NOTICE OF ADDITIONAL INFORMATION FOR PRIORITY 2 REPORTABLE INCIDENT

Complete this form if the Commission requires you to give specified further information about a Priority 2 reportable incident under:

* 1. section 95C(2) of the Aged Care Quality and Safety Commission Rules 2018 if you are an approved provider
  2. section 95L of the Aged Care Quality and Safety Commission Rules 2018 if you are a service provider.

**Section A – Provider and service details**

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| --- | --- |
| **Provider name:** |  |
| **NAPS ID:** |  |
| **Service name:** |  |
| **RACS/COMMISSION ID:** |  |

**Section B – Contact details of person giving notice**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position title:** |  |
| **Phone/Mobile:** |  |
| **Email:** |  |

**Section C – Additional information required to be provided**

Date of notice:

Relevant reportable incident notice number[[1]](#footnote-2): NF

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| --- |
| Enter here the specified further information required by the Commission in the Notice given to you either under section 95C(2) or section 95L of the Aged Care Quality and Safety Commission Rules 2018.  If attaching documents, please specify here which documents are being attached. |

Once completed, send this notice and any supporting documents to [SIRS@agedcarequality.gov.au](mailto:SIRS@agedcarequality.gov.au?subject=Notice%20of%20additional%20information%20(Priority%202)).

*Note:*

* *If you are an approved provider, section 15NF(3) of the Quality of Care Principles 2014 requires you to give the specified further information to the Commission; you are required to give the information using this notice.*
* *If you are a service provider, your relevant program manual requires you to give specified further information to the Commission; you are requested to give the information using this notice.*

1. The notice number can be found in the acknowledgement email sent to you by the Commission confirming receipt of the submission of your notice. [↑](#footnote-ref-2)