# Application for renewal of registration as a provider of aged care services

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#### **Digital only form**

This PDF form is designed to be completed electronically. Complete this form using a PDF reader or a similar application. Don't open the PDF in your web browser. Some features may not work correctly and this may affect the submission of the form.

Please do not print it out. Fill it out digitally and submit it as required.

#### **Purpose of this application**

Use this form to apply to the Commission to renew your registration as a registered provider.

The form must be given to the Commission during the application period. The application period is in the 'invitation to renew' or renewal application reminder letter sent to you.

#### How to complete the application form

This application form refers to 'you/your' and 'the applicant'. This means the legal entity (organisation or person) applying to renew their registration as a provider.

We will likely reject your application if you don't answer all the questions. We may also decide to reject your registration if you don't include enough information to show how you meet the registration requirements.

#### **Provider guidance**

There is guidance on our website to help you understand the questions asked in this form. This includes information on the registration requirements.

Renewal of registration: provider guidance

Have the guidance open when filling out this form. We expect that you have read and followed it on submitting the form.

#### Privacy and your personal information



By completing this application form you agree and consent to your personal data being used in line with the Commission's Notice of Collection

The personal information collected through this form is protected by law, including the Privacy Act 1988, the Australian Privacy Principles, and the Aged Care Act. This includes personal information of older persons receiving aged care.

We use the information provided in this form, and other relevant information we obtain or receive, to perform our functions under the Aged Care Act. This information is used to make decisions about the registration of providers. This includes publication of a Provider Register.

Information may be shared with other regulators if needed for their regulatory functions. This includes the Department of Health and Aged Care (DoHAC), other State and Commonwealth agencies and where otherwise permitted or required by law.

Read the Commission's Notice of Collection which explains how we use personal information.

#### **Important Information**

We can suspend or revoke (cancel) a provider's registration if their application for registration included **false or misleading** information.

If you provide false or misleading information in your application, you are breaking the law. There are civil penalties in the Aged Care Act about false and misleading information or documents in applications. The Criminal Code Act 1995 includes offences for false or misleading statements, information and documents.

As the registered provider, you're responsible for the information in this form. If a consultant has helped you with this application, you must review all information and make sure it is correct before you submit it. The information in the form needs to represent your experience and knowledge, not the consultant's.

### How to withdraw the application form

You will not be able to make changes to the form once submitted.

You may withdraw the request at any time before we make a decision.

To withdraw your request, send an email to <a href="mailto:registrar.applications@agedcarequality.gov.au">registrar.applications@agedcarequality.gov.au</a>. Include your contact details in the email.

### **Guidance to assist you in completing this form**

- Provider Handbook
- Renewal of registration provider guidance

### Questions about this form?

Send your questions and contact details to <a href="mailto:registrar.applications@agedcarequality.gov.au">registrar.applications@agedcarequality.gov.au</a>.

You can also contact the Commission's Customer Contact Team via phone at 1800 951 822.

For more information on this form visit the Commission website

### Part A: Applicant details

**Section 1: Registered provider details** 

1.1 Registered provider ID

1.2 Australian business number (ABN)

This should match the ABN in the <u>Australian Business Register</u>

1.3 Registered provider name

**End of Part A: Applicant details** 

## Part B: Parent or holding company

## Section 1: Parent or holding company details

1.1 Is your organisation a subsidiary of another company?

Yes
Complete question 1.2.

No
Go to Part C: Franchise.

# 1.2 Have you already provided details of the parent or holding company to the Commission?

This may have been through a registration application or renewal, or a Change in Circumstance notification.

Yes
Go to Part C: Franchise.

No
Complete the remaining sections in this part, Part B: Parent or holding company.

**Section 2: Parent or holding company** 

## **2.1 Parent or holding company's Australian Business Number (ABN)**This should match the ABN in the <u>Australian Business Register</u>

2.2 Entity name of your parent or holding company?

This should match the entity legal name in the Australian Business Register 🔼

**2.3 Business name of your parent or holding company?** (if applicable) This should match the registered business name in the <u>Australian Business Register</u>

## Section 3: Parent or holding company contact details

## 3.1 Primary contact number Australian landline and mobile numbers preferred. Include the area code

For international numbers the contact number must start with a + followed by the country code

## 3.2 Alternative contact number Australian landline and mobile numbers preferred. Include the area code

For international numbers the contact number must start with a + followed by the country code

3.3 Parent or holding company email

## Name the person who is the best contact for this parent or holding company.

Section 4: Parent or holding company's best contact details

4.1 First name

4.2 Last name

## 4.4 Business contact number (Optional)

Australian landline and mobile numbers preferred. Include the area code

Insolvency processes includes safe harbour advice due to solvency concerns.

4.3 Contact email (Optional)

For international numbers the contact number must start with a + followed by the country code

## 5.1 Has the parent or holding company ever been in administration, receivership, or any other insolvency processes, resolved or not?

No

**Section 5: Insolvency** 

Yes
Complete Complete question 5.2 & question 5.3.

Go to Section 6: Financial relationship.

