

# My Aged Care provider specialisation application

## Care leavers

---

To complete this application, you will need to:

- Provide details of the outlet the application relates to (Section 1).
- Indicate which criteria you wish to demonstrate to support your application (Section 2).
- Provide the required information for your selected criteria and confirm that you have included any attachments needed (Section 3). Please ensure you have removed any individuals' names from evidence provided, except where explicitly requested. Leave the sections relating to other criteria blank.
- Upload this form together with all required attachments to your application within the My Aged Care Service and Support portal.

Please refer to the [My Aged Care provider specialisation verification: aged care provider guidance manual](#) (provider guidance manual) for more detail about the application process.

## Privacy

Your personal information is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles, and is being collected by the Australian Government Department of Health and Aged Care for the primary purpose of verifying the eligibility of aged care providers against the criteria set out in the Specialisation Verification Framework to ensure that aged care provider profiles on My Aged Care reflect information, which is accurate and relevant, for the purposes of providing aged care recipients and their representatives with specialised healthcare services. Your personal information may also be used and disclosed for other purposes such as delivering and evaluating the initiative and for statistical, performance, policy development and research purposes.

The department will not disclose your personal information to any overseas recipients.

If you do not provide this information, the department will be unable to verify the eligibility of your application.

You can get more information about the way in which the Department of Health and Aged Care will manage your personal information, including our privacy policy, at [Privacy Policy | My Aged Care](#).

# Section 1. Applicant details

**Name of outlet:**

**Outlet ID number:**

## Confirmation

- ☐ I declare that the information provided as part of this application is true and correct to the best of my knowledge. I understand that once the claims to specialisation in the delivery of care made in this form have been verified by the assessor my organisation will make best efforts to maintain the specialisations through adherence to the requirements set out by the My Aged Care provider specialisation verification framework. In the event that this specialisation cannot be maintained, a representative of my organisation will inform the department (by emailing [macspecialisation@health.gov.au](mailto:macspecialisation@health.gov.au)) to remove the specialisation from My Aged Care. I understand that if I wish to reinstate this specialisation, I will need to re-apply for verification by the assessor. I understand that if my organisation is not able to produce the required evidence, my organisation will not be able to claim to provide specialised services on its My Aged Care provider profile. I understand that representative contact information may be used by the department where further evidence or clarifications are required to progress the application.

**Name of Primary Representative**

**Date**

**Primary Representative Ph. No.**

**Primary Representative Email**

**Name of Secondary Representative**

**Secondary Representative Ph. No.**

**Secondary Representative Email**

## Section 2. Criteria

For this specialisation, you must meet **four** of the **Tier 2** criteria listed below.  
Please indicate on this page which criteria you wish to demonstrate.

### Tier 2 (select 4)

- ☐ **Criterion 1:** One or more staff members identify as being a care leaver, and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.
- ☐ **Criterion 2:** There are established connections and regular engagement between the provider and a care leaver service or community organisation.
- ☐ **Criterion 3:** At least 90% of staff have completed annual training in the aged care needs of care leavers including trauma-informed care.
- ☐ **Criterion 4:** A safe and appropriate physical environment is created for care leavers.
- ☐ **Criterion 5:** At least one care leaver sits on the governance body (e.g. board) of the provider at the outlet level.
- ☐ **Criterion 6:** An active and resourced care leaver advisory group contributes to the development, delivery and evaluation of specialised services.
- ☐ **Criterion 7:** Policies and procedures are in place to support and promote the delivery of specialised aged care to care leavers.
- ☐ **Criterion 8:** Aged care recipients who identify as care leavers report the care received is appropriate for care leavers and meets their unique needs.

## Section 3. Evidence

In this section, please fill out all fields required for the criteria you selected in Section 2 above.

☐ **Criterion 1:** One or more staff members identify as being a care leaver, and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.

**How many staff members undertake this champion role?**

**What is the (combined) FTE of the champion(s)? Note this should be at least 0.5 FTE.**

**Is there any formal documentation to support or demonstrate the dedicated role of the champion(s) – e.g. policy, job title, training etc? If so, please describe.**

**Please describe the role of the champion(s) in promoting specialised aged care for care leavers (including examples of recent relevant activities).**

**Please describe the role of the champion(s) in supporting other staff through professional development and learning opportunities (including examples of recent relevant activity).**

**Please describe how the champion(s) are resourced and supported.**

☐ **Criterion 2:** There are established connections and regular engagement between the provider and a care leaver service or community organisation

**Please describe the established connection and regular engagement with a care leaver community organisation**

Include the name of the service or organisation (e.g. Find and Connect service, the Alliance for Forgotten Australians, Link Ups, Coota Girls Aboriginal Corporation) and details of any activities conducted in the past 12 months and/or planned for the next 12 months.

Note that involvement in a relevant community of practice meets this criterion.

**Supporting evidence**

Please check the relevant box below to confirm that you have attached the required evidence:

- ☐ A Memorandum of Understanding **or**
- ☐ A letter from a representative of the service, community organisation or chair/leading organisation of a community of practice.

