**APPLICATION FOR APPROVAL TO PROVIDE AGED CARE**

**NEW APPLICANT**

**Before completing this application form, you must understand what it means to be an approved provider.**

Read the [Aged Care Approved Provider Application Guide](https://agedcarequality.gov.au/resources/guidance-applicants-seeking-approval-provide-aged-care)and ensure you are aware of the responsibilities and obligations of an approved provider prescribed in the [*Aged Care Act 1997*](https://www.legislation.gov.au/Series/C2004A05206) (the Aged Care Act) and the associated Principles made under section 96-1 of the Aged Care Act (the associated Principles).

Appendix A of this application form provides more information about legislation referenced in this form and other frequently used terms.

In this application form the legal organisation applying for approval may be referred to as ‘you’, ‘the applicant’, ‘your organisation’.

**Important information**

If a consultant or other person (not in your organisation) has helped you with this application form and/or any of your supporting documents, you must quality check and understand the content of the information provided.

You are responsible for the information provided in your application and it must be a true reflection of your organisation or key personnel’s knowledge and understanding of an approved provider’s responsibilities and obligations under the Aged Care Act.

You must not only rely on the expertise of an external person or organisation in lieu of your own expertise.

***Purpose of this application form***

This application form is approved under section 63B(2) of the *Aged Care Quality and Safety Commission Act 2018* (the [Commission Act](https://www.legislation.gov.au/Series/C2018A00149)) and must be used by organisations that want to apply for approval to provide residential care, home care and flexible care under the Commission Act.

Give your responses in the spaces provided.

***Existing approved providers***

**Do not use this application form** if your organisation is an existing approved provider of residential care, home care or flexible care; you have a National Approved Provider System (NAPS) ID and wish to be approved to provide another type of care.

You must apply for the additional care type using the [Existing Approved Provider form](https://agedcarequality.gov.au/media/87219).

***What if I provide Commonwealth Home Support Programme services?***

Organisations providing Commonwealth government funded aged care services such as the Commonwealth Home Support Programme (CHSP), can have a NAPS ID but are not an approved provider under the Commission Act.

To apply for approval to provide residential care, home care and flexible care, these organisations must complete this New Applicant form.

***Government organisations***

A State or Territory, authority of a State or Territory, or a local government authority, is taken to have been approved under section 63F of the Commission Act in respect of all types of aged care. These organisations are required to submit written notice to the Commission.

If you are a government organisation, do not complete this application form. Instead, the Commission has a [Government Organisation form](https://www.agedcarequality.gov.au/media/87220) available to assist you to submit your written notice.

***About this application form***

This application form must be completed by one of the applicant’s governing persons with appropriate knowledge of the organisation and must contain accurate, clear and complete information.

Under section 63D(1) of the Commission Act, an applicant must be notified as to whether or not they are approved as a provider of aged care within 90 days after the Commissioner receives a complete application, or if further information has been requested by the Commissioner under section 63C(1) of the Commission Act, within 90 days after receiving the information.

This application will only be valid if **all** questions that relate to the care type applied for are answered **and** the required documentation are provided (see page 3 for a list of required documents. More information about what a valid application is can be found in [the Aged Care Approved Provider Applicant Guide](https://www.agedcarequality.gov.au/resources/aged-care-approved-provider-applicant-guide).

Throughout this application form, you will be provided with references to the relevant legislation that underpins this application process as well as the legislation that stipulates what an approved provider is required to do when delivering Australian Government subsidised aged care.

You are encouraged to take the time to fully understand these legislative provisions when responding to ensure that you can demonstrate that you are able to comply with the obligations and responsibilities of approved providers under the Aged Care Act.

***Notice of Collection***

Before completing this application form, read the Commission’s [Notice of Collection](https://www.agedcarequality.gov.au/sites/default/files/media/Notice%20of%20Collection.pdf) which explains how we use personal information.

***Privacy policy***

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 assessing:

* your suitability to be an approved provider of the care type you are applying to provide in accordance with subsection 63D(2); and
* the suitability of your key personnel in accordance with paragraph 63D(2)(c)

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

***Before you submit this application form***

1. Check that you have answered all parts of all questions and attach evidence (for example, supporting documentation) that supports your application.

**Note:** for **Section 4: Ability to provide the care type(s) applying for**, only answer the questions that relate to the care type you are seeking approval to provide. For example, if you are seeking approval to provide home care, only answer all parts of Section 4.2 – Home Care.

1. Check that the information provided is accurate, clear and complete. When describing a policy or procedure, remember to tell us the ‘**what**’, ‘**who**’ and ‘**how**’ of the policy or procedure.
2. If you are required to submit a Statutory Declaration form, a template is available at [ag.gov.au](https://www.ag.gov.au/Publications/Statutory-declarations/Pages/default.aspx).
3. Check that the key personnel declaration is initialled, signed and dated by authorised person(s).

***Submitting this application form***

Submit your completed application form and attachments by email: [approvedproviderapplications@agedcarequality.gov.au](mailto:approvedproviderapplications@agedcarequality.gov.au)

###### Application Checklist

Section 63B(2)(b) of the Commission Act requires an application for approval as a provider of aged care to be in a form approved by the Commissioner of the Aged Care Quality and Safety Commission and, under section 63B(2)(c) must be accompanied by any required documents and, under section 63B(2)(d) must be accompanied by any fee specified by the Commissioner.

If after submitting your application you make any changes to your organisation that affects the responses you have given in the application form or in the supporting documentation provided, **you must let us know. You can do this by emailing** [**approvedproviderapplications@agedcarequality.gov.au**](mailto:approvedproviderapplications@agedcarequality.gov.au?subject=Change%20to%20application%20information)**.**

**Before submitting your application form**

Check that you have completed and answered all the relevant fields and questions and that your responses **clearly demonstrate and describe** your organisation’s experience and suitability to deliver the type of care you are applying for.

**Important information**

**Your application will be invalid if the following attachments are not submitted with this application form**

Applications that are incomplete (for instance, no responses to questions or missing supporting documentation) are invalid and will not be accepted.

**Instruction for applicant**

* **Ensure you have named each document in a way that makes it easy to identify its content/purpose.**
* **Attachments should be in PDF, Microsoft Word or Microsoft Excel format.**
* **Do not provide links to documents stored on external cloud servers such as Google Docs or OneDrive.**

**Key Personnel Declaration**

Signed, initialled, and dated key personnel declaration

**Section 1: Applicant Details**

Certificate of Registration (1.1)

Trust Deed, if applicable (1.1)

Organisation Chart and/or corporate structure (1.6)

Business Plan (1.6)

Australian Charities and Not-for-profits Commission (ACNC) documents (1.7)

Service or Management Agreement with another organisation, if applicable(1.7)

**Section 2: Key Personnel Details**

National Police Certificate and/or National Criminal History Check or NDIS worker screening clearance for each key personnel listed, that is dated no more than 90 days before the date this application is submitted (2.1)

Statutory declaration form for each individual key personnel, if applicable (2.2)

Insolvency check for each key personnel (2.3)

Australian Health Practitioner Regulation Agency (AHPRA) certificates, if applicable ([2.](#_KP_Individual_Detail)4)

Chartered accountant certificate or registration details, if applicable (2.4)

Additional ‘Key Personnel Individual Details’ attached to the application form, if more than four key personnel (2.4)

**Section 3: Suitability of the Applicant**

Copy of quality audit assessment if undertaken (3.1.2)

Audited financial statements for the last two years, if applicable (3.3.2)

Evidence of financial capacity (3.3.2)

*For home care applicants*

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| Individualised budget template | Monthly statement template |
| Care agreement template | Care plan template – that you intend to use for care planning and care delivery |
| Care recipient handbook (if this forms part of your approach to the provision of information to care recipients) | Pricing schedule |

*For flexible care applicants*

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| Individualised budget template | Care agreement template |
| Care plan template - that you intend to use for care planning and care delivery | |

**Other Supporting Documents**

List any other supporting documents that you have referenced within your application and the questions to which they are applicable (please add rows to table if necessary).

Supporting document name and related question:

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###### Key Personnel Declaration

**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.**

**Important information**

Giving false and misleading information is a serious offence. There are offences established by the Commission Act and the *Criminal Code Act 1995* (Cth) (Criminal Code) relating to providing false and misleading information.

An approval of an approved provider may be subject to revocation under section 63J(1)(c) of the Commission Act if the Commissioner is satisfied that the provider’s application for approval contained information that was **false or misleading in a material particular**.

**Key Personnel Declaration**

I/we declare that I/we:

1. are aware that, under section 63J(1)(c) of the Commission Act, if the Commissioner is satisfied that the application contained information that was false or misleading in a material particular, any approval as an approved provider must be revoked.
2. understand that Chapter 2 and section 137.1 of the Criminal Code applies to offences against the Commission Act. Providing false or misleading information in this application is a serious offence.
3. have provided true and accurate information in this application form.
4. understand that the application form must be signed by persons lawfully authorised to act on behalf of/represent the organisation (including giving assurances and entering into contracts and commitments on behalf of the organisation).
5. consent to the Commissioner obtaining information and documents from other persons or organisations, including the Commonwealth Department of Health and Aged Care (DoHAC), other Commonwealth, State and Territory Government agencies and authorities in respect of any previous or current involvement of the applicant or organisation in providing aged care or other relevant forms of care to assist in assessing this application.
6. understand that information I/we give to the Commission may be disclosed where permitted or required by law, for instance, to other Commonwealth agencies.
7. understand that the corporation name shown on the Certificate of Registration provided with this application will be used in any communications and to establish/update system records.
8. declare that all of our/my organisation’s key personnel are individuals suitable to be involved in the provision of aged care (as determined following consideration of the suitability matters in relation to each individual as set out in section 8C of the Commission Act) and understand the responsibilities of an approved provider set out in sections 9-2A and 63-1A of the Aged Care Act. I/we understand that a corporation commits an offence if the corporation is an approved provider, and the corporation fails to comply with responsibilities under sections 9-2A(1) and 63-1A(a)(i) of the Aged Care Act.
9. have read the Aged Care Approved Provider Applicant Guide and understand the responsibilities and obligations of approved providers stipulated in the Aged Care Act and associated Principles.
10. understand that the Commission will examine its own records in relation to this application as it may relate to the suitability and conduct of any key personnel nominated in this application.
11. understand that if a consultant or external party is engaged to assist in preparing this application, our/my organisation is ultimately responsible for the information provided in this application and ensuring that the contents of this application and all attachments provided in this application are true and correct.

