**About this form**

Under section [9-1 of the *Aged Care Act 1997*](https://www.legislation.gov.au/Details/C2021C00137/Html/Text#_Toc66196002) (Aged Care Act), approved providers are required to notify the Aged Care Quality and Safety Commissioner (the Commissioner) of any change of circumstances that materially affects their suitability to be a provider of aged care.

This means that as an approved provider you must consider whether a material change affects your ability to meet your responsibilities relating to Quality of Care, User Rights and Accountability as set out under Chapter 4 of the Aged Care Act.

The following list contains examples of material changes which may impact a provider’s ability to meet their responsibilities, however this is not an exhaustive list.

Examples include if an approved provider:

* is unable to manage its financial responsibilities or goes into external administration
* makes substantial changes to its organisational or governance structure, such as entering a sub-contract arrangement for delivery of clinical care or using a management company
* has a change in the governing body and [key personnel](#Keypersonnel), for example, the departure and/or addition of a Director of Nursing, CFO, CEO, or any other executive manager
* becomes aware of a change of circumstances that relates to a suitability matter in relation to one of its key personnel.

Approved providers are also required, under section 9-2A of the Aged Care Act, to notify the Commissioner of certain events relating to key personnel of the approved provider, including changes to key personnel or changes to the suitability of key personnel.

There are specific [suitability](#suitability) matters in relation to individuals, including key personnel, which are set out in section 8C of the *Aged Care Quality and Safety Commission Act 2018* (the Commission Act)*.* In addition, section 63D(3) of the Commission Act sets out the matters that the Commissioner must consider when deciding whether a person (who has applied to be a provider of aged care) is suitable to provide aged care.

This form must be used to give notice of a material change and specified key personnel events.

Notifications of a material change and the occurrence of certain events relating to key personnel must be given to the Commissioner within 28 days if the change occurred prior to 1 December 2022.

If the change occurred on or after 1 December 2022 a notification must be given to the Commissioner within **14 days** of the change occurring.

In some circumstances, an approved provider may choose to inform the Commissioner of a change before it occurs, such as the sale of the approved provider organisation (the legal entity that the approval was granted to) to a new owner.

Failure to comply with material change or notification requirements **may result in a sanction being imposed** under Part 7B of the Commission Act.

**Changes to a home care service**

If you want to change the name and address of your existing home care service or notify the Secretary of the Department of Health and Aged Care (the Department) of a new service, as required under section 9-1A of the Aged Care Act, you must use the [approved online form](https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=PRD00-HCSN). Information about this form is available on the [Department’s website](https://www.health.gov.au/initiatives-and-programs/home-care-packages-program/managing-home-care-packages/notification-of-changes-for-home-care-packages).

**Completing this form**

The person completing this form must be one of the approved provider’s governing persons or be a person authorised by the approved provider to complete the form on its behalf.

Please note the contact details of the person identified in section A of this form may be contacted by the Commission to clarify the contents of the form.

**Sections A and B** and the governing person declaration must be completed.

**Sections C, D** should be completed only where relevant to the change being reported.

**Section E** should be completed when notifying of an occurrence of certain events relating to key personnel. Such notifications must include certain information as outlined under s9-2A(c), (d) and (e) of the Aged Care Act. When considering an individual’s suitability, you must consider the suitability matters listed in section 8C of the Commission Act.

You will be asked to provide copies of documents to allow the Commission to verify that you have appropriately understood and applied your responsibilities as set out under s9-2A(2)(c) of the *Aged Care Act 1997*, the *Accountability Principles 2014* and the *Record Principles 2014*.

The personal information collected in Section E is required for the purpose of creating a unique record of the individual, and to assure the Commission that you have understood and have complied with your regulatory responsibilities, including those under the *Accountability Principles 2014* and the *Record Principles 2014.*

If you are notifying the Commissioner of multiple key personnel changes across multiple services of the same provider, please clearly identify where the change you are reporting only applies to one service or consider providing separate forms.

**Section F** of this form is provided to allow you to update your contact details with the Commission and the Department. The information provided in this section is not a notification under s9-1 or 9-2A.

Email the completed form, and all relevant documents to APnotifications@agedcarequality.gov.au

**After you submit the form**

If any information is missing, this form will be returned to you and will not be actioned. You will be asked to review and resubmit your form. It is your responsibility to make sure that all relevant fields are completed and requested documentation is submitted with the form.

Alternatively, if we need to clarify any of the information provided by you, we will request it via an additional notice under section 9-2 of the *Aged Care Act 1997* and the approved provider must provide a response within **28 days** of the request being made.

**Notice of Collection**

Before completing this form, read the Aged Care Quality and Safety Commission’s (the Commission) [Notice of Collection](https://www.agedcarequality.gov.au/resources/notice-collection) that explains how we use personal information.

**Privacy and Your Personal Information**

Your personal information, and personal information of key personnel, is protected by law, including the *Privacy Act 1988* the Australian Privacy Principles, the Commission Act and the Aged Care Act, and is being collected by the Commission for the primary purposes of:

* notifying the Commissioner of changes in circumstances that materially affect your organisation’s suitability to provide aged care services; and/or
* notifying the Commissioner of certain events related to your key personnel; and/or
* reviewing your organisation’s ongoing suitability to provide aged care services; and/or
* assuring that your organisation’s key personnel and contacts are associated with the correct approved provider record; and/or
* updating your organisation’s records.

The information you provide to the Commission on this form may be disclosed to the Department, other State and Commonwealth agencies and where otherwise permitted or required by law.

If you do not provide this information, your organisation may be at risk of failing to meet its notification obligations under sections 9-1 and 9-2A of the Aged Care Act. Failure to comply with notification requirements may result in a sanction being imposed under Part 7B of the Commission Act.

You can get more information about the way in which the Commission will manage personal information, including our [Privacy Policy, at agedcarequality.gov.au](https://www.agedcarequality.gov.au/about-us/legislation-and-policies/privacy-policy).

**Updating My Aged Care**

The Commission is not responsible for the My Aged Care website or the provider portal.

If you have updated any of your information through the My Aged Care provider portal it will not automatically update your approved provider or service records and therefore will not satisfy the requirement to notify material changes or occurrences of certain events relating to key personnel as covered by this form.

Approved providers should separately ensure their My Aged Care profile reflects the organisation details you provide to the Commission in this form.

