



Australian Government

Department of Health, Disability and Ageing

People who live in rural, remote or very remote areas

Specialisation Verification Application Form

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People who live in rural, remote or very remote areas

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 live in rural, remote or very remote areas. 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, Disability and Ageing 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

Found on your Service and Support Portal

Outlet name

Organisation ID

Found on your Service and Support Portal – this is not your NAPS ID

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

Phone number

Email address

Secondary point of contact

Phone number

Email address

Criteria selection and completion checklist

For this specialisation, you must meet **one Tier 1** criteria OR **two** of the **Tier 2** criteria listed below.

Please indicate the criteria you intend to address in this application. Complete the corresponding section for each selected criterion.

Tier 1

Criterion R1.1

Outlet is located in or provides services to aged care recipients in a rural (MM3 to MM5) or remote (MM6 or MM7) area, under the Modified Monash Model.

Tier 2 (you must meet a minimum of 2 criterion)

Criterion R2.2

There are established connections and regular engagement between the outlet and local government, local health service(s) or other local organisation(s) which assists people who live in rural and remote areas.

Criterion R2.3

At least half of outlet staff live in a rural or remote area (MM3 to MM7) under the Modified Monash Model.

Disclaimer and Privacy Completed (p9)

Signature Given (p9)

Criterion evidence

Tier 1

Criterion R1.1

Outlet is located in or provides services to aged care recipients in a rural (MM3 to MM5), or remote (MM6 or MM7) area, under the [Modified Monash Model](#).

The Department of Health, Disability and Ageing will use department held data to verify that you are located in a rural (MM3 to MM5) or remote (MM6 or MM7) location.

For providers of home care services please submit the following:

- Attach a letter from the CEO or Executive Officer confirming that the outlet provides care and services to aged care recipients in rural or remote locations. The letter must be on official letterhead and include:
 - name of CEO or Executive Officer
 - name of outlet seeking specialisation

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

Tier 2 *(you must meet a minimum of 2 criterion)*

Criterion R2.2

There are established connections and regular engagement between the outlet and local government, local health service(s) or other local organisation(s) which assists people who live in rural and remote areas.

Provide a description of the established connection and regular engagement with a local government, local health service or other local organisation which assists with the support and/or delivery of aged care services for your aged care recipients living in rural or remote areas.

Provide the following:

- Attach evidence from a local government, local health service or other local organisation 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 provider 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 local organisation.

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

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

Criterion R2.3

At least half of outlet staff live in a rural or remote area (MM3 to MM7) under the [Modified Monash Model](#).

Provide the following:

- Affirmation that 50% of all outlet staff live in rural or remote area (MM3 to MM7) according to the Modified Monash Model.
- Description and/or example(s) of how these staff use their rural/remote experience to inform the provision of specialised services for people who live in rural/remote areas. Examples of this may include:
 - an understanding of community dynamics
 - insight into transport and access challenges
 - strong relationships with local services.

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

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

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