**Signing this declaration verifies that you fully comprehend and agree to the above matters.**

**Declaring Officer 1 – Key Personnel**

**Name Signature**

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**Position Date**

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|  | Click or tap to enter a date. |

**Declaring Officer 2 – Key Personnel**

**Name Signature**

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**Position Date**

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|  | Click or tap to enter a date. |

# About the applicant

## Organisation details

Applicant’s (Company) Legal Name

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Applicant’s (Company) ACN, IAN or ICN Applicant’s (Company) ABN

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Business Name (if applicable)

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**Certificate of registration**

You must attach a copy of your registration. See the [Aged Care Approved Provider Application Guide](https://www.agedcarequality.gov.au/resources/guidance-applicants-seeking-approval-provide-aged-care) for applicants for an example.

**Trust Deed and Company Constitution**

If your organisation’s ABN is associated with a Trust, you must attach a copy of the Trust Deed and Company Constitution that identifies the relationship between the applicant and the trust.

## Registered business address

Street number and name (must be the registered physical address of the organisation)

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Suburb/Town State/Territory Postcode

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## Postal address

As above

Street number and name/PO Box

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Suburb/Town State/Territory Postcode

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## Authorised contact person details

The contact person(s) listed below must be key personnel and have knowledge of this applications content.

If your contact is a consultant and authorised to represent your organisation, they may meet the definition of key personnel. You should enter their details in Section 2 Key Personnel.

### Primary Contact

Full Name Position Held

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Telephone (incl area code) Mobile Best day and time to make contact

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Email address

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### Alternative Contact

Full Name Position Held

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Telephone (incl area code) Mobile Best day and time to make contact

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Email address

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### Consultant Contact

If you have used the services of a consultant to either complete this application form or provide you with policies and procedures to support the delivery of aged care services, please provide the relevant contact details.

Full Name Position Held and Company Name

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Telephone (incl area code) Mobile Email address

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In relation to the services provided to you by the consultant, tick any of the following that apply:

Completed this form  Developed our policies and procedures  Provided advice

Other – please explain

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## Care type you are applying for

Select the type(s) of care for which approval is sought.

**All applicants must complete Sections 2 and 3 of this application form, regardless of the type of care being applied for**.

**Residential Care** - complete Section 4.1

**Home Care** - complete Section 4.2

**Flexible Care** - complete Section 4.3.

Please check the relevant box below.

in a residential care setting  in a home care setting

## Organisation details

### Organisation type

**Instruction for applicant**

You must provide a response to the two questions below which are used for statistical purposes and do not affect the assessment of this application.

1. What is your organisation type?

For Profit  Not-For-Profit – *select one of the following:*

Religious  Community Based  Charitable

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

Yes  No

**Australian Charities and Not-for-profits Commission**

Please attach a copy of your ACNC registration.

### Corporate Structure

**Instruction for applicant**

The following questions are about your organisation’s corporate structure. Any information you provide will be verified through a search of Australian Securities and Investments Commission (ASIC) records. Please ensure you provide transparent information about your corporation details.

1. When did your organisation start operating and for what purpose?

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1. What is the corporate structure of your organisation? Please provide details regarding any related entities (including parent organisations).

You must attach an organisation chart that identifies your corporate structure and each person(s) directly responsible for the overarching and/or day to day care delivered by your workforce.

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1. Describe the business model you have/will adopt and implement to ensure effective delivery of aged care for the type(s) of care you are applying for.

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### **Organisational governance**

**Important information**

There have been changes to the legislated requirements for approved providers in relation to their governance. You should be aware of these requirements and how they would affect the way your organisation would be required to operate if your application is approved.

You can find more information about these changes, including requirements about Governing bodies and advisory bodies on the [Commission’s website](https://www.agedcarequality.gov.au/providers/provider-governance). You are strongly encouraged to read and understand the new requirements to be able to demonstrate suitability.

Organisational governance is about how the organisation applies and controls authority below the level of the [governing body](#goveringbody). Any person that forms part of your proposed governing body is accountable for the delivery of safe and quality care and services and are key personnel as defined under section 8B of the Commission Act.

You are required to ensure that you have completed the [key personnel details](#Keypersonneldetails) section of this application form for all members of your proposed governing body (as applicable).

1. Noting the requirements for applicants approved after 1 December 2022 to have a governing body, do you currently **have** a board and if not, what steps you will take to meet this requirement if approved?

Yes  No

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1. Describe the **methodology** the board and/or senior management will implement to guide, oversee, and deliver quality aged care across all services that would be delivered under the care type you are applying for.

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1. If you currently have or intend to have any management/governance committees, please complete the details below.

Yes – *complete question i below*  No - *go to d)*

1. List each committee including its name and function/role and what is the allocation of corporate governance responsibilities for each committee listed.

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1. Is your organisation part of a franchise, or associated with a franchise?

Yes – *complete questions i, ii and iii below*  No - *go to 1.7*

1. Provide a statement outlining the current relationship between you and the franchising organisation, and the future relationship should you be approved to provide the care type you are applying for.

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1. What legal or contractual implications are applicable to this franchise agreement?

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1. What arrangements are in place in relation to the use of franchise owned policies, procedures and forms that have been created by the franchising organisation or master franchisee?

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**Organisation Chart and/or corporate structure**

Your attached organisation chart and/or diagram showing your corporate structure must match the organisation information you give in this application form.

**Business Plan**

Your attached business plan must outline your business goals and detail your plans for achieving them.

## Use of another organisation (sub-contract arrangements)

Section 96-4 of the Aged Care Act provides that references to an approved provider providing care include a reference to care provided by another person, on the approved provider’s behalf under a contract or agreement and that the approved provider remains responsible for the care provided by the other person, in accordance with Chapter 4 of the Aged Care Act.

**Important information**

This means that all outsourced care and services delivered on an approved providers behalf must be delivered in accordance with the Aged Care Act, associated Principles and the Aged Care Quality Standards (Quality Standards).

You must tell us about any sub-contracting arrangement with an external party (organisation or individual) that will be engaged to perform a role or deliver all or partial care and services on behalf of your organisation.

This may include, but is not limited to support workers, registered nurses, allied health professionals, accountants, aged care consultants, or organisations that supply care personnel.

This may include, but is not limited to support workers, registered nurses, allied health professionals, accountants, aged care consultants, or organisations that supply care personnel.

**Management/service delivery agreement**

Attach a copy of the proposed or executed management/service delivery agreement between both entities care service offering.

### Service delivery agreements

Do you currently have, or will have, an agreement with another legal organisation (organisation/person) to deliver care services on your organisation’s behalf?

Yes – *enter details below*  No – *go to Section 2*

#### Details of sub-contracting organisations

**Instruction for applicant**

The information you provide below will form part of your approved provider record if you are approved.

We require contact details for all service delivery organisations/sole traders. Space is provided for two organisations/sole traders, if you have agreements with more than two, please indicate below and attach the details (as set out in this section) of the additional organisation as an addendum to this application.

Do you have agreements with more than one entity?

No  Yes – in the box below, tell us how many other entities you have agreements with

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**Organisation/Sole trader 1**

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| Registered name | |  |
| Business name (if applicable) | |  |
| ABN | |  |
| ACN/IAN (company only) | |  |
| Contract start date | | Click or tap to enter a date. |
| Contract end or renewal date | | Click or tap to enter a date. |
| **Contact details** | | |
| Name |  | |
| Phone |  | |
| Email |  | |
| Physical address |  | |
| Postal address |  | |

**Organisation/Sole trader 2**

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| Registered name | |  |
| Business name (if applicable) | |  |
| ABN | |  |
| ACN/IAN (company only) | |  |
| Contract start date | | Click or tap to enter a date. |
| Contract end or renewal date | | Click or tap to enter a date. |
| **Contact details** | | |
| Name |  | |
| Phone |  | |
| Email |  | |
| Physical address |  | |
| Postal address |  | |

If any organisation listed is an approved provider, enter their NAPS Provider ID below

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| Organisation 1 |  |
| Organisation 2 |  |

#### Role and responsibilities of the service delivery organisation

1. Please describe the role of each organisation or sole trader.

Organisation/Sole trader 1

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Organisation/Sole trader 2

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1. What management or executive decisions will they have responsibility over, for example – staffing, budgeting or care planning?

Organisation/Sole trader 1

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Organisation/Sole trader 2

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1. What care and services are you outsourcing and why?

Organisation/Sole trader 1

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Organisation/Sole trader 2

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1. What experience does the organisation/person have to provide the type(s) of care being outsourced?

Organisation/Sole trader 1

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Organisation/Sole trader 2

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1. What processes will you implement to oversee the delivery of care that is outsourced?

Organisation/Sole trader 1

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Organisation/Sole trader 2

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1. Who within your organisation is responsible for oversight of the sub-contracted organisation and what qualifications do they have to undertake this role?

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1. Detail the steps you have in place or will implement to ensure that care is delivered in compliance with the Aged Care Act, associated Principles and the Aged Care Quality Standards.

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**End of Section 1**

# Your key personnel

**Legislation**

Under Part 7A, subsection 63D(2)(c) of the Commission Act, the Commissioner must not approve a person as a provider of aged care unless the Commissioner is satisfied that each individual who is one of the key personnel of the person is suitable to be involved in the provision of aged care.

Further, subsection 63D(7) provide that in deciding whether an individual who is one of the key personnel of the applicant is suitable to be involved in the provision of aged care, the Commissioner must consider the suitability matters in relation to the individual, and subsection 63D(8) does not limit the matters the Commissioner may consider in deciding the matter mentioned in.

The meaning of [key personnel](#Keypersonneldetails) is in Appendix A of this application form.

**Key personnel of your organisation include (but may not be limited to):**

* Persons who may have **authority, responsibility for** and/or **significant** **influence over** decision making (planning, directing or controlling) and the day to day operations of the organisation. For example, Governing Persons, Executive Management including Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Manager, Managing Director, Director of Nursing, Registered Nurse, board and committee members.
* Any persons who are, or are likely to be, responsible for the nursing services either provided or to be provided by an aged care service and who holds a recognised nursing qualification (whether or not the persons are employed by the approved provider).
* Any person who are, or are likely to be, responsible for the day-to-day operations of the aged care service (whether or not the persons are employed by the approved provider).
* Directors, shareholders, or secretaries of the company registered with the Australian Securities and Investment Commission.
* Persons listed as responsible persons with the Australian Charities and Not-for-Profit Commission.
* Individuals in a management company employed or contracted to your organisation.
* Contractors, consultants, or volunteers to the company who may have direct control and/or influence over decision making.