5.2 Date the administration, receivership other insolvency processes occurred

Provide the date as DD/MM/YYYY.

# 5.3 Provide details of the administration, receivership or insolvency

organisation (in the parent or holding company structure) for financial reasons?

Yes

6.1 Does your organisation rely on another related or unrelated company or

Go to Part C: Franchise.

6.2 What percentage of your finances is provided through this relationship?

This includes operating costs.

reimburse the other organisation?

Go to Part C: Franchise.

Complete <u>question 6.2</u> & <u>question 6.3</u>.

No

**Section 6: Financial relationship** 

## 6.3 Does this relationship mean your business has to regularly repay or

%

Yes
Complete question 6.4.

No

# 6.4 Provide the details of this arrangement

**End of Part B: Parent or holding company** 

#### **Part C: Franchise**

#### **Section 1: Franchise details**



Yes
Complete question 1.2.

No
Go to Part D: Service delivery.

#### 1.2 Have you already provided franchise details to the Commission?

This may have been through a registration application or renewal, or a Change in Circumstance notification.

Yes
Go to Part D: Service delivery.

No
Complete the remaining sections in this part, Part C: Franchise.

1.3 Does your business rely on another related or unrelated company or organisation (under the franchise arrangement) for financial reasons?

Yes
Complete question 1.4.

No
Go to question 1.5.

**1.4 What percentage of your finances is provided through this relationship?**This includes any operating costs.

%

1.5 Does this franchise arrangement mean your business has to regularly repay or reimburse another organisation?

Yes
Complete <u>question 1.6.</u>
No
Go to <u>question 1.7.</u>

1.6 Provide the details of this arrangement

1.7 Does your business rely on the franchise arrangement to supply operational support?

For example, operating system, management or oversight of care planning and governance or decision making?

Yes
Complete question 1.8.

No
Go to Part D: Service delivery.

1.8 Provide details of this arrangement

#### **Part D: Service delivery**

#### **Section 1: Registration categories**

#### 1.1 For each category below select one of the following:

You must select one option for each category:

- Select **New registration** if you're not currently registered in the category, but you are applying for new registration in that category.
- Select **Renewal of registration** if you're currently registered in the category, and you are applying to continue your registration in that category.
- Select **Not renewing** if you're currently registered in the category, but you are not reapplying for registration in that category.
- Select **Not applying** if you're not applying for registration in the category.

Registration category	New registration	Renewal of registration	Not Renewing	Not Applying
Category 1: Home and community services				
Category 2: Assistive technology and home modifications				
Category 3: Advisory and support services				
Category 4: Personal care and care support in the home or community (including respite)				
Category 5: Nursing and transition care				
Category 6: Residential care (including respite)				

- **⊘** If you selected 'New registration' or 'Not renewing' for any of the above categories, complete <u>question 1.2.</u>
- **Otherwise**, go to <u>question 1.3.</u>

#### 1.2 Will you be adding, removing or changing your associated providers?

No changes to my associated providers

This includes if you have no associated providers and will continue to not have any associated providers.

I will be **adding** new associated providers to my registration

Complete Add an associated provider form as required for the submission.

I will be **removing** associated providers from my registration Complete *Remove an associated provider form* as required for the submission.

I will be **changing** the service types my associated providers are delivering Complete *Changes to an associated provider's service delivery form* as required for the submission.

#### **Service groups**

#### 1.3 What service groups, if any, do you plan to deliver services through?

Select one or more that apply:

Home support

Assistive technology

Home modifications

Residential care

Only applicable to Category 6: Residential care services (including respite).

#### Specialist aged care program

## 1.4 What specialist aged care programs do you plan on delivering services through?

Select one or more that apply:

National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)

Multi-Purpose Services Program (MPS)

Only applicable if you're applying for a registration in categories 4, 5 or 6.

Commonwealth Home Support Programme (CHSP)

Transition Care Programme (TCP)

#### **Section 2: Aged care digital platforms**

#### 2.1 Will you provide these services through an aged care digital platform?

This includes online enabled applications, websites or other digital systems.

Yes

Complete <u>question 2.2</u> & <u>question 2.3</u>.

No

Go to Part E: Registration general requirements.

## 2.2 What is the Australian Business Number (ABN) for the aged care digital platform?

This should match the ABN in the <u>Australian Business Register</u>

#### 2.3 What is the entity name for the aged care digital platform?

This should match the entity name in the <u>Australian Business Register</u>

**End of Part D: Service delivery** 

#### **Section 3: Changes to associated providers**

Only answer the following question if you have a registration in categories 1, 2, or 3 only.

## 3.1 Since your date of registration have your arrangements changed with associated providers?

No changes to my arrangements with associated providers

This includes if you had no associated providers and during your registration continued not to have any arrangements with associated providers.

I have started arrangements with new associated providers

Complete Add an associated provider form as required for the submission.

I have ceased arrangements with my associated providers

Complete Remove an associated provider form as required for the submission.

I have changed arrangements with my associated providers

Complete Changes to an associated provider's service delivery form as required for the submission.

