



Australian Government
Department of Health and Aged Care

APPLICATION FORM
2022-23 FLEXIBLE RESIDENTIAL AGED CARE PLACES (MULTI-PURPOSE SERVICES) ALLOCATIONS ROUND

PART A – APPLICANT DETAILS

Submit your electronic application to the Department of Health at MPSagedcare@health.gov.au on or before 2pm (AEST) Thursday 8th June 2023. Information about completing this application form is included in the 2022-23 Flexible Aged Care Places (Multi-Purpose Services) Allocations Round Application Guide.

SECTION 1 – APPLICANT DETAILS

Approved Provider:		
NAPS ID:		
Service Name	Number of Places Sought	Is this an Existing Multi-Purpose Service
Applicant Contact Details	Primary contact	Alternate contact
Name of contact person		
Position in the organisation		
Telephone number		
Mobile number		
Email address		

ENDORSEMENT OF APPLICATION

This application can be signed only by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the organisation.

In signing this endorsement, you are affirming that this proposal has the full consent and support of your organisation's Board of Directors, or other equivalent relevant authority.

Giving false or misleading information is a serious offence.

There are offences established by the *Aged Care Act 1997* and the *Criminal Code Act 1995* relating to providing false or misleading information.

Approvals based on false or misleading information may be revoked.

- I am aware of my responsibilities as prescribed in the *Aged Care Act 1997* and the Aged Care Principles, including that the provisional allocation period for making places operational is currently four years after the day on which the allocation is made, unless extended, in accordance with section 15-7 of the *Aged Care Act 1997*.
- I am aware that any provisional allocation of flexible aged care places made through this process will not be extended beyond six years from the date of allocation, without exceptional circumstances being granted.
- I have informed myself of the implications of changes to the rate of subsidy and supplements that will result from an increase to the total number of places allocated to a service.
- I declare that the information provided in this application and associated attachment(s) is true and complete.

Endorsing officer

Name	
Signature	
Position held in the organisation	
Date	