**Your application will be invalid and returned to you if you do not:**

* **Complete all** key personnel fields in Section 2.4.
* **Have each** key personnel sign their individual details.
* **Submit National criminal history checks or National Disability Insurance Scheme (NDIS) Worker Screening checks** for all key personnel (see Section 2.1 for requirements).
* **Submit statutory declarations** for all key personnel (see Section 2.2 for requirements).
* **Submit evidence** to verify that you have taken the required steps for considering the suitability of your key personnel and other documentation or information to allow the Commissioner to identify the **suitability matters in relation to an individual** (section 8C of the Commission Act).

**Important information**

You must have an understanding of key personnel requirements and who in your organisation would meet the definition set out under 8B of the Commission Act.

Ensure you accurately identify those persons in this section of the form and provide all required information. If you do not, the Commission cannot undertake an assessment of the suitability of your key personnel and your application may not be approved.

## National Police Checks

You must obtain and submit a National Police Certificate (NPC) or a National Criminal History Check (NCHC) from an Australian Criminal Intelligence Commission (ACIC) accredited agency for each of your key personnel or an NDIS Worker Screening check.

The NPC/NCHC/NDIS Worker Screening check for each key personnel must:

* include all former and preferred names. If the names on the document and section 2.4 do not match the application form will be invalid.
* not have an issue date greater than **90 days** from the date this application form is signed and submitted to the Commission.

For example, if you submit your application form on 1 July 2021, the document must not be issued ***before*** 2 April 2021.

## Statutory Declaration Form

Key personnel of your organisation must complete a statutory declaration addressing the following matters in relation to their suitability. If any of your key personnel has answered yes to any of the suitability matters, they must include a detailed statement in the statutory declaration outlining these findings:

* Section 8C(1)(b) - whether a NDIS banning order against the individual is, or has at any time been, in force
* Section 8C(1)(d) - whether a civil penalty order against the individual has been made at any time
* Section 8C(1)(f) - whether the individual is or has at any time been the subject of adverse findings or enforcement action by any of the following:

1. a Department of the Commonwealth or of a State or Territory;
2. the Australian Securities and Investments Commission;
3. the Australian Charities and Not-for-profits Commission;
4. the Australian Competition and Consumer Commission;
5. the Australian Prudential Regulation Authority;
6. the Australian Crime Commission;
7. AUSTRAC;
8. another body established for a public purpose by or under a law of the Commonwealth;
9. a State or Territory authority (including, but not limited to, a body that is equivalent to a body mentioned in subparagraphs (ii) to (vii));
10. a local government authority

* Section 8C(1)(g) - whether the individual:

1. 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
2. is currently party to any proceedings that may result in the individual being the subject of such findings or judgment;

* Section 8C(1)(h) - whether the individual is, or has at any time been, disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001*

The statutory declaration should also include (where applicable):

* an explanation about why a key personnel’s name is different to the name on their NPC, NCHC or NDIS worker screening check; and
* If they were a citizen or permanent resident of a country other than Australia **at any time** after they turned 16 years of age it must include a statement about whether the person has ever been convicted of murder or sexual assault, or convicted of, and sentenced to imprisonment for, any other forms of assault

The statutory declaration must be attached to the application along with the NPC, NCHC or NDIS worker screening check.

A blank statutory declaration form can be accessed on the [Attorney-General’s Department website](https://www.ag.gov.au/Publications/Statutory-declarations/Pages/default.aspx).

## Insolvency (Bankruptcy) Check

You must obtain and submit an insolvency (bankruptcy) check for each of your key personnel.

## KP Individual Detail

All key personnel must sign and date the declaration associated with their personal information and check that the information provided is correct.

**Instruction for applicant**

If you need to add more key personnel, please complete the *‘Additional Key Personnel form’* and submit with this application form**.** The ‘*Additional Key Personnel form’* can be found on the Commission’s website by searching ‘*Becoming an approved aged care provider*’.

How many Additional Key Personnel forms are you attaching to this application? [Insert N/A if not applicable]

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|  |

Key personnel 1

Title: Choose an item. First and Last Name

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

Former Name (as applicable) Preferred Name

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

Date of Birth Position title

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| --- | --- |
| Click to enter a date. |  |

Contact email address Contact phone number 1 - mobile

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Contact phone number 2- landline Preferred method of contact

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|  | Choose an item. |

Principal duties of position

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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You are required to attach each of the following to this application form:

NPC or NCHC or NDIS worker screening check attached  Insolvency check attached

Statutory declaration attached (see section 2.2 of this application form)

Qualifications

You must show why you are suitable for the role you have detailed, including relevant qualifications for that role and to the delivery of aged care.

Some key personnel will hold registrations with professional bodies. Where applicable attach a current copy of your:

* Australian Health Practitioner Regulation Agency (AHPRA) registration, including registration number
* Chartered accountant certificate and registration

1. Qualification title and Educational facility (eg Bachelor of Science, University of Sydney)

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

1. Qualification title and Educational facility

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

1. Qualification title and Educational facility

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

Experience

List your previous experience that is relevant to providing aged care.

1. Employer name and address

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name and address

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name and address

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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|  |

1. Employer name and address

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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**Instruction for applicant**

Any information you were not able to add to this application form can be attached separately. Tell us if you have attached further key personnel information in relation to Key Personnel 1:

No further information attached  Further information attached *[Please identify the name of the key personnel in the title of the attached document]*

**Key Personnel 1 Declaration**

I declare that I:

1. am aware that, under section 63J(1)(c) of the Commission Act, if the Commissioner is satisfied that the application contained information that was false or misleading in a material particular, any approval as an approved provider must be revoked.
2. understand that Chapter 2 and section 137.1 of the Criminal Code applies to offences against the Commission Act. Providing false or misleading information in this application is a serious offence.
3. have read and confirm that the information provided in this application form about me is true and correct.
4. am aware that this declaration covers **all** information provided in the application about me and my role as key personnel.
5. consent to the Commissioner obtaining information and documents from other persons or organisations, including the Commonwealth Department of Health and Aged Care, other Commonwealth, State and Territory Government agencies and authorities in respect of any previous or current involvement of myself in providing aged care or other relevant forms of care to assist in assessing this application.
6. have read and understood the Commissions Privacy Policy regarding the collection of information about me and understand that information I give to the Commission may be disclosed where required by law, for instance, to other Commonwealth agencies.
7. declare that I have read and understood the suitability matters in relation to an individual as set out under section 8C of the Commission Act and understand that the Commission can make a determination that I am unsuitable to be key personnel or issue a banning order.
8. understand my responsibilities as key personnel to notify the approved provider within 14 days of becoming aware of a change of circumstances that relates to my suitability to be key personnel.
9. understand that the Commission will examine its own records in relation to this application and any Code of Conduct matters that may relate to me as key personnel.

**Signature Date**

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|  | Click to enter a date. |

Key personnel 2

Title: Choose an item. First and Last Name

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Former Name (as applicable) Preferred Name

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Date of Birth Position title

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| --- | --- |
| Click to enter a date. |  |

Contact email address Contact phone number 1 - mobile

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Contact phone number 2- landline Preferred method of contact

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|  | Choose an item. |

Principal duties of position

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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You are required to attach each of the following to this application form:

NPC or NCHC or NDIS worker screening check attached  Insolvency check attached

Statutory declaration attached (see section 2.2 of this application form)

Qualifications

You must show why you are suitable for the role you have detailed, including relevant qualifications for the role and to the delivery of aged care.

Some key personnel will hold registrations with professional bodies. Where applicable attach a current copy of your:

* Australian Health Practitioner Regulation Agency (AHPRA) registration, including registration number
* Chartered accountant certificate and registration

1. Qualification title and Educational facility (eg Bachelor of Science, University of Sydney)

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

1. Qualification title and Educational facility

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

1. Qualification title and Educational facility

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

Experience

List your previous experience that is relevant to providing aged care.

1. Employer name and address

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name and address

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name and address

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name and address

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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**Instruction for applicant**

Any information you were not able to add to this application form can be attached separately. Tell us if you have attached further key personnel information in relation to Key Personnel 2:

No further information attached  Further information attached *[Please identify the name of the key personnel in the title of the attached document]*

**Key Personnel 2 Declaration**

I declare that I:

1. am aware that, under section 63J(1)(c) of the Commission Act, if the Commissioner is satisfied that the application contained information that was false or misleading in a material particular, any approval as an approved provider must be revoked.
2. understand that Chapter 2 and section 137.1 of the Criminal Code applies to offences against the Commission Act. Providing false or misleading information in this application is a serious offence.
3. have read and confirm that the information provided in this application form about me is true and correct.
4. am aware that this declaration covers **all** information provided in the application about me and my role as key personnel.
5. consent to the Commissioner obtaining information and documents from other persons or organisations, including the Commonwealth Department of Health and Aged Care, other Commonwealth, State and Territory Government agencies and authorities in respect of any previous or current involvement of myself in providing aged care or other relevant forms of care to assist in assessing this application.
6. have read and understood the Commissions Privacy Policy regarding the collection of information about me and understand that information I give to the Commission may be disclosed where required by law, for instance, to other Commonwealth agencies.
7. declare that I have read and understood the suitability matters in relation to an individual as set out under section 8C of the Commission Act and understand that the Commission can make a determination that I am unsuitable to be key personnel or issue a banning order.
8. understand my responsibilities as key personnel to notify the approved provider within 14 days of becoming aware of a change of circumstances that relates to my suitability to be key personnel.
9. understand that the Commission will examine its own records in relation to this application and any Code of Conduct matters that may relate to me as key personnel.

**Signature Date**

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| --- | --- |
|  | Click to enter a date. |

Key personnel 3

Title: Choose an item. First and Last Name

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Former Name (as applicable) Preferred Name

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Date of Birth Position title

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| --- | --- |
| Click to enter a date. |  |

Contact email address Contact phone number 1 - mobile

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Contact phone number 2- landline Preferred method of contact

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|  | Choose an item. |

Principal duties of position

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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You are required to attach each of the following to this application form:

NPC or NCHC or NDIS worker screening check attached  Insolvency check attached

Statutory declaration attached (see section 2.2 of this application form)

Qualifications

You must show why you are suitable for the role you have detailed, including relevant qualifications for the role and to the delivery of aged care.

Some key personnel will hold registrations with professional bodies. Where applicable attach a current copy of your:

* Australian Health Practitioner Regulation Agency (AHPRA)registration, including registration number
* Chartered accountant certificate and registration

1. Qualification title and Educational facility (eg Bachelor of Science, University of Sydney)

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

1. Qualification title and Educational facility

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

1. Qualification title and Educational facility

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

Experience

List your previous experience that is relevant to providing aged care.