**Questions about this form?**

Please send your questions and contact details to APnotifications@agedcarequality.gov.au

# SECTION A: PERSONAL DETAILS OF PERSON COMPLETING THIS FORM

If the person completing this form is not one of the approved provider’s governing persons, they must be authorised by the approved provider and may be required to engage with the Commission for the purpose of processing the notification.

Full Name Role/Position

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Phone |  | Email |
|  |  |  |

# SECTION B: APPROVED PROVIDER ORGANISATION’S DETAILS

|  |
| --- |
| Approved Provider Name |
|  |

|  |
| --- |
| Approved Provider NAPS ID |
|  |

Our organisation is an Aboriginal Community Controlled Organisation? [ ]  (tick if yes)

# SECTION C: ORGANISATIONAL CHANGE

*When completing this section, you must tell us about* ***ALL*** *organisational changes that have occurred in the past* ***14 days*** *that materially affect your suitability as a provider of aged care.*

**DO NOT ENTER GOVERNING BODY/KEY PERSONNEL RELATED EVENTS IN THIS SECTION** – record these in *[Section E](#SectionE).*

**Attach evidence of organisational change.**

**This form will be returned if you do not attach the relevant documentation.**

**You are required to attach evidence of the change/s.**

Tick all that apply:

[ ]  ASIC documentation to evidence change

[ ]  letter or notice from ASIC confirming change to company director, owner, secretary, or shareholder

[ ]  diagram of the new organisational structure

[ ]  change of ABN ID from the Australian Business Register

[ ]  copy of a management agreement or the sub-contract agreement with another organisation (third party) to deliver aged care on your behalf

[ ]  other – enter document details below:

|  |
| --- |
|  |

## Type of organisational change

*Only complete the following sub-sections if they apply to the change you are reporting.*

### Change to the Organisation’s Details

|  |
| --- |
| Organisation Name |
|  |

|  |  |  |
| --- | --- | --- |
| ABN |  | ACN/IAN |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Phone |  | Email |
|  |  |  |

|  |
| --- |
| Physical Address |
|  |

|  |
| --- |
| Postal Address |
|  |

Date Change Came into Effect

|  |
| --- |
| Click or tap to enter a date |

### Change to the Organisation’s Incorporated Structure

Select from the following:

[ ]  Transfer or sale of a majority or controlling interest in the approved provider incorporated entity

[ ]  Sale of the whole approved provider incorporated entity to new owners – either with or without previous aged care experience

[ ]  Under voluntary or involuntary external administration

[ ]  Aboriginal Community Controlled Organisation status

[ ]  Other

|  |
| --- |
| You **must** provide a detailed statement that describes the change that has occurred: |
|  |

Date Change Came into Effect

|  |
| --- |
| Click or tap to enter a date |

### Change to the Organisation’s Governance

 Select from the following:

[ ]  Executive management structure

[ ]  Board or governance committees

[ ]  Governing body\* (only required if you were approved after 1 December 2022)

[ ]  Quality care advisory body\* (only required if you were approved after 1 December 2022)

[ ]  Clinical Governance

[ ]  Other

|  |
| --- |
| \*Please see the guidance document [Sector guidance for provider governance](https://www.agedcarequality.gov.au/resources/provider-responsibilities-relating-governance-guidance-approved-providers-draft-14-november-2022)You **must** provide a detailed statement that describes the change that has occurred: |
|  |

Date Change Came into Effect

|  |
| --- |
| Click or tap to enter a date |

### Change Affecting Organisation’s Financial Status

|  |
| --- |
| You **must** provide a detailed statement that describes the change that has occurred: |
|  |

Date Organisational Change Came into Effect

|  |
| --- |
| Click or tap to enter a date |

### Involvement of a Third Party

*Engagement of a third party may affect your ongoing suitability, i.e., where you enter a contract with a nursing service or management company to take on the provision of day-to-day care services or overall management of care and services.*

|  |
| --- |
| You **must** provide a detailed statement that describes the change that has occurred (you **must also** provide detailed information on any new third party in [Section D](#SectionD)): |
|  |

Date Change Came into Effect

|  |
| --- |
| Click or tap to enter a date |

### Other Change

|  |
| --- |
| You **must** provide a detailed statement that describes the change that has occurred: |
|  |

Date Change Came into Effect

|  |
| --- |
| Click or tap to enter a date |

### Reason for the Change

*Explain the reasons for making the above identified change/s including any rationale that sets out how the change has or will improve your organisational capabilities, i.e., the board decided to partner the organisation with another company to build capability and strengthen our ability to deliver aged care.*

|  |
| --- |
|  |

## How the notified change/s affects the Approved Provider’s suitability

You are requested to set out what affect the change described in this section has, or will have, on your suitability to be an approved provider.

Provide a statement that:

* describes the effect on your suitability.
* detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.

|  |
| --- |
|  |

# SECTION D: THIRD PARTY DETAILS

**For Residential Services**

In this section enter the details of any new third parties identified in [Section C](#SectionC).

You can also use this section for any existing third parties that you may not have previously informed the Commission or the Department about.

You must consider the role and responsibilities of the third party's employees as they may meet the definition of key personnel for an approved provider (see [section 8B](#Keypersonnel) of the Commission Act).

Relevant key personnel information must be provided in [Section E](#SectionE).

**For Home Care Services (Clinical Care & Personal Care)**

In this section **only enter the details of any new third parties providing clinical care** **and personal care** i.e. wound management, continence management, chronic disease management, dressing, bathing, allied health care, post-operative care and medication management.

For non-clinical services i.e. cleaning, gardening, home maintenance etc., attach a list of third-party legal entities.

**Attach names of third-party legal entities providing non-clinical services.**

**This form will be returned if you do not attach the relevant documentation.**

*You can provide details of up to three third party organisations in this form. If necessary, additional third-party organisations can be attached separately. Please indicate below if you have attached additional third-party details (you must duplicate the details set out below).*

[ ]  No [ ]  Yes - please title the attached document ***Addendum to third party organisation details***

### Third Party Organisation 1

|  |
| --- |
| Legal Name |
|  |

|  |
| --- |
| Trading Name |
|  |

Is the third party an approved provider?

[ ]  No [ ]  Yes – **enter Approved Provider NAPS ID below**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approved Provider NAPS ID |  | ABN |  | ACN/IAN |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Contract Start Date |  | Contract End/Renewal Date |
| Click or tap to enter a date |  | Click or tap to enter a date |

### Third-Party Contact Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Last name |  | Phone |
|  |  |   |  |  |  |  |

|  |
| --- |
| Email |
|  |

|  |
| --- |
| Physical Address |
|   |

|  |
| --- |
| Postal Address |
|   |

### Roles and Responsibilities

*Describe the role of the organisation, including any management or executive decisions they will have responsibility over, for example - staffing or budgeting.*

|  |
| --- |
|  |

## How this change affects the Approved Provider’s suitability

You are requested to set out what affect the change described in this section has, or will have, on your suitability to be an approved provider.

