completed all the responses. Please also ensure that you have provided information that demonstrates your organisation’s experience and suitability to deliver the type of care for which you are applying.

**ATTACHMENTS IN EACH SECTION**

**Section 1: Applicant’s Details**
- Incorporation Certificate (Question 1.1)
- National Police Check (NPC) for each individual key personnel listed (Question 1.8)
- Statutory Declaration for key personnel if required (Question 1.9)

**Section 2: Suitability of the Applicant**
- Organisation Chart (Question 2.1)
- Copy of agreement with another entity, if applicable (Question 2.2)
- Financial statements of the applicant, or evidence of financial capacity (Question 2.4)
- Copy of the applicant’s business plan for applicants that have not traded (Question 2.4)

**Section 3: Key Personnel Endorsement Form**
- Signed and dated Key Personnel Endorsement Form

**NOTE:** Your application will be deemed incomplete if the required documents are not attached.

**NEXT STEPS**

Submit your application form by attaching it and any required documents in an email to approvedproviderapplications@health.gov.au.

When the Department receives your application, an email will be sent to your authorised contact person acknowledging receipt of the application and the date it arrived in the Department.

The Department will then check the application for completeness prior to it being assessed. Under the Act the Department has 90 days to assess your application once all the required documentation has been provided. Whilst the form has been designed to improve processing periods, the assessment process is dependent on the quality of the information that you provide to the Department. The Department may contact you during the assessment process if further information is required.

If you have any queries, please send an email with your name and contact details to approvedproviderapplications@health.gov.au.