1. Employer name

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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**Instruction for applicant**

Any information you were not able to add to this application form can be attached separately. Tell us if you have attached further key personnel information in relation to Key Personnel 3:

No further information attached  Further information attached *[Please identify the name of the key personnel in the title of the attached document]*

**Key Personnel 3 Declaration**

I declare that I:

1. am aware that, under section 63J(1)(c) of the Commission Act, if the Commissioner is satisfied that the application contained information that was false or misleading in a material particular, any approval as an approved provider must be revoked.
2. understand that Chapter 2 and section 137.1 of the Criminal Code applies to offences against the Commission Act. Providing false or misleading information in this application is a serious offence.
3. have read and confirm that the information provided in this application form about me is true and correct.
4. am aware that this declaration covers **all** information provided in the application about me and my role as key personnel.
5. consent to the Commissioner obtaining information and documents from other persons or organisations, including the Commonwealth Department of Health and Aged Care, other Commonwealth, State and Territory Government agencies and authorities in respect of any previous or current involvement of myself in providing aged care or other relevant forms of care to assist in assessing this application.
6. have read and understood the Commissions Privacy Policy regarding the collection of information about me and understand that information I give to the Commission may be disclosed where required by law, for instance, to other Commonwealth agencies.
7. declare that I have read and understood the suitability matters in relation to an individual as set out under section 8C of the Commission Act and understand that the Commission can make a determination that I am unsuitable to be key personnel or issue a banning order.
8. understand my responsibilities as key personnel to notify the approved provider within 14 days of becoming aware of a change of circumstances that relates to my suitability to be key personnel.
9. understand that the Commission will examine its own records in relation to this application and any Code of Conduct matters that may relate to me as key personnel.

**Signature Date**

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|  | Click to enter a date. |

Key personnel 4

Title: Choose an item. First and Last Name

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Former Name (as applicable) Preferred Name

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Date of Birth Position title

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| --- | --- |
| Click to enter a date. |  |

Contact email address Contact phone number 1 - mobile

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Contact phone number 2- landline Preferred method of contact

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|  | Choose an item. |

Principal duties of position

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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You are required to attach each of the following to this application form:

NPC or NCHC or NDIS worker screening check attached  Insolvency check attached

Statutory declaration attached (see section 2.2 of this application form)

Qualifications

You must show why you are suitable for the role you have detailed, including relevant qualifications for the role and to the delivery of aged care.

Some key personnel will hold registrations with professional bodies. Where applicable attach a current copy of your:

* Australian Health Practitioner Regulation Agency (AHPRA) registration, including registration number
* Chartered accountant certificate and registration

1. Qualification title and Educational facility (eg Bachelor of Science, University of Sydney)

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

1. Qualification title and Educational facility

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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

1. Qualification title and Educational facility

|  |
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Date obtained: Click to enter a date. Or Date started (if still studying): Click to enter a date.

Experience

List your previous experience that is relevant to providing aged care.

1. Employer name

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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1. Employer name

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Period of employment: From Click to enter a date. to Click to enter a date.

Role description including how it is relevant to providing aged care

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**Instruction for applicant**

Any information you were not able to add to this application form can be attached separately. Tell us if you have attached further key personnel information in relation to Key Personnel 4:

No further information attached  Further information attached *[Please identify the name of the key personnel in the title of the attached document]*

**Key Personnel 4 Declaration**

I declare that I:

1. am aware that, under section 63J(1)(c) of the Commission Act, if the Commissioner is satisfied that the application contained information that was false or misleading in a material particular, any approval as an approved provider must be revoked.
2. understand that Chapter 2 and section 137.1 of the Criminal Code applies to offences against the Commission Act. Providing false or misleading information in this application is a serious offence.
3. have read and confirm that the information provided in this application form about me is true and correct.
4. am aware that this declaration covers **all** information provided in the application about me and my role as key personnel.
5. consent to the Commissioner obtaining information and documents from other persons or organisations, including the Commonwealth Department of Health and Aged Care, other Commonwealth, State and Territory Government agencies and authorities in respect of any previous or current involvement of myself in providing aged care or other relevant forms of care to assist in assessing this application.
6. have read and understood the Commissions Privacy Policy regarding the collection of information about me and understand that information I give to the Commission may be disclosed where required by law, for instance, to other Commonwealth agencies.
7. declare that I have read and understood the suitability matters in relation to an individual as set out under section 8C of the Commission Act and understand that the Commission can make a determination that I am unsuitable to be key personnel or issue a banning order.
8. understand my responsibilities as key personnel to notify the approved provider within 14 days of becoming aware of a change of circumstances that relates to my suitability to be key personnel.
9. understand that the Commission will examine its own records in relation to this application and any Code of Conduct matters that may relate to me as key personnel.

**Signature Date**

|  |  |
| --- | --- |
|  | Click to enter a date. |

**End of Section 2**

# Your suitability to be an approved provider

**Legislation**

Section 63D of the Commission Act requires certain matters to be considered when deciding whether an applicant is suitable to provide aged care. These matters incorporate broader legislative responsibilities which must also be considered during the assessment of an application.

Section 63D(4) allows the Commissioner to consider any of the matters in section 63D(3) (except for the matter in section 63D(3)(c)) in relation to any of your key personnel. The responses you provide below or within any document attached to this application form and identified in your responses may be considered by the Commissioner in relation to your key personnel.

Please ensure the responses given below clearly establish why you are suitable to provide aged care and how the experience and suitability of your key personnel supports your organisation’s suitability to be an approved provider.

**Instruction for applicant**

In this section you are asked to provide a description of your suitability to provide aged care services. In your responses:

* give an account or representation about your systems that clearly articulate your understanding of your responsibilities under the Aged Care Act and your suitability to provide aged care
* include a practical example of how your organisation would operate on a daily basis
* summarise the policies and procedures that you use or will use to support your aged care service delivery but **do not insert partial or full extracts of your policies into this application form. To support your responses, you can attach relevant documents that verify your responses**
* identifywhere the relevant information is in any attached policy or procedure (e.g. page number or section)

## Experience, conduct and compliance as a provider of aged care **or other relevant care**

**Legislation**

Section 63D(3)(a) of the Commission Act provides that the Commissioner must consider the applicant’s experience in providing, at any time, aged care or other relevant forms of care.

**Instruction for applicant**

To support your responses below, ensure you give relevant examples of your experience and attach relevant documents that verify your experience, such as a contract, audit report, or quality report.

### Experience Providing Aged Care or Relevant Care

1. Describe your organisation’s current experience in the delivery of aged care, or if you have no aged care experience, describe your experience delivering other care **relevant** to the care type you are applying for.

**Things for you to consider when writing your response:**

* Relevant care may include (but is not limited to) the delivery of care under the CHSP, National Disability Insurance Scheme (NDIS), sub-contract or private fee for service care.
* Your response must directly reflect the experience of the organisation applying and not that of a parent company or franchise organisation.
* If you have a sub-contractor arrangement with an external entity (organisation or individual) engaged to perform a role or deliver all or partial care and services on behalf of your organisation, **attach** a copy of the executed management/service delivery agreement between both entities that clearly establishes the contractual obligations of both parties in relation to the service offering.

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1. Provide details of the services you provide or have provided. Each item below must clearly identify the following:
2. the date you commenced (and ceased if applicable) delivering the listed service
3. the number of people you delivered each service to during the identified period
4. the number of people you continue to deliver services to

**NOTE: add rows to the following table as needed**

|  |  |  |
| --- | --- | --- |
| Service delivered [ie transport; personal care or domestic assistance] | Period of delivery  [ie 01/01/2021 to current; or 01/01/2019 to 30/06/2021] | Number of care recipients you delivered these services during the stated period |
|  |  |  |
|  |  |  |
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**Care Plan/Support Plan**

You must attach a copy of a **de-identified** example of a current care plan/support plan developed by your organisation for the purpose of delivering care to an existing care recipient

person.

1. Explain **how** your organisation’s board members and/or senior management’s experience and expertise is relevant to having oversight and responsibility for decisions about the delivery of aged care on a day-to-day basis, including your reasons for appointment to their role.

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1. Have any of your key personnel/senior management owned or co-owned (full or part shareholder), or held a company Director/Secretary role with, any company that has been de-registered by the Australian Securities and Investments Commission (ASIC)?

Note: the information you provide in this response will be verified against ASIC records

Yes – *enter details below*  No - *go to 3.1.2*

1. Please provide details including an explanation about why the company was de-registered and a copy of the de-registration notice (if applicable).

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### Conduct and Compliance with the provision of Aged Care or other Relevant Care

**Legislation**

Section 63D(3)(e) of the Commission Act provides that if the applicant has provided aged care or other relevant forms of care, the Commissioner must consider:

(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.

The Commissioner must also consider the applicant’s conduct as a provider and compliance with:

1. the responsibilities as a provider of that care; and
2. the obligations arising from the receipt of any payments from the Commonwealth for providing that care.
3. Has the applicant organisation at any time been convicted of an indictable offence?

Yes – *answer provide details below*  No – *go to the next question*

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1. Has a civil penalty order been made against the applicant organisation at any time?

Yes – *answer provide details below*  No – *go to the next question*

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1. Have you, or any of your key personnel, been involved in an external assessment of your organisation, or related organisations’ care and services? For example: NDIS, Child Care, RTO, DVA or other non-government care where a compliance assessment is undertaken against defined guidelines or standards.

Yes – *answer questions a) to d) below*  No – *go to question 3.1.2 4)*

1. Provide a detailed statement outlining the purpose of the audit, any relevant standards, or regulations you were audited against, the aspects of your organisation that were subject to audit and the findings of the assessment.

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1. Were any non-conformances or areas of improvement identified and if so, please provide details?

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1. What action did you take to remedy the non-conformance or implement improvements?

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|  |

1. Which of your key personnel was responsible for, or instrumental in managing the issue, and what was their role?

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|  |

**Audits/Assessment of performance**

Please provide a copy of an external assessment undertaken within the past 2 years, or the most recent to evidence your compliance in the delivery of that care.

This will assist to verify the information you provide within this application.

1. Has a Commonwealth, State or Territory government taken any formal regulatory action in relation to the provision of the services detailed above, this may include issuing notice of non-compliance, sanctions or other form of legal action?

Yes – *answer questions a) and b) below*  No – *go to Section 3.2*

1. Provide a detailed statement outlining non-compliance; the reasons regulatory action was taken and by who; and the actions you took to return to compliance or in the alternative, reasons why you were not able to return to compliance.