The letter should be on official letterhead of the external organisation and include:

- name of representative
- name of service provider or community organisation
- name of provider outlet seeking specialisation
- nature of the connection and confirmation of regular engagement.

☐ **Criterion 3:** At least 90% of staff have completed annual training in the aged care needs of care leavers including trauma-informed care.

**Please specify the training in the aged care needs of care leavers that has been provided to staff in the last 12 months.**

Training may be internal or external and may include online training modules.

**Did this training include content on trauma-informed care?**

☐ Yes   ☐ No

**If you selected 'no' above, please provide details on separate training provided in trauma-informed care.**

**What proportion of all staff (with the exception of agency staff) undertook this training in the past 12 months?**

**How is annual training of 90% of staff ensured (e.g. part of induction policy, annual training plans etc.)?**

### **Supporting evidence**

- ☐ Please check this box to confirm that you have attached evidence of **external** training.

Please provide documentation from the training provider (e.g. attendance records, invoices) detailing the training delivered to your staff in the last 12 months, including:

- name of training
- date(s) delivered
- number of staff trained.

**and/or**

- ☐ Please check this box to confirm that you have attached evidence of **internal** training.

Please provide staff training documentation that supports adherence to this criterion (for example, training records, attendance lists).



☐ **Criterion 4:** A safe and appropriate physical environment is created for care leavers

**Please provide details of how the physical environment is set up or adapted for care leavers.**

**Supporting evidence**

- ☐ Please check this box to confirm that you have attached evidence (e.g. feedback from aged care recipients or a relevant community organisation) confirming the appropriateness of the physical environment for care leavers.

☐ **Criterion 5:** At least one care leaver sits on the governance body (e.g. board) of the provider at the outlet level.

**Number of relevant governance body members**

☐ **Please check this box to affirm that the number above relates to a governing body at the outlet level.**

☐ **Please check this box to affirm that each relevant representative has attended at least 50% of meetings over the past 12 months.**

**Supporting evidence**

- ☐ Please check this box to confirm you have attached letters from the relevant governing body member(s) confirming their:
- role on the governing body in representing the perspectives of care leavers
  - attendance at a minimum of 50% of meetings over the past 12 months.

☐ **Criterion 6:** An active and resourced care leaver advisory group contributes to the development, delivery and evaluation of specialised services.

**Please describe the membership of the group.**

Include details of relevant connections and characteristics (e.g. aged care recipients with lived experience, representatives of relevant external organisations, management representatives).

**Please describe here the actions taken by the group in the past 12 months OR attach action items or plans from minutes of meetings held in the past 12 months (see 'supporting evidence' below).**

**Please describe how the advisory group is supported/resourced.**

**Please describe how aged care recipients and staff can contact/interact with the advisory group (e.g. to seek support, provide feedback or raise concerns).**

**Please describe how the group is linked to the provider's governance body and/or management.**

**How many times has the advisory group met in the past 12 months? Note: minimum twice.**

**Supporting evidence** (required if actions taken in the last 12 months are not described above)

- ☐ Please check this box if you have attached meeting minutes, action items or plans to describe the group's activity.

☐ **Criterion 7:** Policies and procedures are in place to support and promote the delivery of specialised age care to care leavers.

**Please name at least one policy and one procedure that explicitly supports the delivery of specialised aged care to care leavers.** These might relate, for example, to staff recruitment and retention, intake, provision of care, training, etc.

**Please provide at least one example of how *each* policy and procedure supports the delivery of specialised care.** For example, on intake, care recipients are asked 'What is important to you?'

#### **Supporting evidence**

- ☐ Please check this box to confirm you have attached a copy of each of the policies and procedures named above.

☐ **Criterion 8:** Aged care recipients who identify as care leavers report the care received is appropriate for care leavers and meets their unique needs.

If you wish to provide evidence for this criterion, please see the [provider guidance manual](#) for full details of the process.

If you have selected this criterion, you will have to download the [aged care recipient feedback form](#) from the department's website, pre-fill the highlighted outlet information and promote it with the aged care recipients or their representatives to provide written feedback. The aged care recipient feedback form will contain information about the process and provide instructions for aged care recipients who would prefer to give verbal feedback.

Feedback should be provided **directly to the assessor** using the process outlined in the provider guidance manual.

Feedback must be received within 20 business days of submitting your application. All feedback received within that timeframe will be considered to determine the extent to which care leavers consider the care to be appropriate for them and meeting their needs.

### **If you are using this criterion to support your specialisation**

Please check the boxes below to confirm that you will adhere to the feedback process outlined in the provider guidance manual, in particular by:

- ☐ Downloading the feedback form and pre-filling it with the highlighted outlet information
- ☐ Promoting the feedback opportunity to aged care recipients and their representatives.
- ☐ Supporting aged care recipients (and/or their representatives) in contacting the assessor where required (e.g. if an interpreter is required, or aged care recipients would prefer to provide feedback in a group setting).
- ☐ Remaining otherwise independent of the feedback process. For example, aged care provider staff and representatives should:
  - promote the opportunity to *all* aged care recipients (i.e. not 'select' aged care recipients to participate)
  - not aim to influence the feedback given
  - not be present when aged care recipients give verbal or written feedback to the assessor.