Provide a statement that:

* describes the effect on your suitability.
* detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.

|  |
| --- |
|  |

### Third Party Organisation 2

|  |
| --- |
| Legal Name |
|  |

|  |
| --- |
| Trading Name |
|  |

Is the third party an approved provider?

[ ]  No [ ]  Yes – **enter Approved Provider NAPS ID below**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approved Provider NAPS ID |  | ABN |  | ACN/IAN |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Contract Start Date |  | Contract End/Renewal Date |
| Click or tap to enter a date |  | Click or tap to enter a date |

### Third-Party Contact Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Last name |  | Phone |
|  |  |   |  |  |  |  |

|  |
| --- |
| Email |
|  |

|  |
| --- |
| Physical Address |
|   |

|  |
| --- |
| Postal Address |
|   |

### Roles and Responsibilities

*Describe the role of the organisation, including any management or executive decisions they will have responsibility over, for example - staffing or budgeting.*

|  |
| --- |
|  |

## How this change affects the Approved Provider’s suitability

You are requested to set out what affect the change described in this section has, or will have, on your suitability to be an approved provider.

Provide a statement that:

* describes the effect on your suitability.
* detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.

|  |
| --- |
|  |

### Third Party Organisation 3

|  |
| --- |
| Legal Name |
|  |

|  |
| --- |
| Trading Name |
|  |

Is the third party an approved provider?

[ ]  No [ ]  Yes – **enter Approved Provider NAPS ID below**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approved Provider NAPS ID |  | ABN |  | ACN/IAN |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Contract Start Date |  | Contract End/Renewal Date |
| Click or tap to enter a date |  | Click or tap to enter a date |

### Third-Party Contact Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Last name |  | Phone |
|  |  |   |  |  |  |  |

|  |
| --- |
| Email |
|  |

|  |
| --- |
| Physical Address |
|   |

|  |
| --- |
| Postal Address |
|   |

### Roles and Responsibilities

*Describe the role of the organisation, including any management or executive decisions they will have responsibility over, for example - staffing or budgeting.*

|  |
| --- |
|  |

## How this change affects the Approved Provider’s suitability

You are requested to set out what affect the change described in this section has, or will have, on your suitability to be an approved provider.

Provide a statement that:

* describes the effect on your suitability.
* detail the steps you are taking to ensure that you are meeting your responsibilities as an approved provider.

|  |
| --- |
|  |

# SECTION E: UPDATE KEY PERSONNEL DETAILS

The information contained in this section is used to create or update a key personnel record held in databases owned and controlled by the Commission and the Department. Any personal information will not be disclosed unless it is lawfully permittable or required to do so and is collected in accordance with the Commission’s Notice of Collection and Privacy Policy (see page 1 of this form).

Please complete this section to notify the Commissioner of certain events relating to your key personnel (see section 9-2A(1) of the Aged Care Act). A definition of key personnel is available in [section 8B of the Commission Act](#Keypersonnel).

Based on their role and responsibilities, an employee of a third party may be key personnel for an approved provider.

### Key Personnel Suitability

Approved providers have a responsibility to consider specific suitability matters in relation to their key personnel and be reasonably satisfied that all members of their key personnel are suitable to be involved in the provision of aged care.

The suitability matters for individuals are set out in section 8C of the Commission Act and detailed in the ‘Definitions’ section of this form.

You should refer to the Commissions guidance in relation to these requirements which is available on the [Commissions website](https://www.agedcarequality.gov.au/resources/provider-responsibilities-relating-governance-guidance-approved-providers-draft-14-november-2022).

All staff, including key personnel, must be appropriately qualified, skilled and experienced for the role they perform.

You **must** provide details of the new key personnel’s **experience** as well as their **qualifications to evidence their suitability** for their role. This may include registrations with professional bodies such as Australian Health Practitioner Regulation Agency (AHPRA), or Chartered Accountants Australia & New Zealand.

## Adding or Updating Key Personnel (complete all sections that apply)

*The personal information requested below is used to create a unique key personnel record and will only be used for record matching purposes. It helps to identify the correct record when a change to a key personnel is notified.*

*You can add up to three new key personnel on this form. If you wish to add additional new key personnel, details can be attached separately. Please indicate below if you have additional key personnel information attached.*

[ ]  No [ ]  Yes – please title the attached document ***Addendum to key personnel details***

### Key Personnel 1

Tick as applicable: [ ]  Add [ ]  Update

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Former Name/s (if applicable) |  | Preferred Name (if different to above) |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of Birth |  | Position Title |
| Click or tap to enter a date |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone - mobile |  | Phone - landline |  | Email |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Preferred method of contact |  | Start Date |
| Choose an item. |  | Click or tap to enter a date |

Principal purpose of key personnel position:

[ ]  Executive Decision Maker [ ]  Executive Manager

[ ]  Significant influence (e.g., but not limited to Board Member, Committee/sub-committee member, person responsible for the nursing services to be provided and the day-to-day operations of an aged care service)

|  |
| --- |
| Duties of your position [tell us the Service name and NAPS ID if position is relevant to a Service]: |
|  |

Employment type:

[ ]  Employee [ ]  Contractor [ ]  Consultant

Provide details of [Nationally Coordinated Criminal History Check](https://www.acic.gov.au/services/national-police-checking-service) (NCCHC) or [NDIS worker screening clearance](https://www.ndiscommission.gov.au/providers/worker-screening#how). The requirements for police certificates and NDIS worker screening clearance is explained in the ‘Definitions’ section of this form. (if your role is an identified risk assessed role):

**NCCHC Details**

|  |  |  |
| --- | --- | --- |
| Issue Date (as recorded on NCCHC) |  | NCCHC Reference No. (note: you must provide a copy of this NCCHC) |
| Click or tap to enter a date |  |  |

Is the key personnel’s name different to the one shown on the NCCHC, or have they lived outside of Australia after the aged of 16? [ ]  No [ ]  Yes – **Statutory declaration attached**

**NDIS Worker Screening Check Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application Reference No. |  | Check No. |  | Screening Check Outcome Expiry Date |
|  |  |  |  | Click or tap to enter a date |

[ ]  I confirm that a copy of the above identified NCCHC check or NDIS Worker Screening Check is attached to this form.