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1. Which of your key personnel was responsible for, or instrumental in managing the return to compliance issue, and what was their role?

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**Audits/Assessment of performance**

Please provide a copy the external assessment that evidences the non-conformance, remediation and finding of return to compliance.

This will assist to verify the information you provide within this application.

## Governance Systems[[1]](#footnote-2)

**Legislation**

Paragraph 63D (3)(c) of the Commission Act requires the Commissioner to consider the systems that the applicant has, or proposes to have, in place to meet its responsibilities as a provider of the type(s) of care for which approval is sought.

**Instruction for applicant**

Certain approved providers are required to have a [governing body](#goveringbody) which is responsible for the executive decisions of the organisation, including how it operates and how it will deliver safe and quality care and services. The board or governing body of an aged care organisation has ultimate responsibility for the governance of that organisation. Governing bodies should comprise individuals (Governing persons) who are able to ensure that there is the right culture and effective organisation-wide governance systems relating to care and services, including clinical governance.

An approved provider’s Governing persons should be able to contribute to the collective capability and effective functioning of the governing body. Clinical skills and expertise are critical, given a provider’s core business is providing services to older Australians who have been assessed as requiring additional care and or support to ensure their safety, health, wellbeing and quality of life.

Your governance systems are the foundation of your organisation and should be appropriately planned for, managed, and monitored. How this is achieved is dependent on your organisation’s setting, size and the nature of care and services being provided.

The responses you give below must adequately describe your organisational governance systems and identify who is responsible for the overall operationalisation of each system within your organisation and how they manage and coordinate the activities of the organisation.

If your response references an off-the-shelf system, such as a Quality Management System or Information Technology System, you must explain how and why these systems will ensure compliance with the responsibilities set out under the Aged Care Act and tell us the specific legislation you have identified to be relevant to these systems.

The Commission assesses an approved provider’s organisational governance against Standard 8 of the Quality Standards. Please click on this [link](https://www.agedcarequality.gov.au/providers/standards) for further detail on the Quality Standards.

1. Provide a description of the following governance systems you have in place or will have in place.
2. **Information management**
3. Detail your current or proposed information management systems, including electronic and off-line systems.

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1. Provide an overview of supporting policies, procedures and forms/tools that underpin your systems.

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1. What specific aged care regulatory requirements does this comply with and why is it compliant?

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1. Who in the organisation is/will be responsible for the development, implementation, and maintenance of the systems?

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1. **Continuous improvement**
2. Detail your current or proposed continuous improvement system.

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1. Provide an overview of supporting policies, procedures and forms/tools that underpin your systems.

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1. What specific aged care regulatory requirements does this comply with and why is it compliant?

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1. Who in the organisation is/will be responsible for the development, implementation, and maintenance of the system?

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1. **Financial governance**
2. Detail your current or proposed financial governance system, including electronic or off-line systems.

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1. Provide an overview of supporting policies, procedures and forms that underpin your system.

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1. What specific aged care regulatory requirements does this comply with and why is it compliant?

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1. Who in the organisation is/will be responsible for the development, implementation, and maintenance of the system?

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1. **Workforce governance**
2. Detail your current or proposed workforce governance system to develop and support your aged care workforce.

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1. Provide an overview of supporting policies, procedures and forms that underpin your systems.

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1. What specific aged care regulatory requirements does this comply with and why is it compliant?

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1. Who in the organisation is/will be responsible for the development, implementation, and maintenance of the system?

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1. **Regulatory compliance**
2. What is your current or proposed regulatory system that will ensure you are compliant with, and maintain compliance with, all regulatory responsibilities of an approved provider, and how is it or will it be applied in practice?

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1. Provide an overview of supporting policies, procedures and forms that underpin your systems.

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1. What specific aged care regulatory requirement does this comply with and why is it compliant?

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1. Who in the organisation is/will be responsible for the development, implementation, and maintenance of the system?

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1. **Risk and incident management**
2. What is your current or proposed risk management and incident management system, and how is it or will it be applied in practice?

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1. Provide an overview of supporting policies, procedures and forms that underpin your system.

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1. What specific aged care regulatory requirements does this comply with and why is it compliant?

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1. Who in the organisation is/will be responsible for the development, implementation, and maintenance of the system?

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1. **Clinical governance**
2. What is your current or proposed clinical governance system?

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1. Provide an overview of supporting policies, procedures and forms that underpin your system.

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1. What specific aged care regulatory requirements does this comply with and why is it compliant?

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1. Who in the organisation is/will be responsible for the development, implementation, and maintenance of the system?

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1. Explain **how** you will identify and respond to the abuse or neglect of care recipients to ensure their safety and well-being.

You should include details of your policies or procedures for responding to such incidents and responding to matters of abuse and neglect raised by your workforce, care recipients or representatives/advocates.

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1. Provide a **practical description** of the Serious Incident Response Scheme (SIRS) as it relates to the provision of aged care.

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1. Provide a description of how you will meet the responsibilities of an approved provider in relation to SIRS and explain what actions that must be taken and what you must do to comply with these responsibilities.

Refer to Section 54-1(1)(e) of the Aged Care Act, Part 4B of the Quality of Care Principles and Part 6A of the Aged Care Quality and Safety Commission Rules 2018 for further detail.

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1. Explain the components of the Incident Management System (see Part 4B, Division 3 of the Quality of Care Principles) you will develop, or have developed, for implementation to comply with SIRS, your governance arrangements to meet this responsibility and who is responsible to ensure it is effectively operationalised.

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1. If any of your existing governance systems described above have been independently certified or evaluated/audited by a third party, briefly outline the outcome of the certification or evaluation/audit and when it was completed.

This includes auditors you may have engaged yourself, NDIS audits or other state/territory based regulatory audits your organisation may have been subject to.

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**Audits/Assessment of performance**

Attach a copy of the most recent certification or evaluation/audit report. This will assist in verifying the information you provide within this application.

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1. This question must only be answered if you are applying to deliver home care packages or flexible care in the home.

Provide a detailed description that establishes **how** you will deliver care and services to care recipients across your proposed care delivery region. Your response should include:

1. How you will monitor and coordinate care delivery
2. Methods for real time communications to capture care delivery status and progress
3. How you will manage and oversee your mobile workforce

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## Financial Management

**Legislation**

Section 63D(3)(d) of the Commission Act requires the Commissioner to consider the applicant’s record of financial management, and the methods that the applicant uses, or proposes to use, to ensure sound financial management.

### Financial Management Responsibilities

1. Provide a detailed description of the policies and procedures you have in place or will develop, implement, and monitor to ensure sound financial management in accordance with the Aged Care Act and associated Principles.

You must ensure that your response clearly sets out all your financial management methodologies that underpin the content of each of your policies and procedures and an explanation that establishes what specific aged care legislative requirements they are linked to/support compliance with.

Do not insert a list of your financial management policies/procedures. A list cannot be assessed.

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1. Describe your financial management strategy and detail **how** you plan to become and remain financially viable. You must establish the basis on which your revenue forecasting is developed and the evidence you have relied on to reach your conclusions.

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1. List your staff who are/will be responsible for all aspects of financial management.

The persons listed below must have financial management qualifications or skills to deliver on the financial responsibilities for your organisation, whether their role directly manages or oversights financial management.

| **First and last name** | **Is this person key personnel?** |
| --- | --- |
|  | yes  no |
|  | yes  no |
|  | yes  no |

1. If the person(s) listed above are not key personnel, please specify:
2. why the individual/s do not meet the definition of key personnel (section 8B of the Commission Act)

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1. the specific activities the individual/s will undertake in managing your organisation’s finances

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1. information about their qualification/s, experience in managing finances in a way that complies with Commonwealth funding requirements and why they are suited to undertake this role with your organisation

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### Financial Capacity

You must be able to demonstrate that you have the financial capacity to establish a new aged care service or expand your existing care service (e.g. current aged care/non-aged care arrangements from NDIS or CHSP).

There are various expenses that are incurred by approved providers that you must consider, and this will be dependent on the type of care you want to deliver.

1. To demonstrate your methods of sound financial management and financial capacity, you must establish that you have planned for and have access to finances to cover the costs associated with commencing a new aged care service.

You must explain in detail:

1. The **actual** financial capital of your organisation – this means the funds your company has **available** at its disposal to commence operating as an approved provider.

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1. The proportion of your financial capital that is available to you **solely** for the purpose of meeting the start-up costs associated with the delivery of aged care.

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1. Your reliance on financial assistance and/or loans from other entities such as parent organisations, directors, or lending institutions.

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1. Details of any contingency amounts that are readily accessible (if applicable).

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1. Repayment terms as they relate to financial assistance or loans (if applicable).

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1. Provide a detailed statement that establishes the allocated budget you have identified that you will require to commence the delivery of aged care services, including but not limited to operational costs, systems, and staffing.

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1. If your company is associated with another trading organisation, please describe your strategy for ensuring aged care subsidies are quarantined for use in delivering those care and services.

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1. Provide an explanation of the source of any single or multiple lump sum payments (a lump-sum payment is an amount of money paid in one single payment rather than paid in instalments) listed in bank statements submitted as evidence of capital.

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**You must attach the following documents with your application**

If you do not provide this information, your application form will be returned to you and will not progress to assessment until submitted as a valid application

1. *If your organisation has traded and is expanding its service offerings* –
2. provide a complete copy of your audited financial statements for the last two years, including financial performance (profit and loss), financial position, cash flow, a statement of equity (including all accompanying notes and compilation report) and a signed Director’s declaration
3. a copy of your current business plan that establishes how you plan to introduce a new service offering into your existing business
4. *If your organisation’s latest financial statements are greater than 6 months old –* A year-to-date financial statement is also required.
5. *If your organisation has* ***NOT*** *traded* – provide evidence of your financial capacity to commence the provision of aged care services. This should include:
6. an outline of the risks you may face and how you would overcome them
7. financial statements of a related organisation or line of credit
8. Evidence from a financial institution which confirms current or previous financial sustainability (e.g. bank statements). Banks statements must be in the **name of the applicant** and must evidence line by line transactions, not just the current account balance at the time of the application.

A letter of recommendation/character reference from a tax agent may not be sufficient evidence of financial capacity/liquidity.

If you are providing personal bank accounts (such as savings or offset accounts) belonging to key personnel, these must be in the name of the key personnel. Where a joint account is submitted, you must provide written authority from the other account holder that the key personnel is authorised to access the funds available in the account, and the total amount they authorise for use in establishing your aged care business.