#### **End of Part D: Service delivery**

### Part E: Registration general requirements

#### Section 1: Suitability of the organisation or person

## 1.1 Is there any new information about how suitable you are to be a registered provider?

This should include information that relates to:

- compliance with any law of the Australian, state or territory government that you operate in (including any history of not-complying with these laws)
- a banning order or an NDIS banning order made against you at any time

<ul> <li>the suspension or revocation of NDIS registration other than on your request</li> <li>your past experience and performance delivering aged care services, or similar services, in the planned service types</li> <li>your legal and business structure.</li> </ul>
New information means information that hasn't been notified to us in a Change in circumstance notification or past registration or renewal application.
Yes
Complete <u>question 1.2</u> & <u>question 1.3</u> & <u>question 1.4.</u>
No Go to Part D: Service delivery.
1.2 Provide details of all changes to how suitable you are to be a registered provider
1.3 Describe how this affects how suitable you are to be a registered provider

1.4 Explain the steps you're taking or plan to take to make sure you continue to meet your obligations as a registered provider

#### **Section 2: Financial management**

• If you are NOT a government entity, complete the remaining questions in this section, <u>Section 2: Financial management.</u>

Government entity means:

- 1. An Australian Government entity (within the meaning of the *Public Governance, Performance and Accountability* Act 2013) 2. A state or territory
- 3. A body or organisation set up for public purpose or under a law of the state or territory (other than a local government authority).
- **O** If you are a government entity, go to <u>Section 3: Adverse findings and</u> enforcement actions against responsible persons.

### **Section 2.1: Insolvency**

2.1.1 During your current period of registration, have you been in administration, receivership, or part of any other insolvency processes, resolved or not?

Yes Complete <u>question 2.1.2</u> to <u>question 2.1.8</u>.

No

Go to Section 2.2: Financial interest in another related party.

2.1.2 Date the administration, receivership other insolvency processes occurred

Provide the date as DD/MM/YYYY.

2.1.3 Provide details of the administration, receivership or insolvency

2.1.4 Company name

#### 2.1.5 Administration type

Voluntary administration

Court appointed/ordered administration or liquidation

Company shareholder appointed administrator

Receivership - receiver and manager appointed

#### Administration or liquidation contact person Your Administration or liquidation contact must be a Responsible Person. Fill out the Add

Responsible Persons form if they are not already in your organisation.

2.1.6 First name

**2.1.7 Last name** 

2.1.8 Registered Liquidator Number

## Section 2.2: Financial interest in another related party Another related party doesn't include a parent or holding company, or a franchise

arrangement. Refer to Part B: Parent or holding company and Part C: Franchise details.

2.2.1 Do you have any current financial interests in another related party? Yes

No Go to Section 2.3: Financial interest in your business.

Complete <u>question 2.2.2</u> & <u>question 2.2.3</u> & <u>question 2.2.4</u>.

2.2.2 Name of the related party

**2.2.3 Registered Provider ID** (Optional)

2.2.4 Detail the circumstances of the financial interest

**Section 2.3: Financial interest in your business** 

2.3.1 Does another related party have any financial interests in your business? Yes

No

Go to Section 3: Adverse findings and enforcement actions against responsible persons.

2.3.4 Detail the circumstances of the financial interest

Complete <u>question 2.3.2</u> & <u>question 2.3.3</u> & <u>question 2.3.4</u>.

2.3.2 Name of the related party

2.3.3 Registered Provider ID (Optional)

#### **Section 3: Suitability of responsible persons**

#### Confirm your responsible persons details are up-to-date

View information about your responsible persons in the GPMS Provider Portal.

In order to renew your registration, you need to show that each of your responsible persons are suitable to deliver aged care services.

As a registered provider, you need to assess the suitability of responsible persons at least once a year. You need to let the Commission know if there have been any changes to your responsible persons. This includes a change about a suitability matter. If you haven't notified us of changes to your responsible persons, you must complete a Change in Circumstance notification.

## Meaning of suitability matters in relation to an individual (Section 13 of the Aged Care Act 2025)

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

- (a) the individual's experience in providing, at any time, funded aged care services or other similar services;
- (b) whether a banning order against the individual is, or has at any time been, in force; (c) whether an NDIS banning order against the individual is, or has at any time been, in force;
- (d) whether the individual has at any time been convicted of an indictable offence;
- (e) whether a civil penalty order against the individual has been made at any time;
- (f) whether the individual is, or has at any time been, an insolvent under administration;
- (g) whether the individual is, or has at any time been, the subject of adverse findings or enforcement action by any of the following:
  - (i) a Department of the Commonwealth or of a State or Territory;
  - (ii) the Australian Securities and Investments Commission;
  - (iii) the Australian Charities and Not-for-profits Commission;
  - (iv) the Australian Competition and Consumer Commission;
  - (v) the Australian Prudential Regulation Authority;
  - (vi) the Australian Crime Commission;
  - (vii) AUSTRAC (within the meaning of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006);
  - (viii) the Australian Health Practitioner Regulation Agency;
  - (ix) another body established for a public purpose by or under a law of the Commonwealth;
  - (x) a State or Territory authority (including, but not limited to, a body that is equivalent to a body mentioned in subparagraphs (ii) to (viii));
  - (xi) a local government authority;
  - (xii) a body responsible for maintaining standards of conduct in a profession that is involved in the delivery of funded aged care services;
- (h) whether the individual:
  - (i) is, or has at any time been, the subject of any findings or judgment in relation to fraud, misrepresentation or dishonesty in any administrative, civil or criminal proceedings; or
  - (ii) is currently party to any proceedings that may result in the individual being the subject of such findings or judgment;
- (i) whether the individual is, or has at any time been, disqualified from managing corporations under Part 2D.6 of the Corporations Act 2001;
- (j) if circumstances prescribed by the rules apply in relation to the individual—the individual is a person in respect of whom the worker screening requirements prescribed for the purposes of section 152 are met;
- (k) any other matter prescribed by the rules.

