

The Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel (SDAP)

Application Form

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| --- | --- |
| **Approved Provider / Service Provider** |  |
| **Service(s) name** |  |
| **Contact Name****Email Address****Telephone Number** |  |
|  |
|  |

Form Instructions

There are two parts to the SDAP application that are required to be completed before assistance to be considered through the program:

* Part A –Endorsement of Application and Aged Care Service Details
* Part B –Application for Assistance

**Please note:** this application form requires handwritten signatures and therefore is intended to be paper based.

**Questions and Completed Applications can be submitted via email to the Department of Health at:**

**SDAP@health.gov.au**

Part A –Endorsement of Application and Aged Care Service Details

## Endorsement

This application must be signed by persons who are empowered to give assurances and commitments on behalf of the organisation.

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

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Position held in the organization:** |  |
| **Date:** |  |

## Aged Care Service Information

 Please provide the following information for each aged care service requiring assistance.

|  |  |
| --- | --- |
| **Name of Service:** |  |
| **Location / Address:** |  |
| **Contact Name and Position:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Alternative Contact Name and Position:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |

## Aged Care Service Places

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Name** | **Home Care Packages** | **Commonwealth Home Support Programme** | **Residential Care** | **National Aboriginal and Torres Strait Islander Flexible Aged Care Program** |
|  | Level 1 | Level 2 | Level 3 | Level 4 | No. of Clients | No. of Residents | No. of Clients |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Please provide the following information for each aged care service included above.

## Aged Care Service Staff Profile

Please provide the following information for each aged care service included above.

|  |  |
| --- | --- |
| **Name of Service:** |  |
| **Name of Chief Executive Officer:** |  |
| **Name of Aged Care Services Manager:** |  |
| **Name of Aged Care Services Coordinator:** |  |
| **Number of Care Workers:** |  |
| **Number of Support Staff:** **(Cooks, drivers, administration staff)** |  |
| **Other:****(Role Type and Number of Staff)** |  |

Part B - Application for Assistance

**B.1.** Have you discussed the need for assistance with your Department of Health’s state office?

[ ]  **Yes** [ ]  **No**

**B.2.** Provide a detailed description of the assistance you are requesting and the reason for the assistance if relevant. For example, an upcoming Aged Care Quality and Safety Commission visit or accreditation.

For examples of the type of assistance available through SDAP, view or [SDAP Factsheet](https://www.health.gov.au/our-work/remote-and-aboriginal-and-torres-strait-islander-aged-care-service-development-assistance-panel-sdap)  complete the [Aged Care Quality Standards Self-Assessment Tool](https://www.agedcarequality.gov.au/resources/self-assessment-tool-aged-care-quality-standards)

**B.3.** In addition to this application, is your organisation currently taking any other action to address these issues? For example, receiving assistance from another program or organisation.

Click to write here

**B.4.** Has your organisation ever engaged a contractor **directly** to provide assistance with aged care services? [ ]  **Yes** [ ]  **No**

In the last 12 months [ ]

In the last 2 years [ ]

Unknown[ ]

**B.5.** If yes, what services did the contractor provide, and when? For example, staff handbooks, operations manual, policies or procedures, etc.

Click to write here

**B.6.** If the application for assistance is a result of a visit from the Aged Care Quality and Safety Commission:

Do you have a copy of the Quality Review Report? [ ]  **Yes** [ ]  **No**

 **If you have a copy of the Quality Review Report please attach it to the application form.**

**B.7.** Do you receive additional funding for aged care services? For example, Indigenous Employment Incentives

[ ]  **Yes** [ ]  **No**

If yes, please list here.

Click to write here

**B.8.** Is there anything else you would like to add to support the application?

 [ ]  **Yes** [ ]  **No**

If yes, please detail here.

Click to write here

**B.9.** Is accommodation available on site (or within your organisation) for use by the Panel Member during the project? [ ]  **Yes** [ ]  **No**

**B.10.** Are there any local issues or events that the Panel Member should be aware of? For example: community celebrations, cultural events, wet season and other access issues.

 [ ]  **Yes** [ ]  **No**

|  |  |  |
| --- | --- | --- |
| **Event /Issue/Consideration** | **Date** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |

Frequently Asked Questions

**What type of help does SDAP provide?**

SDAP provides a broad range of assistance and support. Assistance can range from developing unit costing to reviewing care plans to delivering training on the Aged Care Quality Standards or updating policies and procedures. If it relates to service delivery, business or financial management of aged care services SDAP generally provides assistance and support.

**Who provides the assistance and support?**

These services are provided by a team of professionals who have experience in delivering aged care in remote locations, including culturally appropriate care for Aboriginal and Torres Strait Islander people.

**What does a project involve?**

Depending on the amount of assistance and support your organisation requires, projects are generally conducted over a 12 to 18 month period. The bulk of the project is delivered offsite, however throughout the project the panel member will visit your service often for a period of 2-4 days.

**How much does SDAP assistance cost?**

SDAP assistance is free to eligible aged care service providers, however you will be required to make staff and resources available to SDAP panel members throughout the project, and have a willingness to receive the support and respond to the suggested changes in a timely manner to ensure there are limited delays to the project.

**How do I know if our organisation needs assistance?**

If you are unsure if your organisation needs SDAP assistance, consider the following questions:

* Does your organisation have sufficient examples and evidence to demonstrate that it is meeting the Aged Care Quality Standards?
* Does your organisation’s policies and procedures assist you to deliver quality aged care services or are there gaps?
* Does your organisations financial management policies and procedures assist you to manage the financial aspects of delivering aged care or claim appropriately for the services that are delivered?
* Does the senior executive or the Board fully understand their obligations and responsibilities as an aged care approved provider?
* Does your organisation have its staff ratio and skills mix right?
* Is the new or existing Aged Care Manager/Director of Nursing feeling overwhelmed and in need of assistance and support?
* Are there any aged care reforms that have not been fully implemented or understood in your organisation?

If you have answered yes to any of questions above, then an SDAP project may be of assistance to your organisation.

**How do I know what type of assistance our organisation needs?**

We understand that you may not know what type of assistance your organisation needs, to help us determine what that is, in your application include information on the challenges or issues your organisation is currently facing. For example - identified gaps in service delivery or policies/procedures; financial viability issues; inability to implement recent aged care reforms; or the lack of organisational governance or reviewing care plans. Where possible provide information of how the issue was identified and, if any, what steps your organisation has taken to rectify them.

If your request is because of an Aged Care Quality and Safety Commission Report or a Notice of Non-compliance, the issues raised in the Report or Notice should be listed in your application, or simply reference the Report/Notice and attach it to the application form.

**What if I need assistance in completing this application?**

The SDAP team (sdap@health.gov.au) or your Department of Health state office representative can help you complete the application form. State Office contact details can be found at: [Health State and Territory Offices](http://www.health.gov.au/about-us/contact-us/state-and-territory-offices)

Following the submission of this application, a Department of Health state office representative or an SDAP team member will contact you to discuss your application and ensure all of your needs have been considered.