**Insolvency Check Details**

|  |  |  |
| --- | --- | --- |
| Date Completed |  | Search ID No. |
| Click or tap to enter a date |  |  |

[ ]  I confirm that a copy of the key personnel’s insolvency check is attached to this form.

**Disqualified from managing corporations**

Is or has the individual **ever** been disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001* (refer 8C(1)(h) of the Commission Act)?

[ ]  Yes [ ]  No

**AHPRA Registration Details**

|  |  |  |
| --- | --- | --- |
| Registration Type (Profession) |  | ID No. |
|  |  |  |

Is the key personnel’s name different to the one shown on the AHPRA registration?

[ ]  No [ ]  Yes – **Statutory declaration attached**

**Membership of Governing Body**

Certain approved providers have responsibilities in relation to its Governing Body. To understand whether these responsibilities apply to your organisation refer to s63-1D of the Aged Care Act.

Is the key personnel a member of your governing body or quality care advisory body?

[ ]  Governing body [ ]  Quality care advisory body

If your key personnel is a member of the governing body, are they an independent non-executive member\*?

[ ]  Yes [ ]  No

**Qualifications Relevant to the Position Held**

|  |
| --- |
| Qualification 1 |
|  |

|  |  |  |
| --- | --- | --- |
| Educational Institution |  | Date Obtained |
|  |  | Click or tap to enter a date |

|  |
| --- |
| Qualification 2 |
|  |

|  |  |  |
| --- | --- | --- |
| Educational Institution |  | Date Obtained |
|  |  | Click or tap to enter a date |

|  |
| --- |
| Qualification 3 |
|  |

|  |  |  |
| --- | --- | --- |
| Educational Institution |  | Date Obtained |
|  |  | Click or tap to enter a date |

**Experience Relevant to the Position Held**

|  |
| --- |
| Employer 1 |
|  |

|  |
| --- |
| Period of Employment (start and end date) |
| Click or tap to enter a date | to  | Click or tap to enter a date |

|  |
| --- |
| Role Description (including how it is relevant to providing aged care) |
|  |

|  |
| --- |
| Employer 2 |
|  |

|  |
| --- |
| Period of Employment (start and end date) |
| Click or tap to enter a date | to  | Click or tap to enter a date |

|  |
| --- |
| Role Description (including how it is relevant to providing aged care) |
|  |

|  |
| --- |
| Employer 3 |
|  |

|  |
| --- |
| Period of Employment (start and end date) |
| Click or tap to enter a date | to  | Click or tap to enter a date |

|  |
| --- |
| Role Description (including how it is relevant to providing aged care) |
|  |

**Statement confirming key personnel suitability matters**

In relation to this key personnel, has the approved provider:

1. considered the suitability matters in relation to the individual; and
2. after considering those matters are reasonably satisfied that the individual is suitable to be involved in the provision of aged care.

[ ]  Yes – [Note: s53 of the Accountability Principles requires you to keep certain records. The Commission may, at any time seek to review these records as part of its monitoring powers]

[ ]  No

### Key Personnel 2

Tick as applicable: [ ]  Add [ ]  Update

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Former Name (if applicable) |  | Preferred Name |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of Birth |  | Position Title |
| Click or tap to enter a date |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone - mobile |  | Phone - landline |  | Email |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Preferred method of contact |  | Start Date |
| Choose an item. |  | Click or tap to enter a date |

Principal purpose of key personnel position:

[ ]  Executive Decision Maker [ ]  Executive Manager

[ ]  Significant influence (e.g., but not limited to Board Member, Committee/sub-committee member, person responsible for the nursing services to be provided and the day-to-day operations of an aged care service)

|  |
| --- |
| Duties of your position [tell us the Service name and NAPS ID if position is relevant to a Service]:  |
|  |

Employment type:

[ ]  Employee [ ]  Contractor [ ]  Consultant

Provide details of [Nationally Coordinated Criminal History Check](https://www.acic.gov.au/services/national-police-checking-service) (NCCHC) or [NDIS worker screening clearance](https://www.ndiscommission.gov.au/providers/worker-screening#how). The requirements for police certificates and NDIS worker screening clearance is explained in the ‘Definitions’ section of this form. (if your role is an identified risk assessed role):

**NCCHC Details**

|  |  |  |
| --- | --- | --- |
| Issue Date (as recorded on NCCHC) |  | NCCHC Reference No. (note: you must provide a copy of this NCCHC) |
| Click or tap to enter a date |  |  |

Is the key personnel’s name different to the one shown on the NCCHC, or have they lived outside of Australia after the aged of 16? [ ]  No [ ]  Yes – **Statutory declaration attached**

**NDIS Worker Screening Check Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application Reference No. |  | Check No. |  | Screening Check Outcome Expiry Date |
|  |  |  |  | Click or tap to enter a date |

[ ]  I confirm that a copy of the above identified NCCHC check or NDIS Worker Screening Check is attached to this form.

**Insolvency Check Details**

|  |  |  |
| --- | --- | --- |
| Date Completed |  | Search ID No. |
| Click or tap to enter a date |  |  |

[ ]  I confirm that a copy of the key personnel’s insolvency check is attached to this form.

**Disqualified from managing corporations**

Is or has the individual **ever** been disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001* (refer 8C(1)(h) of the Commission Act)?

[ ]  Yes [ ]  No

**AHPRA Registration Details**

|  |  |  |
| --- | --- | --- |
| Registration Type (Profession) |  | ID No. |
|  |  |  |

Is the key personnel’s name different to the one shown on the AHPRA registration?

[ ]  No [ ]  Yes – **Statutory declaration attached**

**Membership of Governing Body**

Certain approved providers have responsibilities in relation to its Governing Body. To understand whether these responsibilities apply to your organisation refer to s63-1D of the Aged Care Act.

Is the key personnel a member of your governing body or quality care advisory body?

[ ]  Governing body [ ]  Quality care advisory body

If your key personnel is a member of the governing body, are they an independent non-executive member\*?