Ticking this box verifies that your responsible persons are up to date

#### **Declaration**

I/we declare that I/we:

- 1. agree that all relevant checks and enquiries have been carried out by the entity in the appointment of the governing body members, noting that they are also responsible persons
- 2. each responsible person is suitable to deliver funded aged care services having regards to the suitability matters listed above.
- 3. a risk assessment has been undertaken of all disclosures in relation to all individuals
- 4. all information provided in this application and any documents are true and correct
- 5. the individual understands that Chapter 2 of the Criminal Code applies to all offences under the Aged Care Act. It is also an offence under Section 137.1 of the Criminal Code to provide false or misleading information to the Commission
- 6. where information exists about any individual relevant to section 12 of the Act, further information must be provided. That includes reasons on why the Director or equivalent considers the individual to be suitable, including their reasons.

Ticking this box verifies that you fully comprehend and agree to the above matters.

#### **Part F: Declaration**

#### Submitting the form

The person who signs below must be one of the following:

- Body Corporate: An individual authorised to bind the body corporate
- Partnership: Must be a member of the partnership identified in Part A, Section 1 of the Application for Registration form
- Sole-Trader/Individual: Must be the individual named
- **Trust:** Trustee of the trust (if the trustee is a body corporate refer to the information above)
- Unincorporated association: Must be a member of the governing body
- You will not be able to make changes to the request form once submitted. The details you provide must be accurate and truthful. If you provide false or misleading information in your request, we may refuse your request.

#### I/we declare that I/we:

- 1. are lawfully authorised to act on behalf of the entity making the request, (including giving assurances on behalf of the legal entity)
- 2. are aware that, under section 129(1)(b) and section 131(1)(b) of the Aged Care Act 2024 (Cth) the Aged Care Act), the Commissioner may revoke or suspend registration of a provider if satisfied that the applicant knew that the application for registration contained information that was false or misleading in a material particular
- 3. are aware that:
  - a. there are civil penalties under section 591 of the Aged Care Act 2024 (Cth) the Aged Care Act), relating to false and misleading information or documents in applications, claims and requests
  - b. the Criminal Code Act 1995 provides offences in relation to false or misleading statements, information and documents.
- 4. have provided true and accurate information in this form, including any attachments
- 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 to assist in assessing this request
- 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. have read the Application for renewal of provider registration: guidance
- 8. understand the conditions of registration and obligations of registered providers stipulated in the Chapter 3, Part 4 of the Aged Care Act
- 9. understand that if registered as a registered provider, information provided with this application will be used in any Commission communications and to establish the provider register
- 10. declare that all of the responsible persons are persons suitable to be involved in the provision of aged care (as determined following consideration of the suitability matters in relation to each person as set out in section 13 of the Aged Care Act – see Appendix 1 below). 11. understand that the Commission will examine its own records in relation to this
- application as it may relate to the suitability of the entity or the suitability and conduct of any responsible persons nominated in this application
- 12. understand that the submission of application is not a guarantee of acceptance or registration by the Commissioner
- 13. understand that if a consultant or external party is engaged to assist or artificial intelligence has been used in preparing this request, I am/we are/my organisation is responsible for:
  - a. the information provided in this request (including reviewing any information provided in assistance and adapting it to my/our organisation's circumstances)
  - b. ensuring that the contents of this request are true and correct, and
  - c. ensuring all attachments provided with this request are true and correct.

Ticking this box verifies that you fully comprehend and agree to the above matters.

## 4.1 First name

## 4.2 Middle name (Optional)

## 4.3 Last name

## 4.4 Position title

## **4.5 Date**

# **Appendix 1: Suitability Matters**

#### Section 13 Meaning of suitability matters in relation to an individual 1. Each of the following matters is a suitability matter in relation to an individual:

- a. the individual's experience in providing, at any time, funded aged care services or other
  - similar services; b. whether a banning order against the individual is, or has at any time been, in force;
  - c. whether an NDIS banning order against the individual is, or has at any time been, in force;
  - d. whether the individual has at any time been convicted of an indictable offence; e. whether a civil penalty order against the individual has been made at any time;
  - f. whether the individual is, or has at any time been, an insolvent under administration; g. whether the individual is, or has at any time been, the subject of adverse findings or
  - enforcement action by any of the following: i. a Department of the Commonwealth or of a State or Territory;
  - ii. the Australian Securities and Investments Commission;
  - iii. the Australian Charities and Not-for-profits Commission; iv. the Australian Competition and Consumer Commission;
  - v. the Australian Prudential Regulation Authority; vi. the Australian Crime Commission;
  - vii. AUSTRAC (within the meaning of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006);
  - viii. the Australian Health Practitioner Regulation Agency; ix. another body established for a public purpose by or under a law of the
  - Commonwealth;
    - x. a State or Territory authority (including, but not limited to, a body that is equivalent to a body mentioned in subparagraphs (ii) to (viii));
  - xi. a local government authority; xii. a body responsible for maintaining standards of conduct in a profession that is
  - involved in the delivery of funded aged care services; h. whether the individual:
    - i. is, or has at any time been, the subject of any findings or judgment in relation to fraud, misrepresentation or dishonesty in any administrative, civil or criminal
    - proceedings; or ii. is currently party to any proceedings that may result in the individual being the
  - subject of such findings or judgment; i. whether the individual is, or has at any time been, disqualified from managing
  - corporations under Part 2D.6 of the Corporations Act 2001; j. if circumstances prescribed by the rules apply in relation to the individual—the individual is a person in respect of whom the worker screening requirements
  - k. any other matter prescribed by the rules.

## prescribed for the purposes of section 152 are met;



## **Category 1 specific requirements**

Complete this form if you' re applying for registration in Category 1: Home and community services. This includes renewal of registration or new registration in this category.

Registration periods apply and are decided when we make the registration decision. The questions in this section will help us understand your approach to delivering aged care services in your planned service types.

Costion A. Comico turos
Section 1: Service types
<b>1.1 What types of services do you plan to deliver under Category 1?</b> Select one or more that apply:
Domestic assistance
Home maintenance and repairs
Meals
Transport
1.2 Do you plan to deliver the selected Category 1 service types in the 3 years after you make this application?
Yes Complete the following questions in this form.
No Complete the following questions in this form.
Section 2: Service coverage
2.1 List the local government areas where you plan to deliver Category 1 services  To find your local government area, use the interactive map found on the Australian Bureau of Statistics website
Separate local government areas by comma e.g. Sydney, Inner West.
Section 3: Registration requirements
You need to show in the responses below how you have the commitment, capability and capacity to deliver funded aged care services.
3.1 Outline your <u>commitment</u> to deliver Category 1 service types
5.1 Outline your <u>commitment</u> to deliver edtegory i service types
3.2 Outline your <u>capability</u> to deliver Category 1 service types
3.3 Outline your <u>capacity</u> to deliver Category 1 service types

3.4 When will you start to deliver these service types?



## **Category 2 specific requirements**

Complete this form if you' re applying for registration in Category 2: Assistive technology and home modifications.

How long the registration applies for is determined at the time we make the registration decision. The questions in this section will help us understand your approach to delivering aged care services in your planned service types.

planned service types.
Section 1: Service types
1.1 What types of services do you plan to deliver under Category 2?  Select one or more that apply:
Equipment and products
Home adjustments
1.2 Do you plan to deliver the selected Category 2 service types in the 3 years after you make this application?
Yes Complete the following questions in this form.
No Complete the following questions in this form.
Section 2: Service coverage
2.1 List the local government areas where you plan to deliver Category 2 services
To find your local government area, use the interactive map found on the <u>Australian Bureau of Statistics website</u> Separate local government areas by comma e.g. Sydney, Inner West.
Section 3: Registration requirements
You need to show in the responses below how you have the commitment, capability and capacity to deliver funded aged care services.
3.1 Outline your <u>commitment</u> to deliver Category 2 service types
3.2 Outline your <u>capability</u> to deliver Category 2 service types
3.3 Outline your <u>capacity</u> to deliver Category 2 service types

3.4 When will you start to deliver these service types?

## **Category 3 specific requirements**

Complete this form if you' re applying for registration in Category 3: Advisory and support services.

How long the registration applies for is determined at the time we make the registration decision. The questions in this section will help us understand your approach to delivering aged care services in your planned service types.

#### **Section 1: Service types**

1.1 What types of services do you plan to deliver under Category 3?
Select one or more that apply:
Hoarding and squalor assistance

1.2 Do you plan to deliver the selected Category 3 service types in the 3 years after you make this application?

Yes
Complete the following questions in this form.
No
Complete the following questions in this form.

Social support and community engagement

#### **Section 2: Service coverage**

## 2.1 List the local government areas where you plan to deliver Category 3 services

To find your local government area, use the interactive map found on the <u>Australian Bureau of Statistics website</u> Separate local government areas by comma e.g. Sydney, Inner West.

### **Section 3: Registration requirements**

You need to show in the responses below how you have the commitment, capability and capacity to deliver funded aged care services.