## Responsibilities as a Provider

**Legislation**

Section 63D(3)(b) of the Commission Act requires the Commissioner to consider the applicant’s demonstrated understanding of the responsibilities as a provider of the care type(s) for which approval is sought.

Chapter 4 of the Aged Care Act specifies the responsibilities of approved providers, in relation to:

* Quality of care provided (Part 4.1 of the Aged Care Act). Refer to the *Quality of Care Principles 2014* (Quality of Care Principles) including Schedule 2 to the Quality of Care Principles (Quality Standards) for further detail.
* User rights of care recipients to whom care is provided (Part 4.2 of the Aged Care Act). Refer to the *User Rights Principles 2014* (User Rights Principles) for further detail.
* Accountability for the care provided (Part 4.3 of the Aged Care Act). Refer to the *Accountability Principles 2014* for further detail.

**Important information**

Approved providers of aged care have ongoing obligations. Your responses to this section must demonstrate your suitability against the responsibilities under Division 54, Division 56 and Division 63 of the Aged Care Act, as well as the Quality of Care Principles and Quality Standards.

You must provide practical, tangible and straightforward examples to establish how your underpinning systems, policies and procedures will provide certainty that you are compliant, and will remain compliant, with these legislated responsibilities.

Do not

1. Insert extracts of Chapter 4 of the Aged Care Act or the Principles or the Quality Standards. Your responses should establish relevance by specifying how or why your methodologies link to each relevant legislative responsibility under Chapter 4.
2. Insert extracts of your policies or procedures in lieu of providing a response to the questions – alternatively, you may attach copies with your application form but in doing so, you must still provide a sufficient explanation of the policy/procedure in a clear and easy to understand manner.
3. Provide vision statements, aspirations, or organisational principles in your responses.

### Responsibilities under Part 4.1 of the Aged Care Act - Quality of Care

Your key personnel (Executive Managers, Board Members) within your organisation must have an established/practical understanding of what an approved provider must do to meet the Quality of Care responsibilities set out under the Aged Care Act and the associated Principles.

This means that they not only have to know what is required under legislation but can develop appropriate systems to meet an approved provider’s responsibilities. It is important to understand how those making decisions about your organisation will be able to effectively implement compliant systems that also meet the care needs of care recipients.

You are strongly encouraged to review the specified legislation set out under Part 4.1 of the Aged Care Act.

1. An approved provider has several responsibilities set out under section 54-1 of the Aged Care Act, this includes section 54-1 (d) in relation to complying with the Quality Standards. In your own words, describe what they are and **how** you will embed these responsibilities into the delivery of care and services within your organisation.

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1. Describe **how** you will develop, implement, and maintain the care and services specified in the Quality of Care Principlesas relevant to the type(s) of care you are applying for.

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1. Tell us what steps you will take to ensure that the board will have a working knowledge of the *Quality of Care Principles* to have assurance that care meets legislative requirements.

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1. Describe/detail exactly **how** you will meet the legislated requirements regarding staffing as set out under section  
    54-1(1)(b).

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1. Describe/detail exactly **how** you will meet the legislative requirements for managing incidents.

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1. Describe/detail
2. the steps that an approved provider is required to take to ensure that its aged care workers and governing persons comply with the provisions of the Code of Conduct that apply to them. *See section 54-1(1)(ga) of the Aged Care Act*, and
3. exactly **how** you would meet the provisions regarding the Code of Conduct that apply to approved providers if you were approved to provide aged care. *Refer to Part 8AA of the Commission Act*.

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1. Provide statements outlining **how** you will comply with the requirements of section 54-1(c) and 54-1()(d) of the Aged Care Act. **Your responses to the section below must not be a list, appendix, or a copy of the legislation.**
2. **Consumer dignity and choice** (as underpinned by Standard 1 of the Quality Standards) **–** Provide specific examples that establish how you will foster and embed an organisational culture of inclusion and respect for care recipients, including those with special needs, and support care recipients to exercise choice and independence.

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1. **Detail** the systems, policies and processes you have/will develop, implement, and monitor to ensure compliance with the above requirement.

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1. **Ongoing Assessment and Planning with consumers** (as underpinned by Standard 2 of the Quality Standards) **– Specify** your process, including any underpinning polices/guidance for staff or systems you will use, in order to establish how your ***initial*** and ***ongoing*** assessments and care planning is undertaken in partnership with the care recipient (and/or their representative) and in accordance with care recipient needs, goals and preferences.

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1. **Identify** the personin the organisation who will be responsible for the coordination of care, assessment of care and review processes. You must include details about the qualifications/experience they hold and why are they the most suitable to undertake the role.

**NOTE:** if you have not employed a person into your assessment and planning role, you must also explain why, the timeframe you intend on employing someone into the role and what steps you will take to ensure the successful candidate is suitable for the role.

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1. **Detail your methods for** appropriate assessment (see Quality Standard 2) and implementation of the delivery of required care to persons with special needs. You must include information about the steps you will take, and the specific care needs that are relevant in this process.

Refer to section 11-3 of the Aged Care Act for further detail.

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1. **Describe how** will you appropriately assess and implement the delivery of required care to persons with dementia. You must include information about the steps you will take, the care needs that are relevant, and skillset staff must possess to deliver dementia specific care.

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1. **Personal care and clinical care** (as underpinned by Standard 3 of the Quality Standards) **–** Provide specific examples that establish how you intend on delivering safe and effective personal and/or clinical care in accordance with the care recipient’s needs, goals and preferences and how it is relevant to the type(s) of care you are applying for.

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* + 1. **Detail** the systems, policies and processes you have/will develop, implement, and monitor to ensure compliance with the above requirement. Your response should include the steps you would take when making referrals to clinical care (see requirement 3(3)(f) of the Quality Standards) and include arrangements you might have with other organisations.

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* + 1. **Describe your methods for** managing a care recipient’s needs should they become more complex including your methodology for determining complexity of care needs, the skills and competency that your workforce will possess and the steps you will taketo be satisfied that your workforce are appropriately skilled/qualified.

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1. **Services and supports for daily living** (as underpinned by Standard 4 of the Quality Standards) **– Provide** specific examples that establish how you intend to provide safe and effective services and supports for daily living that will optimise the care recipient’s independence, health, well-being and quality of life.

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1. **Detail** the systems, policies and processes you have/will develop, implement, and monitor to ensure compliance with the above requirement.

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1. **Organisations Service Environment** (as underpinned by Standard 5 of the Quality Standards and as relevant to the care type you are applying for) **– Provide** specific examples that establish how you will provide safe and comfortable service environment that promotes independence and enjoyment of care recipients.

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1. **Detail** the systems, policies and processes you have/will develop, implement, and monitor to ensure compliance with the above requirement.

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1. **Human resources** (as underpinned by Standard 7 of the Quality Standards) **–** Provide specific examples that establish how you will manage and maintain an adequate workforce that is appropriately skilled and qualified to provide safe, respectful and quality care to meet each care recipient’s current and future needs for the care type(s) you are applying for.

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1. **Detail** the systems, policies and processes you have/will develop, implement, and monitor to ensure compliance with the above requirement.

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### Responsibilities under Part 4.2 of the Aged Care Act - User Rights

**Instruction for applicant**

Your responses to this section should demonstrate your understanding of the user rights responsibilities as set out under Part 4.2 of the Aged CareAct as they relate to the care type(s) you are applying for.

You are strongly encouraged to review the specified legislation as identified in the previous paragraph.

Your responses regarding systems, policies and procedures must not be a list or an appendix and must provide a practical example of how they will be operationalised in the delivery of the care type you have applied for.

1. Under Part 4.2 of the Aged Care Act, approved providers have responsibilities that include those related to charging continuing and future care recipients.
2. In your own words, describe these responsibilities as they relate to and the type(s) of care you are seeking approval to provide – refer sections 56-1(e), 56-2(d), 56-3(e).

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1. **Explain** the steps you will take to comply with these responsibilities on a day-to-day basis.

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1. **Detail** the policies and processes you have/will develop, implement, and monitor to help you comply.

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1. Division 56 of the Aged Care Act and the User Rights Principles detail several responsibilities for approved providers, in addition to responsibilities related to charging continuing and future care recipients.

You are required to **detail** the policies and processes you have/will develop, implement, and monitor to help you comply.

*Your response must* ***concisely address each responsibility*** *as it relates to the type(s) of care and services you are applying for. If you are applying for more than one type of care, your response must cover each type of care and clearly separate the responsibilities for those care types.*

*To properly understand how each of the following are important for an approved provider, you should have a sound knowledge of and ability to apply the provisions of Part 2 – Residential Care Services, Part 3 – Home Care Services, and Part 3A – Flexible Care Services, of the User Rights Principles.*

1. **Security of tenure**
2. What are the relevant responsibilities for the care type/s and services you intend to provide?

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1. How does this relate to the type of care and services you intend to provide? Give a practical example that establishes how you will comply.

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1. **Access by advocacy groups and services**
2. What are the relevant responsibilities for the care type/s and services you intend to provide?

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1. How does this relate to the type of care and services you intend to provide? Give a practical example that establishes how you will comply

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1. **Rights of care recipients provided with aged care services**
2. What are the relevant responsibilities for the care type/s and services you intend to provide?

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1. How does this relate to the type of care and services you intend to provide? Give a practical example that establishes how you will comply.

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1. **Other responsibilities and pricing information (see Part 4.2 of the Aged Care Act, Section 10 and Part 3 of the User Rights Principles).**
2. What are the relevant responsibilities for the care type/s and services you intend to provide?

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1. How does this relate to the type of care and services you intend to provide? Give a practical example that establishes how you will comply.

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1. **Provision of information**
2. What are the relevant responsibilities for the care type/s and services you intend to provide?

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1. How does this relate to the type of care and services you intend to provide? Give a practical example that establishes how you will comply.

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1. **Care recipient agreements**
2. What are the relevant responsibilities for the care type/s and services you intend to provide?

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1. How does this relate to the type of care and services you intend to provide? Give a practical example that establishes how you will comply.

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**Agreements**

You must attach a copy of your proposed care recipient/resident agreement/s to demonstrate your understanding.

1. Part 4.2 Division 62 of the Aged Care Act details responsibilities of approved providers in relation to the protection of care recipients’ personal information.
2. In your own words, **describe** the responsibilities of an approved provider and **explain** what you will do to comply with these responsibilities.

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1. **Detail** the systems, policies and procedures you have/will develop to help you comply with the responsibilities to protect personal information of care recipients. Your response must include a practical example of what you and your workforce will do on a day to day basis to comply with this responsibility.