[ ]  Yes [ ]  No

**Qualifications Relevant to the Position Held**

|  |
| --- |
| Qualification 1 |
|  |

|  |  |  |
| --- | --- | --- |
| Educational Institution |  | Date Obtained |
|  |  | Click or tap to enter a date |

|  |
| --- |
| Qualification 2 |
|  |

|  |  |  |
| --- | --- | --- |
| Educational Institution |  | Date Obtained |
|  |  | Click or tap to enter a date |

|  |
| --- |
| Qualification 3 |
|  |

|  |  |  |
| --- | --- | --- |
| Educational Institution |  | Date Obtained |
|  |  | Click or tap to enter a date |

**Experience Relevant to the Position Held**

|  |
| --- |
| Employer 1 |
|  |

|  |
| --- |
| Period of Employment (start and end date) |
| Click or tap to enter a date | to  | Click or tap to enter a date |

|  |
| --- |
| Role Description (including how it is relevant to providing aged care) |
|  |

|  |
| --- |
| Employer 2 |
|  |

|  |
| --- |
| Period of Employment (start and end date) |
| Click or tap to enter a date | to  | Click or tap to enter a date |

|  |
| --- |
| Role Description (including how it is relevant to providing aged care) |
|  |

|  |
| --- |
| Employer 3 |
|  |

|  |
| --- |
| Period of Employment (start and end date) |
| Click or tap to enter a date | to  | Click or tap to enter a date |

|  |
| --- |
| Role Description (including how it is relevant to providing aged care) |
|  |

**Statement confirming key personnel suitability matters**

In relation to this key personnel, has the approved provider:

1. considered the suitability matters in relation to the individual; and
2. after considering those matters are reasonably satisfied that the individual is suitable to be involved in the provision of aged care.

[ ]  Yes – [Note: s53 of the Accountability Principles requires you to keep certain records. The Commission may, at any time seek to review these records as part of its monitoring powers]

[ ]  No

### Key Personnel 3

Tick as applicable: [ ]  Add [ ]  Update

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Former Name (if applicable) |  | Preferred Name |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of Birth |  | Position Title |
| Click or tap to enter a date |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone - mobile |  | Phone - landline |  | Email |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Preferred method of contact |  | Start Date |
| Choose an item. |  | Click or tap to enter a date |

Principal purpose of key personnel position:

[ ]  Executive Decision Maker [ ]  Executive Manager

[ ]  Significant influence (e.g., but not limited to Board Member, Committee/sub-committee member, person responsible for the nursing services to be provided and the day-to-day operations of an aged care service)

|  |
| --- |
| Duties of your position [tell us the Service name and NAPS ID if position is relevant to a Service]: |
|  |

Employment type:

[ ]  Employee [ ]  Contractor [ ]  Consultant

Provide details of [Nationally Coordinated Criminal History Check](https://www.acic.gov.au/services/national-police-checking-service) (NCCHC) or [NDIS worker screening clearance](https://www.ndiscommission.gov.au/providers/worker-screening#how) (if your role is an identified risk assessed role). The requirements for police certificates and NDIS worker screening clearance is explained in the ‘Definitions’ section of this form:

**NCCHC Details**

|  |  |  |
| --- | --- | --- |
| Issue Date (as recorded on NCCHC) |  | NCCHC Reference No. (note: you must provide a copy of this NCCHC) |
| Click or tap to enter a date |  |  |

Is the key personnel’s name different to the one shown on the NCCHC, or have they lived outside of Australia after the aged of 16? [ ]  No [ ]  Yes – **Statutory declaration attached**

**NDIS Worker Screening Check Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application Reference No. |  | Check No. |  | Screening Check Outcome Expiry Date |
|  |  |  |  | Click or tap to enter a date |

[ ]  I confirm that a copy of the above identified NCCHC check or NDIS Worker Screening Check is attached to this form.

**Insolvency Check Details**

|  |  |  |
| --- | --- | --- |
| Date Completed |  | Search ID No. |
| Click or tap to enter a date |  |  |

[ ]  I confirm that a copy of the key personnel’s insolvency check is attached to this form.

**Disqualified from managing corporations**

Is or has the individual ever been disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001* (refer 8C(1)(h) of the Commission Act)?

[ ]  Yes [ ]  No

**AHPRA Registration Details**

|  |  |  |
| --- | --- | --- |
| Registration Type (Profession) |  | ID No. |
|  |  |  |

Is the key personnel’s name different to the one shown on the AHPRA registration?

[ ]  No [ ]  Yes – **Statutory declaration attached**

**Membership of Governing Body**

Certain approved providers have responsibilities in relation to its Governing Body. To understand whether these responsibilities apply to your organisation refer to s63-1D of the Aged Care Act.

Is the key personnel a member of your governing body or quality care advisory body?

[ ]  Governing body [ ]  Quality care advisory body

If your key personnel is a member of the governing body, are they an independent non-executive member\*?

[ ]  Yes [ ]  No

**Qualifications Relevant to the Position Held**

|  |
| --- |
| Qualification 1 |
|  |

|  |  |  |
| --- | --- | --- |
| Educational Institution |  | Date Obtained |
|  |  | Click or tap to enter a date |

|  |
| --- |
| Qualification 2 |
|  |

|  |  |  |
| --- | --- | --- |
| Educational Institution |  | Date Obtained |
|  |  | Click or tap to enter a date |

|  |
| --- |
| Qualification 3 |
|  |

|  |  |  |
| --- | --- | --- |
| Educational Institution |  | Date Obtained |
|  |  | Click or tap to enter a date |

**Experience Relevant to the Position Held**

|  |
| --- |
| Employer 1 |
|  |

|  |
| --- |
| Period of Employment (start and end date) |
| Click or tap to enter a date | to  | Click or tap to enter a date |

|  |
| --- |
| Role Description (including how it is relevant to providing aged care) |
|  |

|  |
| --- |
| Employer 2 |
|  |

|  |
| --- |
| Period of Employment (start and end date) |
| Click or tap to enter a date | to  | Click or tap to enter a date |

|  |
| --- |
| Role Description (including how it is relevant to providing aged care) |
|  |

|  |
| --- |
| Employer 3 |
|  |

|  |
| --- |
| Period of Employment (start and end date) |
| Click or tap to enter a date | to  | Click or tap to enter a date |

|  |
| --- |
| Role Description (including how it is relevant to providing aged care) |
|  |

**Statement confirming key personnel suitability matters**

In relation to this key personnel, has the approved provider:

1. considered the suitability matters in relation to the individual; and
2. after considering those matters are reasonably satisfied that the individual is suitable to be involved in the provision of aged care.