3.1 Outline your <u>commitment</u> to deliver Category 3 service types

3.2 Outline your <u>capability</u> to deliver Category 3 service types

3.3 Outline your <u>capacity</u> to deliver Category 3 service types

3.4 When will you start to deliver these service types?



## **Category 4 specific requirements**

Complete this form if you' re applying for registration in Category 4: Personal care and care support in the home or community (including respite).

How long the registration applies for is determined at the time we make the registration decision. The questions in this section will help us understand your approach to delivering aged care services in your planned service types.

Sec	ction 1: Service types
	What types of services do you plan to deliver under Category 4?  one or more that apply:
	Allied health and therapy
	Personal care
	Nutrition
	Therapeutic services for independent living
	Home or community general respite
	Community cottage respite
	Care management
	Restorative care management
	Do you plan to deliver the selected Category 4 service types in the 3 years r you make this application?
	Yes
	Complete the following questions in this form.
	No Complete the following questions in this form.
Sec	ction 2: Service coverage
	List the local government areas where you plan to deliver Category 4
To find	d your local government area, use the interactive map found on the <u>Australian Bureau of Statistics website</u> detection in the description of the d

## **Section 3: Registration requirements**

You need to show in the responses below how you have the commitment, capability and capacity to deliver funded aged care services.

3.1 Outline your <u>commitment</u> to deliver Category 4 service types

3.2 Outline your <u>capability</u> to deliver Category 4 service types

3.3 Outline your <u>capacity</u> to deliver Category 4 service types

3.4 When will you start to deliver these service types?

## **Category 5 specific requirements**

Complete this form if you' re applying for registration in Category 5: Nursing and transition care.

How long the registration applies for is determined at the time we make the registration decision. The

questions in this section will help us understand your approach to delivering aged care services in your planned service types.
Section 1: Service types
1.1 What types of services do you plan to deliver under Category 5?  Select one or more that apply:
Nursing care
Assistance with transition care
1.2 Do you plan to deliver the selected Category 5 service types in the 3 years after you make this application?
Yes Complete the following questions in this form.
No Complete the following questions in this form.
Section 2: Service coverage
2.1 List the local government areas where you plan to deliver Category 5 services  To find your local government area, use the interactive map found on the Australian Bureau of Statistics website ✓ Separate local government areas by comma e.g. Sydney, Inner West.
Section 3: Registration requirements
You need to show in the responses below how you have the commitment, capability and capacity to deliver funded aged care services.
3.1 Outline your <u>commitment</u> to deliver Category 5 service types
3.2 Outline your <u>capability</u> to deliver Category 5 service types

3.4 When will you start to deliver these service types?

3.3 Outline your <u>capacity</u> to deliver Category 5 service types



## **Category 6 specific requirements**

Complete this form if you' re applying for registration in Category 6: Residential care (including respite).

How long the registration applies for is determined at the time we make the registration decision. The questions in this section will help us understand your approach to delivering aged care services in your planned service types.

#### **Section 1: Service types**

Service types under Category 6: Residential care (including respite) incl	ude
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- Residential accommodation
- Residential everyday living

1.1 Do you plan to deliver all Category 6 service types in the 3	3 years after yoເ
make this application?	

<ul> <li>Residential non-clinical care</li> <li>Residential clinical care</li> </ul>
1.1 Do you plan to deliver all Category 6 service types in the 3 years after you make this application?
Yes
Complete the following questions in this form.
No
Complete the following questions in this form.
Section 2: Registration requirements
You need to show in the responses below how you have the commitment, capability and capacity to deliver funded aged care services.
2.1 Outline your <u>commitment</u> to deliver Category 6 service types
2.2 Outline your <u>capability</u> to deliver Category 6 service types
2.3 Outline your <u>capacity</u> to deliver Category 6 service types
2.4 When will you start to deliver these service types?

### Managing refundable deposits

2.5 Explain the policy and processes you will use to manage, monitor and control the use of refundable deposits (RDs).



## Add an associated provider

- Who can use this form?
  - Providers who are registered in category 1, 2, or 3 only.
  - other providers are also changing.

• Providers who are changing their registration categories, which means their arrangements with Complete this form for each associated provider you're adding to your registration. **Section 1: General details** 1.1 Australian Business Number (ABN) This should match the ABN in the <u>Australian Business Register</u> **1.2 Entity name** This should match the entity legal name in the Australian Business Register 🔼 **1.3 Business name** (if applicable) This should match the registered business name in the <u>Australian Business Register</u> 1.4 Entity type This should match the entity type in the <u>Australian Business Register</u> **Registered business addresses 1.5 Unit number** (if relevant) **1.6 Level number** (if relevant) **1.7 Building name** (if relevant) 1.8 Street number 1.9 Street name 1.10 Street type **1.11 Street suffix** (if relevant)

**1.13 State** 

1.12 Suburb

1.14 Post code

## 1.15 Is the postal address the same as the registered business address?

**Postal Address** 

Yes Go to Section 2: Associated provider contact details.

No

Complete <u>question 1.16</u> to <u>question 1.27</u>.

Yes Complete <u>question 1.17</u> and <u>question 1.18</u>

1.16 Is your postal address a PO box?

No Go to question 1.19.