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1. Feedback and complaints (see section 56-4 of the Aged Care Act, the Charter of Aged Care Rights (set out in Schedule 1 of the User Rights Principles) and Standard 6 of the Quality Standards).
2. **Describe** the steps you will take toseek input and feedback from care recipients (and their representatives) and your workforce to inform continuous improvement for individuals and the organisation.

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1. **Detail** the systems, policies and processes you have/will develop, implement, and monitor to comply with the above requirement. Your response must include a practical example of what you and your workforce will do on a day-to-day basis to comply with this responsibility.

**NOTE:** if you reference forms, flyers, pamphlets, or other tools/products you use or have developed, you should provide a copy of such documents to substantiate the information you provide.

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### Responsibilities under Part 4.3 of the Aged Care Act - Accountability

**Instruction for applicant**

Your responses to this section should demonstrate your understanding of your responsibilities as set out under Part 4.3 of theAged Care Act as they relate to the care type(s) you are applying for, and your policies or procedures to support compliance with these responsibilities.

You are strongly encouraged to review the specified legislation as identified in the previous paragraph.

Your responses regarding systems, policies and procedures must not be a list or an appendix and must provide a practical example of how they will be operationalised in the delivery of the care type you have applied for.

The Aged Care Act sets out several specific accountability requirements for approved providers. You are required to tell us how your organisation intends to operate in accordance with those responsibilities.

1. Explain your methods for complying with record keeping requirements as set out under Part 6.3 of the Aged Care Act – record keeping and the Records Principles.

You must provide **sufficient detail that describes** the [systems](#Systemdefinition), policies or procedures you have/will develop to help you comply with these requirements and **explain** in what way they will ensure compliance.

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1. Explain your methods for cooperating with persons performing functions or exercising powers under Part 6.4 of the Aged Care Act, Part 8 or Part 8A of the Commission Act, or Part 2 or 3 of the *Regulatory Powers Act* *(Standard Provisions) Act 2014* – powers of officers.

You must provide **sufficient detail that describes** the [systems](#Systemdefinition), policies or procedures you have/will develop to help you comply with these requirements and **explain** in what way they will ensure compliance.

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1. In **your own words**, tell us what responsibilities an approved provider must comply with in relation to notification of a change of circumstances that materially affects suitability to be a provider of aged care and the specified events relating to key personnel.

*Refer to Chapter 4 Section 63-1(1)(c) and Section 9-1 and Section 9-2A of the Aged Care Act for further detail regarding notifications of a change of circumstances.*

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1. Explain your methods for complying with the responsibilities and obligations in relation to notification of a change and the kinds of changes you monitor for that would materially affect your suitability. Include in your response a **practical example** of a material change, and the steps for identifying materiality in relation to suitability.

*Note: Do not reiterate information contained in any Commission or Department of Health and Aged Care documentation that relates to this responsibility.* ***You*** *must establish the matters you consider are likely to occur in an aged care organisation that would require compliance with this legislated responsibility.*

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1. Explain **how** you do/will comply with requirements for the transfer of allocated places. Include a practical example that sets out what you will do in this circumstance.

*Note: Write ‘not applicable’ if this does not relate to the care type you are applying for.*

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1. As it relates to the care type you are applying for, explain **how** you comply/will comply with requirements for access to a service by a person authorised by the Secretary of DOHAC in accordance with the *Accountability Principles 2014* and the Aged Care Act. Include a practical example that sets out what you will do in this circumstance.

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1. As it relates to the care type you are applying for, explain **how** you do/will comply with requirements for appraisals and reappraisals in accordance with the *Classification Principles 2014* and the Aged Care Act. Include a practical example that sets out what you will do in this circumstance.

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1. Explain **how** you would comply with:
2. requirements for complying with an undertaking issued by the Commission in accordance with section 63T, and
3. complying with an agreement under section 63U of the Commission Act.

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1. Sections 8B and 8C of the Commission Act, section 9-2A, Division 10A and section 63-1A of the Aged Care Act and Part 7A of the Accountability Principles sets out the definition of key personnel, suitability matters in relation to individuals and the responsibilities of an approved provider in relation its key personnel. **In your own words (do not insert extracts of legislation):**
2. Describe the responsibilities of an approved provider as they relate to key personnel and include each specific legislative provision you are referencing in your description.

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1. Explain the steps an approved provider must take to comply with the responsibilities.

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1. **For each legislated requirement, detail** the [systems](#Systemdefinition), policies or procedures you have/will develop, implement and monitor that will ensure you comply with the responsibilities if approved.

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1. Certain approved providers have responsibilities under section 63-1D of the Aged Care Act in relation to their governing body and advisory bodies, if approved you must understand and be able to explain these responsibilities as it relates to your organisation. **In your own words (do not insert extracts of legislation):**
2. Describe the responsibilities as they relate to governing bodies, advisory bodies and staff members.

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1. **Detail** the [systems](#Systemdefinition), policies or procedures you have/will develop, implement and monitor that will ensure you comply with these responsibilities.

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1. Approved providers have responsibilities under section 63-1G of the Aged Care Act in relation to giving information that is specified in the Accountability Principles – see sections 53E, 53F, 53G and 53H. if approved you must understand and be able to explain these responsibilities. **In your own words (do not insert extracts of legislation):**
2. Describe the responsibilities for giving specified information.

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**End of Section 3**

# Your ability to meet Care type specific matters

**Instruction for applicant**

When seeking approval to provide a certain type of care, the applicant must demonstrate how it will meet the requirements that relate to the delivery of that type of care.

**Only complete the questions that relate to the care type(s) you are applying for.**

* 4.1 Residential Care
* 4.2 Home Care
* 4.3 Flexible Care

## Residential Care

**Important information**

Only answer the following questions if you are seeking approval to provide Residential Care.

Refundable deposits, referred to below, include refundable accommodation deposits, accommodation bonds and entry contributions.

Your responses must not be a list or an appendix and must give a practical example or explain in sufficient detail what you will do on a day-to-day basis to comply with these requirements.

1. Describe what systems, policies, or procedures you have/will develop, implement, and monitor to ensure you comply with the Prudential Standards as described in Part 5 of the *Fees and Payments Principles 2014 (No.2).*

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1. Describe what reporting procedures and mechanisms you have or will implement to ensure key personnel responsible for executive decisions can effectively manage, monitor, and control the use of refundable deposits in accordance with the Part 3A.2 of the Aged Care Act.

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1. Describe how you will finance the purchase, construction and/or lease of a residential aged care facility and describe the associated risks. Include the timeframe in which you expect the facility to be fully operational and how you propose to finance these plans.

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1. **Describe** the responsibilities of an approved provider of residential care under section 54-1(1)(f) of the Aged Care Act and the Aged Care Quality of Care Principles as it relates to the use of restrictive practices.
2. **Explain** in detail the steps you will take to ensure compliance with these requirements. You must include how this is operationalised by your workforce during the delivery of residential care services.

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1. **Detail** the [systems](#Systemdefinition), policies, or procedures you have/will develop to help you comply. You must provide sufficient detail that establishes how your workforce accesses and uses these tools on a day-to-day basis.

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1. **Explain** who in your organisation has direct onsite responsibility for oversight and management of restrictive practices, and who within your organisations overarching governance structure will be responsible for ensuring the appropriate clinical governance is in place, is proactively monitored and reviewed.

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## Home Care

**Important information**

Only answer the following questions if you are seeking approval to provide Home Care.

Before responding to the questions below, please make sure you have a practical understanding of the User Rights Principles, Quality of Care Principles, and the Quality Standards as they apply to Home Care.

**Your responses must not be a list or an appendix and must give a practical example and explain in sufficient detail what you will do on a day-to-day basis to comply with these requirements.**

Under Section 63D(6) of the Commission Act, the suitability matters set out under section 63D(3) do not limit the matters the Commissioner may consider in deciding whether a person is suitable to provide aged care.

When an organisation is approved to provide home care, the approval is effective from the date of the approval and it can start receiving referrals and delivering home care packages within a short period of time. For this reason, it is important that the Commission is satisfied that you have appropriately prepared and planned for the delivery of quality of **all** home care services specified under the Quality of Care Principles. This can only be achieved if you have fully comprehended aged care regulation and have identified and implemented relevant systems to support how you will deliver care and services under the Home Care Packages Program.

1. **Detail** the [systems](#Systemdefinition), policies, or procedures you have/will develop, implement and monitor to deliver home care from referral to delivery.

Please ensure your response includes a **practical example** of the content of each relevant policy or procedure and how/when/how often you intend to monitor and measure effectiveness.

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1. What tools or methods will you implement to accurately capture care recipient current and future health status and ensure that relevant persons in your workforce are kept informed of current information on each care recipient?

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1. **Describe** the [system](#Systemdefinition)that you will use to operationalise the delivery of care and services to care recipients in their home on a day-to-day basis.

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1. **Detail** the systems, policies, or procedures you have/will develop, implement, and monitor to manage medication correctly and safely as set out in Standard 3 of the Aged Care Quality Standards and Schedule 3 of the Quality of Care Principles.

You should also establish how you will comply with relevant Commonwealth, State or Territory regulations or professional protocols as they relate to the management of medication.

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1. Describe **how** you will provide choice and flexibility of care to care recipients in their home care package, in accordance with the *Charter of Aged Care Rights.*

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1. Describe **how** you will meet your obligations and responsibilities to ensure the portability of the care recipient’s home care package.

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1. Describe how unspent home care amounts are handled for care recipients – see Division 3A of the User Rights Principles

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1. **Identify** the person(s) responsible for implementing and overseeing your processes for handling unspent home care amounts, their relevant experience and what verification procedures you will use to ensure your processes comply with legislative requirements.

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1. **Detail** the systems, policies, or procedures you have/will develop, implement, and monitor, to manage individual care recipients’ fees, individualised budgets, monthly statements, invoicing and subsides received. Where relevant, provide practical examples of these policies, procedures, or forms.

Refer to Part 3 of the User Rights Principles for further detail.

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**To demonstrate your suitability in relation to this responsibility, attach a copy of your individualised budget template and an example of a monthly statement.**

If you do not provide this information, your application form will be returned to you and will not progress to assessment until submitted as a valid application.

**I**

1. **Describe** the obligations and responsibilities to ensure pricing information about the cost of providing the care and services to care recipients including notification requirements as described in Division 2A of the User Rights Principles.

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1. You must **describe** the policy and process that you will implement to meet this responsibility.

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## Flexible Care

**Important information**

Only answer the following questions if you are seeking approval to provide Flexible Care.