[ ]  Yes – [Note: s53 of the Accountability Principles requires you to keep certain records. The Commission may, at any time seek to review these records as part of its monitoring powers]

[ ]  No

## Cessation of Key Personnel

*Please complete this section for any key personnel who have ceased to hold a nominated key personnel position within the organisation (regardless if they are leaving your organisation or not).*

*You can include up to three key personnel updates on this form. If you wish to cease additional key personnel, details can be attached separately. Please indicate below if you have attached additional documentation.*

[ ]  No [ ]  Yes – please title the attached document ***Addendum to key personnel cessation details***

### Key Personnel 1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |
| Former Name (if applicable) |  | Date of Birth |
|  |  | Click or tap to enter a date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Commencement |  | Date of Cessation |  | Position Title |
| Click or tap to enter a date |  | Click or tap to enter a date |  |  |

 Reason for cessation of key personnel

|  |
| --- |
|  |

### Key Personnel 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Former Name (if applicable) |  | Date of Birth |
|  |  | Click or tap to enter a date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Commencement |  | Date of Cessation |  | Position Title |
| Click or tap to enter a date |  | Click or tap to enter a date |  |  |

Reason for cessation of key personnel

|  |
| --- |
|  |

### Key Personnel 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Former Name (if applicable) |  | Date of Birth |
|  |  | Click or tap to enter a date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Commencement |  | Date of Cessation |  | Position Title |
| Click or tap to enter a date |  | Click or tap to enter a date |  |  |

Reason for cessation of key personnel

|  |
| --- |
|  |

## Key Personnel events relating to suitability matters

Under section 9-2A(2)(e) of the Aged Care Act an approved provider must notify the Commissioner of a change of circumstances that relates to a suitability matter in relation to one of its key personnel.

### In relation to the following individual:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Former Name (if applicable) |  | Preferred Name |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of Birth |  | Position Title |
| Click or tap to enter a date |  |  |

You are required to tell us the following:

1. details of the change of circumstances that relates to a suitability matter in relation to the individual; and

|  |
| --- |
|  |

1. whether you have considered the suitability matters in relation to the individual; and

[ ]  Yes [ ]  No

1. whether, after considering those matters, you are reasonably satisfied that the individual continues to be suitable to be involved in the provision of aged care; and

[ ]  Yes [ ]  No

1. what, if any, action you have taken, or propose to take, in relation to the individual

|  |
| --- |
|  |

# SECTION F: UPDATE ORGANISATIONAL CONTACT INFORMATION

This section of this form is not a notification requirement. It is included to allow your organisation to update its contact details with the Commission and the Department. It will ensure that information contained in the approved provider record accurately identifies persons who should be contacted in relation to the various responsibilities of an approved provider.

## Update Organisation Contacts

Approved providers can designate multiple authorised contact persons. Contact persons do not need to be key personnel.

*You can add up to three new contacts on this form. If you wish to add more, details can be attached separately. Please indicate below if you have additional contact information attached.*

[ ]  No [ ]  Yes – please title the attached document ***Addendum organisation contact details***

### Update Contact 1

**Update type:**

[ ]  Add [ ]  Remove

**Is this a primary (main) contact?**

[ ]  Yes

[ ]  No - please select from the following: [ ]  Second point of contact [ ]  Third point of contact

**Contact purpose:**

[ ]  Care services management [ ]  Compliance contact [ ]  Financial management contact

[ ]  Service – enter details below [ ]  Executive manager [ ]  Emergency contact

[ ]  Quality assessment contact (approved provider) [ ]  Quality assessment contact (service)

[ ]  Approved provider contact for general approved provider matters (such as newsletters, sector communications and alerts)

|  |  |  |
| --- | --- | --- |
| Service NAPS ID |  | Service Name |
|  |  |  |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of Birth |  | Position Title |
| Click or tap to enter a date |  |  |

|  |
| --- |
| Email |
|  |

|  |  |  |
| --- | --- | --- |
| Start Date |  | End Date |
|  |  | Click or tap to enter a date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekday Contact No. |  | Weekend Contact No. |  | Mobile (if not already provided) |
|  |  |  |  |  |

### Update Contact 2

**Update type:**

[ ]  Add [ ]  Remove

**Is this a primary (main) contact?**

[ ]  Yes

[ ]  No - please select from the following: [ ]  Second point of contact [ ]  Third point of contact

**Contact purpose:**

[ ]  Care services management [ ]  Compliance contact [ ]  Financial management contact

[ ]  Service – enter details below [ ]  Executive manager [ ]  Emergency contact

[ ]  Quality assessment contact (approved provider) [ ]  Quality assessment contact (service)

[ ]  Approved provider contact for general approved provider matters (such as newsletters, sector communications and alerts)

|  |  |  |
| --- | --- | --- |
| Service NAPS ID |  | Service Name |
|  |  |  |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of Birth |  | Position Title |
| Click or tap to enter a date |  |  |

|  |
| --- |
| Email |
|  |

|  |  |  |
| --- | --- | --- |
| Start Date |  | End Date |
|  |  | Click or tap to enter a date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekday Contact No. |  | Weekend Contact No. |  | Mobile (if not already provided) |
|  |  |  |  |  |

### Update Contact 3

**Update type:**

[ ]  Add [ ]  Remove

**Is this a primary (main) contact?**

[ ]  Yes

[ ]  No - please select from the following: [ ]  Second point of contact [ ]  Third point of contact

**Contact purpose:**

[ ]  Care services management [ ]  Compliance contact [ ]  Financial management contact

[ ]  Service – enter details below [ ]  Executive manager [ ]  Emergency contact

[ ]  Quality assessment contact (approved provider) [ ]  Quality assessment contact (service)

[ ]  Approved provider contact for general approved provider matters (such as Commission newsletters, sector communications and alerts)

|  |  |  |
| --- | --- | --- |
| Service NAPS ID |  | Service Name |
|  |  |  |
| Title |  | First name |  | Middle name |  | Last Name |
|  |  |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of Birth |  | Position Title |
| Click or tap to enter a date |  |  |

|  |
| --- |
| Email |
|  |

|  |  |  |
| --- | --- | --- |
| Start Date |  | End Date |
|  |  | Click or tap to enter a date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekday Contact No. |  | Weekend Contact No. |  | Mobile (if not already provided) |
|  |  |  |  |  |

Only persons who are lawfully authorised to act on behalf of/represent the organisation (for instance, to enter into contracts) can sign this application form.