**1.17 Postal box type** 

1.18 Postal box number

**1.20 Level number** (if relevant)

**1.19 Unit number** (if relevant)

**1.21 Building name** (if relevant)

1.24 Street type

1.23 Street name

1.22 Street number

**1.25 Street suffix** (if relevant)

1.26 Suburb

**1.27 State** 

1.28 Post code

### Section 2: Associated provider contact details

2.1 Business contact number

2.7 Email address

Only Australian landline and mobile numbers are accepted.

2.2 Business email  Enter the preferred contact address for notification of documents.
2.3 Website address (Optional)
Associated provider's best contact details
Name the person who is the best contact for this associated provider.
2.4 First name
2.5 Last name
2.6 Contact number  Only Australian landline and mobile numbers are accepted.

#### **Section 3: Parent company**

3.1 Does this associated provider share a parent company or any legal relationship with you?

Yes

Complete <u>question 3.2.</u>

No

Go to Section 4: Arrangement details.

3.2 Provide details

### **Section 4: Arrangement details**

A .	• 1 1	
Arrangements may	<i>l</i> include a contract	or other agreement.
/ wrangements may	y iniciaac a contract	or ource agreement.

4.1	Arra	ngeme	nt s	tart	date

Provide the date as DD/MM/YYYY.

#### 4.2 Overview of your arrangement with the associated provider

#### 4.3 How long is the associated provider arrangement?

Ongoing

Complete <u>question 4.4.</u>

Specified renewal date

Complete <u>question 4.4.</u>

Specified expiry date

Complete <u>question 4.4.</u>

4.4 What is the review, renewal, or expiry date for the arrangement?

Provide the date as DD/MM/YYYY.

### **Section 5: Service delivery**

#### 5.1 What service types do you plan for the associated provider to provide for you?

Select one or more that apply:

Category 1: Home and	community services
----------------------	--------------------

Category 1: Home and community services
Domestic assistance
Home maintenance and repairs
Meals
Transport
Category 2: Assistive technology and home modifications
Equipment and products
Home adjustments
Category 3: Advisory and support services
Social support and community engagement
Hoarding and squalor assistance
Category 4: Personal care and care support in the home or community (including respite)
Allied health and therapy
Personal care
Nutrition
Therapeutic services for independent living
Home or community general respite
Community cottage respite
Care management
Restorative care management
Category 5: Nursing and transition care
Nursing care
Assistance with transition care
Category 6: Residential care (including respite)
Residential accommodation

Residential accommodation
Residential everyday living
Residential non-clinical care
Residential clinical care

### **Section 6: Roles and responsibilities**

A registered provider retains primary responsibility for all funded aged care services even when some or all of the work to deliver the services is done by an associated provider.

6.1 Describe the type and level of your relationship with the associated provider
6.2 Describe how the associated provider is going to deliver the types of services you're outsourcing
6.3 Explain the systems you have, or will have, to manage the associated
provider and make sure you deliver aged care services in line with the <i>Aged</i> Care Act 2024
6.4 Will the associated provider, or their representatives, be responsible for
management or making executive decisions?  Yes
Complete <u>question 6.5</u> & <u>question 6.6</u> .
No End of form
6.5 What management or executive decisions will they have responsibility for?
6.6 Explain the governance arrangements that the associated provider has, or will have, to meet the governance responsibilities of a registered provider

#### Add a Residential care home



Complete this form for each residential care home you plan to add to your registration.

#### Section 1: Approval status of residential care home

#### 1.1 What is the status of your residential care home?

#### **Approval Status**

Select one

Residential care home **currently approved** by the Commission

Residential care home **not yet approved** by the Commission

For Section 4: You must complete this section to apply for approval of a residential care home.

## Complete the following sections

- Section 2: General details
- Section 3: Currently
   approved residential care
   home
- Section 5: Assign a responsible person
- Section 2: General details
- Section 4: Application for approval of a residential care home
- <u>Section 5: Assign a</u> responsible person

#### **Section 2: Residential care home details**

2.1 Residential care home name

2.2 Residential care home ID This is only applicable if the residential care home is already approved.
Residential care home address  2.3 Unit number (if relevant)
2.4 Level number (if relevant)
2.5 Building name (if relevant)
2.6 Street number
2.7 Street name
2.8 Street type
2.9 Street suffix (if relevant)
2.10 Suburb
2.11 State
2.12 Post code  Residential care home contact details
2.13 Primary contact number  Only Australian landline and mobile numbers are accepted.
2.14 Alternative contact number (Optional) Only Australian landline and mobile numbers are accepted.
2.15 Emergency and after hours contact number Only Australian mobile numbers are accepted.

2.17 Residential care home website address (Optional)

2.16 Residential care home email

#### Section 3: Currently approved residential care home

(i)

You must complete this section if you are:

- Applying for registration in Category 6 AND
- Planning to deliver residential care through a residential care home that will be transferred to you

Complete this section for each residential care home you are applying for the Commission to approve.

#### 3.1 Registered provider's Australian Business Number (ABN)

This is the ABN of the registered provider that plans to transfer the residential care home to you.