Before responding to the questions below, please refer to section 56-3 of the Aged Care Act, section 106A of the *Subsidy Principles 2014*, the User Rights Principles, Quality of Care Principles, and the Quality Standards as they apply to Flexible Care.

Your responses to the section below must not be a list or an appendix.

1. Describe from an experience perspective, how is flexible care to be provided:

* 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.

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**Note:** That some parts of this section may already have been addressed in Section 3.1. If this is the case, do not repeat your responses from 3.1 here, but state where it has been provided elsewhere in the application form.

1. Describe what policies, procedures, or forms you have or will develop, implement and monitor to effectively deliver short-term restorative care in compliance with the responsibilities of an approved provider under Chapter 4 and section 50-1 of the Aged Care Act, as well as Part 3A of the User Rights Principles.

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1. Describe what you will do to:
2. Provide statements to care recipients for the services you will deliver through the program.

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1. Undertake appropriate care planning/delivery that meets program requirements.

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1. Track/record and monitor any daily fees that a care recipient may be required to pay.

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1. Measure and record and communicate changes in a care recipients’ functional status if required by the program.

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**To demonstrate your suitability in relation to this responsibility, attach examples of statements, care plans or any other forms you have identified above.**

If you do not provide this information, your application form will be invalid and not accepted.

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1. Describe the responsibilities of an approved provider in relation to the concept of multi-disciplinary teams in the delivery of flexible care and how you intend to ensure that the correct team is in place. Where relevant, provide examples of policies, procedures or forms you have or will develop, implement or monitor in accordance with the short-term restorative care program manual.

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**End of Section 4**

APPENDIX A: DEFINITIONS

*Definitions of words or references used in this Application for Approval to Provide Aged Care – New Applicant. The Commission’s Glossary is also available online at agedcarequality.gov.au on the* [*Corporate Documents*](https://www.agedcarequality.gov.au/about-us/corporate-documents#glossary) *page, it contains common terms to aid understanding of the aged care services sector.*

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

Applicant

The organisation applying for approval to provide aged care or an approved provider applying to provide another type of care.

Application Form

The application form approved by the Commissioner for the purpose of applying to the Commissioner to be approved as a provider of aged care under Part 7A of the Commission Act.

The Commission has three different application forms depending on the status of the organisation applying.

Approved Provider

A person or body in respect of which an approval to provide aged care under Part 7A of the Commission Act is in force, and, to the extent provided for in Section 63F of the Commission Act, includes any State or Territory, authority of a State or Territory or local government authority.

Australian Business Number (ABN)

The organisation’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 ASIC to a company on registration (see: Sections 118 and 601BD of the *Corporations Act 2001*).

Authorised Contact Person

The person authorised to act on behalf of the organisation.

Banning order

An order made under subsection 74GB(1) or (3) of the Commission Act. The Commissioner may make an order (the banning order) prohibiting or restricting an individual who is or was an aged care worker, or who is or was a governing person, of an approved provider:

(a) from being involved in the provision of any type of aged care or specified types of aged care; or

(b) from engaging in specified activities as an aged care worker, or as a governing person, of the provider

Business Model

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

Business Plan

A business plan is a documented set of business goals, objectives, target market information and financial forecasts that you are aiming to achieve over a certain period of time.

For an example visit business.gov.au.

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

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.

Code of Conduct

As defined in section 7 of the Commission Act to mean the code of conduct which the rules made for the purposes of section 74AE(1) of the Commission Act make provision for or in relation to.

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

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 does not provide financial profit or gain to its individual owners or members.

COO

Chief Operating Officer

Declaration

Key personnel of an organisation who are lawfully authorised to act on behalf of/represent the organisation applying to provide aged care services (including giving assurances and entering into contracts and commitments on behalf of the organisation).

Description

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

DoHAC

The Commonwealth Department of Health and Aged Care.

DON

Director of Nursing

Flexible Care

Defined in section 49-3 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.’

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 ASIC or public listed companies that are listed on the Australian Stock Exchange.

Governance

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

Governing Body

Defined in Schedule 1 of the Aged Care Act to mean:

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

Governing person

‘Governing person’ is defined in section 7 of the Commission Act and means an individual who is one of the key personnel of the approved provider under section 8B(1)(a) or (b) of the Commission Act.

Home Care

Define in section 45-3 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.

Indictable Offence

An indictable offence is defined under section 7 of the Commission Act as:

* + - 1. an indictable offence against a law of the Commonwealth or of a State or Territory; or
      2. an offence that:

1. is an offence against a law of a foreign country or a part of a foreign country; and
2. when committed, corresponds to an indictable offence against a law of the Commonwealth or of a State or Territory.

Key Personnel

‘Key personnel’ is defined under Section 8B of the Commission Act and includes:

1. if the organisation is not a State or Territory—a member of the group of persons who is responsible for the executive decisions of the organisation at that time which includes:
   1. if the organisation 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
   2. in any other case—a member of the organisation’s governing body.
2. if the organisation 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 organisation at that time;
3. if, at that time, the organisation conducts an aged care service:
4. any person who is responsible for the nursing services provided by the service and who holds a recognised qualification in nursing; and
5. any person who is responsible for the day-to-day operations of the service; whether or not the person is employed by the organisation.
6. if, at that time, the organisation proposes to conduct an aged care service:
7. 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
8. 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 organisation.

Misleading information

Means information designed to deceive or create a false impression

MD

Managing Director

Material Change

Under section 9-1 of the Aged Care Act, approved providers are required to notify the Commissioner of any change of circumstance that materially affects their suitability to be a provider of aged care.

Misleading information

Means information designed to deceive or create a false impression.

My Aged Care

My Aged Care is the main entry point to the aged care system in Australia.

It aims to make it easier for older people, their families, and carers to access information on ageing and aged care, have their needs assessed and be supported to find and access services.

NAPS

The National Approved Provider System. It holds information about an approved provider, its governing body, key personnel and its services.

The NAPS Id is a unique ID that helps the Commission, the Department of Health and Aged Care and Services Australia identify your organisation

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 a not-for-profit where it’s constituent or governing documents prevent it from distributing profits or assets for the benefit of particular people.

Organisation

The aged care business that is applying to deliver aged care.

Quality Standards

The Aged Care Quality Standards under Schedule 5 of the *Quality of Care Principles 2014.*

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’ which includes:

* Appropriate staffing to meet the nursing and personal care needs of the person; and
* Meals and cleaning services; and
* Furnishings, furniture, and equipment for the provision of that care and accommodation; and
* Meets any requirements specified in the *Subsidy Principles 2014*.

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.

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

(the Associated) Principles

The associated Principles made by the Minister under section 96-1 of the Aged Care Act. Relevant Principles include but are not limited to: *Accountability Principles 2014*, *Quality of Care Principles 2014*, *User Rights Principles 2014.*

Religious

An organisation whose objectives and activities reflect its charter as a body instituted for the promotion of religious objectives and the beliefs and practices of whose members constitute a religion.

Serious Incident Reporting Scheme

The [Serious Incident Response Scheme](https://www.agedcarequality.gov.au/sirs) (SIRS) helps prevent and reduce incidents of abuse and neglect in aged care services subsidised by the Australian Government.

Statutory Declaration

A written statement which a person signs and declares to be true before an authorised witness. This is different from an affidavit which is a written statement, confirmed by oath or affirmation for use as evidence in court proceedings.

Sub-contract or Service Agreement

Where an approved provider enters into an agreement with a third-party organisation to deliver care and services on its behalf to care recipients.

**Suitability matters relating to individuals**

Section 9-2A of the Aged Care Act requires approved providers to consider the suitability matters of section 8C of the Commission Act and to be reasonably satisfied that the individual (key personnel) is suitable to be involved in the provision of aged care.

Further, Section 631-A sets out the responsibilities for an approved provider relating to the suitability of its key personnel including the consideration of individual suitability and keeping of records of the matters considered.

Meaning of suitability matters in relation to an individual is:

8C:

(1) Each of the following matters is a suitability matter in relation to an individual:

1. the individual’s experience in providing, at any time, aged care or other relevant forms of care;
2. whether a NDIS banning order against the individual is, or has at any time been, in force;
3. whether the individual has at any time been convicted of an indictable offence;
4. whether a civil penalty order against the individual has been made at any time;
5. whether the individual is, or has at any time been, an insolvent under administration;
6. whether the individual is or has at any time been the subject of adverse findings or enforcement action by any of the following:
   1. a Department of the Commonwealth or of a State or Territory;
   2. the Australian Securities and Investments Commission;
   3. the Australian Charities and Not-for-profits Commission;
   4. the Australian Competition and Consumer Commission;
   5. the Australian Prudential Regulation Authority;
   6. the Australian Crime Commission;
   7. AUSTRAC;
   8. another body established for a public purpose by or under a law of the Commonwealth;
   9. a State or Territory authority (including, but not limited 6 to, a body that is equivalent to a body mentioned in 7 subparagraphs (ii) to (vii));
   10. a local government authority;
7. whether the individual:
8. 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
9. is currently party to any proceedings that may result in the individual being the subject of such findings or judgment;
10. whether the individual is, or has at any time been, disqualified from managing corporations under Part 2D.6 of the Corporations Act 2001;
11. any other matter specified in the rules.

System

A network of mutually dependent processes or work operations that work together to accomplish the systems aim or intent to accomplish organisational goals.

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

The Commission

The Aged Care Quality and Safety Commission. The function to approve providers applying to provide aged care was relocated to the Aged Care Quality and Safety Commission (the Commission) on 1 January 2020.

The Commission also oversees the accreditation, quality review, monitoring and complaints handling of aged care services.

The Commission provides information and education to providers. These processes are undertaken in accordance with the Commission Rules established under the Commission Act or through contractual arrangements.

The Commission is responsible for:

• Granting approval for organisations to become approved providers of residential, home and flexible care.

• Accrediting and monitoring the quality of care and services of residential aged care services.

• Conducting quality reviews of home care and National Aboriginal and Torres Strait Islander Flexible Aged Care services to assess performance in accordance with the applicable aged care standards.

• Conducting quality reviews of flexible care services in accordance with the applicable aged care standards.

• Providing compliance monitoring, information and training to providers.

• Undertaking compliance action against providers who are non-compliant with their responsibilities.

• Reviewing the financial operations of both residential and home care providers to ensure they are appropriately managing all fees and payments.

• Undertaking detailed investigations of providers where necessary including requesting documentation and undertaking site visits.

Trust Deed

The legal document creating and setting out the terms, rules, and conditions of a trust.

You, your, applicant

To the organisation completing this application form.

1. See definition of [Governance](#Governance) in *Appendix A: Definitions* [↑](#footnote-ref-2)