## Declaration

**By signing this declaration, you confirm that *ALL* the following declarations apply:**

* I/we declare that I/we have the lawfully authorised to act on behalf of/represent the approved provider.
* I/we declare that I/we have read and understood the above privacy notice and the Commission’s Privacy Policy.
* I/we understand that an approved provider that is a corporation commits an offence if it fails to notify the Commissioner of a material change within 14 days after the change occurs.
* I/we understand that an approved provider that is a corporation commits an offence if it fails to notify the Commissioner of any of the events set out in section 9-2A(1) of the Aged Care Act within 14 days after the event occurs.
* I/we understand that Chapter 2 of the Criminal Code applies to all offences under the Aged Care Act. It is also an offence under section 137.1 of the Criminal Code to provide false or misleading information to the Commission.
* I/we declare that the approved provider has considered the suitability matters in relation to its key personnel and is reasonably satisfied the key personnel are suitable to be involved in the provision of aged care.
* I/we authorise the person identified under Section A of this form to receive information about the affairs of the approved provider, where that person is not listed as a governing person of the approved provider.
* I/we declare that all information provided in this form and any attachments are true and correct.

## Governing person 1

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Signature** |  |  |
| **Position** |  |  |
| **Date** |  | Click or tap to enter a date |

## Governing person 2

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Signature** |  |  |
| **Position** |  |  |
| **Date** |  | Click or tap to enter a date |

*The following definitions are provided to assist you to understand the information requested in this form or are commonly used terms. The Commission’s Glossary is also available online* [*here*](https://www.agedcarequality.gov.au/about-us/corporate-documents#glossary)*.*

**Accountability Principles**

The *Accountability Principles 2014.* These [principles](https://www.legislation.gov.au/Details/F2020C00068/Html/Text) set out various requirements an approved provider must comply with in relation to its key personnel, staff members, governing body, and quality care advisory body.

**Aged Care Act**

The *Aged Care Act 1997.*

**Aged Care**

Care of one or more of the following types:

a) Residential care

b) Home care

c) Flexible care. - in the form of short-term restorative care

**Approved Provider**

approved provider: a person or body is an approved provider if:

(a) the person or body:

(i) has been approved as a provider of aged care under section 63D; or

(ii) is taken, under paragraph 63F(2)(a), to be an approved provider; and

 (b) the approval of the person or body is in effect.

Note: The approval of the person or body ceases to have effect if it is suspended or revoked under Division 4 of Part 7A or Part 7B.

**Commission**

The Aged Care Quality and Safety Commission. The Commission is the national end-to-end regulator of aged care services, and the primary point of contact for care recipients and providers in relation to quality and safety.

This is undertaken in accordance with the Commission Act and the Commission Rules, or through contractual arrangements.

**Australian Business Number (ABN)**

The entity’s ABN (eleven-digit number) as shown in the Australian Business Register (see section 41 of the *A New Tax System (Australian Business Number) Act 1999*).

**Australian Company Number (ACN)**

The number given by the Australian Securities and Investments Commission (ASIC) to a company on registration.

**Australian Securities and Investments Commission (ASIC)**

Australia's integrated corporate, markets, financial services and consumer credit regulator

**Business Model**

A plan for the successful operation of a business, identifying sources of revenue, the intended customer base, products, and details of financing.

**Care recipient**

Care recipient means a person to whom an approved provider provides, or is to provide, care through an aged care service.

**CEO**

Chief Executive Officer.

**Certificate of registration**

Certificate issued by ASIC upon registering a body corporate.

**CFO**

Chief Financial Officer.

**Charitable Organisation**

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.

**Commission Act**

The *Aged Care Quality and Safety Commission Act 2018.*

**Commission Rules**

The *Aged Care Quality and Safety Commission Rules 2018.*

**Commissioner**

The Aged Care Quality and Safety Commissioner.

**COO**

Chief Operating Officer.

**Description**

A statement or account that describes or provides a representation in words.

**The Department**

The Commonwealth Department of Health and Aged Care.

**DON**

Director of Nursing.

**Flexible Care**

Defined in [section 49-3](https://wwhttps:/www.legislation.gov.au/Series/C2004A05206) of the Aged Care Act to mean, ‘care provided in a residential or community setting through an aged care service that addresses the needs of care recipients in alternative ways to the care provided through residential care services and home care services’.

**Governance**

The rules, practices, processes, and systems an organisation uses to direct and manage that organisation and its services.

**Governing Body**

As defined under the Aged Care Act, a governing body means:

1. if the provider is a body corporate incorporated, or taken to be incorporated, under the Corporations Act 2001—the board of directors of the provider; or
2. otherwise—the group of persons responsible for the executive decisions of the provider**.**

**Governing Person**

A governing person of an approved provider means an individual who is one of the key personnel of the provider under paragraph 8B(1)(a) or (b) of the Commission Act.

**Home Care**

Defined in [section 45-3](https://www.legislation.gov.au/Details/C2022C00290/Html/Text#_Toc116392698) of the Aged Care Act to mean, ‘care consisting of a package of personal care services and other personal assistance to a person who is not being provided with residential care’.

The *Subsidy Principles 2014* may specify care that does or does not constitute home care for the purposes of the Aged Care Act.

**Independent non-executive member**

An independent non-executive member is a person who does not hold another position in the organisation (i.e. is not otherwise a member of the executive team), is not able to be influenced by their connection to the organisation, does not have a conflict of interest (pecuniary or non-pecuniary), and is able to act objectively and independently in the best interests of consumers.

**Indictable Offence**

An indictable offence is defined under [section 7](https://www.legislation.gov.au/Series/C2018A00149)  of the Commission Act as:

(a) an indictable offence against a law of the Commonwealth or of a State or Territory; or

(b) an offence that:

(i) is an offence against a law of a foreign country or a part of a foreign country; and

(ii) when committed, corresponds to an indictable offence against a law of the Commonwealth or of a State or Territory.

**Key Personnel**

Key personnel as defined under [section 8B](https://www.legislation.gov.au/Series/C2018A00149) of the Commission Act and includes:

(a) if the entity is not a State or Territory—a member of the group of persons who is responsible for the executive decisions of the entity at that time which includes:

(i) if the entity is a body corporate that is incorporated, or taken to be incorporated, under the *Corporations Act 2001*—a director of the body corporate for the purposes of that Act; and

(ii) in any other case—a member of the entity’s governing body.

(b) if the entity is not a State or Territory—any other person who has authority or responsibility for, or significant influence over, planning, directing, or controlling the activities of the entity at that time;

(c) if, at that time, the entity conducts an aged care service:

(i) any person who is responsible for the nursing services provided by the service and who holds a recognised qualification in nursing; and

(ii) any person who is responsible for the day-to-day operations of the service; whether or not the person is employed by the entity;

(d) if, at that time, the entity proposes to conduct an aged care service:

(i) any person who is likely to be responsible for the nursing services to be provided by the service and who holds a recognised qualification in nursing; and

(ii) any person who is likely to be responsible for the day-to-day operations of the service; whether or not the person is employed by the entity.