This should match the ABN in the <u>Australian Business Register</u>

#### 3.2 Registered provider's entity name

This is the entity name of the registered provider that plans to transfer the residential care home to you.

This should match the entity legal name in the <u>Australian Business Register</u>

#### 3.3 Registered provider's business name (if applicable)

This is the business name of the registered provider that plans to transfer the residential care home to you.

This should match the registered business name in the <u>Australian Business Register</u>

#### 3.4 Registered provider's entity type

This is the entity type of the registered provider that plans to transfer the residential care home to you.

This should match the entity type in the <u>Australian Business Register</u>

#### 3.5 Registered provider's business contact number

This is the contact number of the registered provider that plans to transfer the residential care home to you.

Only Australian landline and mobile numbers are accepted.

#### 3.6 Registered provider's business email address

This is the email address of the registered provider that plans to transfer the residential care home to you.

3.7 Describe the details of the planned transfer of this residential care home to you from a registered provider

# Section 4: Application for approval of a residential care home

- i You must complete this section if you are:
  - Applying for registration in Category 6 AND
  - Planning to deliver residential care through a residential care home that is **not yet approved** by the Commission

Complete this section for each residential care home you are applying for the Commission to approve.

By completing this form, you're applying for approval of the residential care home below as required by Section 111 of the *Aged Care Act 2024*.

## Section 4.1: Ownership

## Ownership details

## **4.1.1 Do you directly own this residential care home?**'Directly own' doesn't include a home that is owned by a parent or holding company (or another company within that

structure).

Go to Section 4.3: Residential care home occupancy.

Yes

No
Complete Section 4.2: Details of the owner.

### You will need to attach to your application proof of agreement with this owner to use the

**Section 4.2: Details of the owner** 

property as a residential care home.

This should match the ABN in the <u>Australian Business Register</u>

This is the ABN of the owner who owns the residential care home.

**4.2.1 Australian Business Number (ABN)** 

## This is the entity of the owner who owns the residential care home. This should match the entity name in the Australian Business Regist

4.2.2 Entity name

This should match the entity name in the <u>Australian Business Register</u>

### This is the business name of the owner who owns the residential care home.

**4.2.3 Business name** (if applicable)

This should match the registered business name in the <u>Australian Business Register</u>

#### Only Australian landline and mobile numbers are accepted.

4.2.5 Business email address

care home?

4.2.4 Business contact number

This is the email address of the owner who owns the residential care home.

This is the contact number of the owner who owns the residential care home.

## 4.3.1 What is the maximum number of people that can live in the residential

**Section 4.3: Residential care home occupancy** 

4.3.2 What is the total number of beds to be covered by the approval?

## Single room with ensuite Go to Section 4.4: Building details.

4.3.3 What room types do you have?

Select one or more that apply:

Single room with shared bathroom Go to Section 4.4: Building details.

Shared room with ensuite

Go to Section 4.4: Building details.

Shared room with shared bathroom

Go to Section 4.4: Building details.

Go to Section 4.4: Building details.

Suite

Select one or more that apply:

Section 4.4: Building details

# Single building Go to question 4.4.3.

Located within a building

# Complex of buildings

4.4.1 Description of the aged care home

Go to question 4.4.3.

Go to question 4.4.3.

the Commonwealth to deliver aged care services alongside existing health services as a part of an integrated service arrangement

Go to question 4.4.3.

Complete <u>question 4.4.2.</u>

home
Go to question 4.4.3.

Other

Located within a retirement village that has been converted to a residential care

Located within a hospital or other health service that is covered by an agreement with

4.4.2 Provide details of the aged care home

4.4.3 Are the building or buildings permanent?

Yes

No

and laws

4.4.4 Describe how the building or buildings are suitable to be used as a residential care home

Go to question 4.4.4.

Go to question 4.4.4.

# This should include how the home has been fitted, furnished and staffed for the purpose of providing residential care services.

4.4.5 Describe how the home meets all applicable building codes, standards

4.4.6 Are there any density restrictions on the land that the building or

buildings are on?

Yes
Go to Section 5: Assign a responsible person.

#### Section 5: Assign a responsible person

Identify a responsible person for this residential care home from *Part B* of this *Registration* application form or *Additional Responsible persons* form.

5.1 First name

5.2 Last name

#### **End of form**

To submit your completed forms, upload them to the Commission website



### Remove an associated provider

- Who can use this form?
  - Providers who are registered in category 1, 2, or 3 only.
  - Providers who are changing their registration categories, which means their arrangements with other providers are also changing.

Complete this form for each associated provider you plan to remove from your registration.

#### **Section 1: Associated provider details**

- **1.1 Associated provider ID**
- 1.2 Associated provider's Australian Business Number (ABN)

This should match the ABN in the <u>Australian Business Register</u>

**1.3 Associated provider name** 

#### **Section 2: Removal details**

2.1 Date they stopped being an associated provider

Provide the date as DD/MM/YYYY.

2.2 Provide a reason for the end of your relationship with the associated provider

2.3 Describe the change that has happened, including how it may affect your ability to deliver aged care services

