Australian Government
Department of Health, Disability and Ageing

People who are experiencing homelessness or at risk of experiencing homelessness

Specialisation Verification Application Form

Specialisation Verification for aged care services

November 2025

Contents

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How to apply

To complete this application:

1. Enter details of the outlet the application relates to.
2. Select the criteria you wish to apply for.
3. Provide required information for each selected criterion, including any necessary attachments.
4. Remove individual names from the responses and attachments unless specifically requested.
5. Leave sections for unselected criteria blank.
6. Submit the completed form and all attachments to MAC Specialisation inbox, MACspecialisation@health.gov.au

Purpose of the Form

The purpose of this application form is to demonstrate how an individual outlet meets the criteria under the Specialisation Verification Framework. It provides opportunity for an aged care provider to demonstrate how their outlet tailors their service delivery for people who are experiencing homelessness or at risk of experiencing homelessness. Strong, practical evidence in both operational service delivery and outlet governance and administration practices will be required to substantiate the delivery of specialised services.

An outlet refers to a specific service location or site where aged care services are delivered under the governance of the registered aged care provider.

Identification details

The Department of Health and Aged Care will use the contact information provided below as the primary means of communication for all future updates, requests, and notifications related to this application.

Outlet ID	*Type your Outlet ID* *Found on your Service and Support Portal*
Outlet name	*Type your Outlet name*
Organisation ID	*Type your Organisation ID* *Found on your Service and Support Portal – this is not your NAPS ID*
Organisation name	*Type your Organisation name*

Contact details provided in this application will be used by the department for all future communications related to this application.

Please ensure details are accurate and keep them up to date by notifying us of any changes via email to MACspecialisation@health.gov.au.

Primary point of contact	*Type the name of your primary contact*
Phone number	*Type the phone number of your primary contact*
Email address	*Type the email address of your primary contact*
Secondary point of contact	*Type the name of your secondary contact*
Phone number	*Type the phone number of your secondary contact*
Email address	*Type the email address of your secondary contact*

Criteria selection and completion checklist

You must meet **3 of the Tier 2 criteria** listed below.

The table below serves as a completion checklist to help you:

- Track which criteria you have selected and addressed in your application
- Ensure your application is completed in full.

Tier 2 *(you must meet all 3 criteria)*	
Criterion H2.1 *There are established connections and regular engagement between the outlet and a local community organisation which assists individuals who are homeless or at risk of becoming homeless.*	☐
Criterion H2.2 *At least 90% of staff have completed annual training in the aged care needs of people who are experiencing homelessness or at risk of experiencing homelessness, including trauma-aware and healing informed care delivery.*	☐
Criterion H2.3 *Policies and procedures are in place to support and promote the aged care needs of people who are experiencing homelessness or at risk of experiencing homelessness.*	☐

Disclaimer and Privacy Completed (p10)	☐
Signature Given (p10)	☐

Criterion evidence

Tier 2 *(you must meet all 3 criteria)*

Criterion H2.1

There are established connections and regular engagement between the outlet and a local community organisation which assists individuals who are homeless or at risk of becoming homeless.

Provide a description of the established connection and regular engagement with a local community organisation that assists individuals who are experiencing homelessness or at risk of experiencing homelessness. Examples of community organisations could include:

- emergency accommodation support
- transitional housing services
- community housing services
- family and domestic violence support services
- mental health and alcohol & other drug support services
- financial counselling
- faith-based charitable organisations.

Provide the following:

- Attach evidence from an external community organisation(s), leader(s) or chair/leading organisation of a community of practice confirming the established connection. Evidence can include but is not limited to, a letter on official letterhead or Memorandum of Understanding. If providing a letter, it must include:
    - name of representative
    - name of service provider or community organisation
    - name of outlet seeking specialisation
    - nature of the connection and confirmation of regular engagement.
- Details of activities conducted in the past 12 months and/or planned for the next 12 months with the community organisation(s) or leader(s).

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

Title of attachment(s) you are submitting as evidence for this criterion.

Type the title of your attachment(s)

Provide a description of the connection and engagement, address each point listed above, and ensure relevant/required attachment/s are documented above.

Criterion H2.2

At least 90% of staff have completed annual training in the aged care needs of people who are experiencing homelessness or at risk of experiencing homelessness, including trauma-aware and healing informed care delivery.

Specify the training provided in the last 12 months relating to the specific needs of aged care recipients who are experiencing homelessness or at risk of experiencing homelessness, including trauma-aware and healing informed care delivery. Training may be internal or external and may include online training modules.

Provide the following:

- Describe external training (include summary of content, name of training provider, date, training product title and any communications with the training provider e.g. training records, attendance records, invoices etc.).
- Describe internal training (include summary of content, name of training, training records, attendance lists).
- Indicate what proportion of all staff (minimum 90% required) 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.).

Title of attachment(s) you are submitting as evidence for this criterion.

Type the title of your attachment(s)

Describe the training provided, address each point listed above, and ensure relevant/required attachment/s are documented above.

Criterion H2.3

Policies and procedures are in place to support and promote the aged care needs of people who are experiencing homelessness or at risk of experiencing homelessness.

Attach at least one policy and one procedure that the outlet has in place which details how specialised care for people who are experiencing homelessness or at risk of experiencing homelessness is delivered or supported.

Examples of policies and procedures which promote the delivery of specialised care may include:

- Trauma-Aware and Healing Informed Care Policy and Procedure
- Safety and Inclusion Policy
- Crisis Response or Emergency Management Procedure
- Assessment and Care Planning Procedure
- Community Engagement Policy
- Staff Training and Development Procedure.

If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation for the policy and procedure describing how it helps you meet the needs of people who are experiencing homelessness or at risk of experiencing homelessness.

Title of attachment(s) you are submitting as evidence for this criterion.

Type the title of your attachment(s)

Optional – use this space to provide additional information on you attachment(s)

Disclaimer and privacy

Privacy Obligation and Consent for Collection of Information

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles. It is being collected by the Department of Health, Disability and Ageing (the department) for the primary purpose of verifying the eligibility of aged care providers against the criteria set out in the Specialisation Verification Framework. This ensures 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 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 will manage your personal information, including our privacy policy found in the Specialisation Verification Framework.

- [ ] I accept and consent to all privacy requirements and information that needs to be collected.
- [ ] I confirm that the information provided is accurate to the best of my knowledge.
- [ ] 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 Specialisation Verification Framework.
- [ ] 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.
- [ ] In the event that this specialisation cannot be maintained, a representative of my organisation will inform the department (via email to 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 representative contact information may be used by the department where further evidence or clarifications are required to progress the application.

Signature - *The Department accepts digital signatures*

Full Name

Type your name here

Date

Submission

Instructions on how to submit this form via email

1. The subject for the email must be as follows:
   Outlet Name – Outlet ID – Specialisation Type
2. This form must be attached to the email.
3. All attachments listed in this form must be attached individually to the email.
4. Email to **MACspecialisation@health.gov.au**

Please note, emails received missing relevant attachments cannot be assessed. You will be informed of this and asked to resubmit the required information.

Need help?

For queries about the framework or the application process, please contact the Specialisation Verification assessment team.

Email: **MACspecialisation@health.gov.au**