**My Aged Care**

My Aged Care provides the information and support needed by consumers to understand, access and navigate the aged care system. My Aged Care can be accessed online, on the phone or in person.

My Aged Care provides:

* information on the different types of aged care services available
* an assessment of needs to identify eligibility and the right type of care
* referrals and support to find service providers that can meet your needs
* information on what you might need to pay towards the cost of your care.

**NDIS**

The National Disability Insurance Scheme (NDIS) supports support a better life for hundreds of thousands of Australians with a significant and permanent disability and their families and carers.

**Personal information**

Personal information and includes a broad range of information, or an opinion, that could identify an individual. What is personal information will vary, depending on whether a person can be identified or is reasonably identifiable in the circumstances. This might include:

1. an individual’s name, signature, address, phone number or date of birth
2. sensitive information
3. credit information
4. employee record information
5. photographs
6. internet protocol (IP) addresses
7. voice print and facial recognition biometrics (because they collect characteristics that make an individual’s voice or face unique)
8. location information from a mobile device (because it can reveal user activity patterns and habits)

For more information go to [oaic.gov.au](https://www.oaic.gov.au/privacy/your-privacy-rights/your-personal-information/what-is-personal-information)

**Police certificates and NDIS worker screening clearance**

Section 48 and 50 of the Accountability Principles set out the requirements in relation to new staff members and volunteers, and the continuing responsibilities of approved providers.

(1) An approved provider must not allow a person to become a staff member of the approved provider, or a volunteer for the approved provider, unless the approved provider is satisfied that subsection (2) or (3) applies to the person.

**National Coordinated Criminal History Check**

(A Nationally Coordinated Criminal History Check (previously known as a police check). Checks are often required when applying for employment, Australian citizenship, appointment to positions of trust and a variety of licensing and registration schemes.

**NDIS worker screening clearances**

The NDIS worker screening check determines whether a person is cleared or excluded from working in certain roles with people with disability.

**Protected information**

This is information acquired under or for the purpose of the Commission Act or rules that:

1. is personal information; or
2. relates to the affairs of an approved provider or a service provider of a Commonwealth-funded aged care services; or
3. relates to the affairs of an applicant for approval under section 63B

**RN**

Registered Nurse.

**Residential Care**

Defined in section 41-3 of the Aged Care Act to mean, ‘Personal care or nursing care, or both personal care and nursing care, that is provided to a person in a residential facility in which the person is also provided with accommodation’.

**Statutory Declaration**

A written statement which a person signs and declares to be true before an authorised witness.

**Suitability to provide aged care**

[Section 63D](https://www.legislation.gov.au/Series/C2018A00149)(3) of the Commission Act sets out the matters that must be considered by the Commissioner when deciding whether to a person is suitable to provide aged care. These matters are mirrored in section 63J(3) and must be considered by the Commissioner when deciding whether an approved provider has ceased to be, or is not, suitable to provide aged care. The matters are:

Sections 63D(3) and 63J(3):

(a) the person’s experience in providing, at any time, aged care, or other relevant forms of care;

(b) the person’s demonstrated understanding of the person’s responsibilities as a provider of the type of aged care for which approval is sought;

(c) the systems that the person has, or proposes to have, in place to meet the person’s responsibilities as a provider of the type of aged care for which approval is sought;

(d) the person’s record of financial management and the methods that the person uses, or proposes to use, to ensure sound financial management;

(e) if, at any time, the person has been a provider of aged care or other relevant forms of care—the person’s conduct as such a provider and the person’s compliance with:

(i) the person’s responsibilities as a provider of that care; and

(ii) the person’s obligations arising from the receipt of any payments from the Commonwealth for providing that care;

 (ea)  whether the person has at any time been

 convicted of an indictable offence;

  (eb)  whether a civil penalty order against the person

 has been made at any time;

(f) any other matters specified in the rules.

Section 63D(4): In considering a matter referred to in paragraph (3)(a), (b), (d), (e) or (f), the Commissioner may also consider the matter in relation to any or all the key personnel of the person.

Section 63D(5): The rules may specify the matters to which the Commissioner must have regard in considering any of the matters set out in paragraphs (3)(a) to (f).

Section 63D(6): Subsection (3) does not limit the matters the Commissioner may consider in deciding whether the person is suitable to provide aged care.

**Suitability matters**

Sections 9-2A and 63-1A of the Aged Care Act require approved providers to consider the suitability matters as set out in section 8C of the Commission Act in relation to each of its key personnel and to be reasonably satisfied that each individual (key personnel) is suitable to be involved in the provision of aged care.

Section 8C(1) of the Commission Act states: Each of the following matters is a suitability matter in relation to an individual:

(a) the individual’s experience in providing, at any time, aged care or other relevant forms of care;

(b) whether a NDIS banning order against the individual is, or has at any time been, in force;

(c) whether the individual has at any time been convicted of an indictable offence;

(d) whether a civil penalty order against the individual has been made at any time;

(e) whether the individual is, or has at any time been, an insolvent under administration;

(f) whether the individual is or has at any time been the subject of adverse findings or enforcement action by any of the following:

(i) a Department of the Commonwealth or of a State or Territory;

(ii) the Australian Securities and Investments Commission;

(iii) the Australian Charities and Not-for-profits Commission;

(iv) the Australian Competition and Consumer Commission;

(v) the Australian Prudential Regulation Authority;

(vi) the Australian Crime Commission;

(vii) AUSTRAC;

(viii) another body established for a public purpose by or under a law of the Commonwealth;

(ix) a State or Territory authority (including, but not limited to, a body that is equivalent to a body mentioned in subparagraphs (ii) to (vii));

(x) a local government authority;

(g) whether the individual:

(i) is, or has at any time been, the subject of any findings or judgment in relation to fraud, misrepresentation or dishonesty in any administrative, civil or criminal proceedings; or

(ii) is currently party to any proceedings that may result in the individual being the subject of such findings or judgment;

(h) whether the individual is, or has at any time been, disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001*;

(i) any other matter specified in the [Commission Rules].

**System**

A network of mutually dependent processes or work operations that work together to achieve the system’s aim or intent of accomplishing organisational goals.

A system contains sub-systems which typically include the functions that support the objective of the system.

**You, your**

The approved provider, key personnel or authorised person completing this form.