



# **Lesbian, gay, bisexual, trans/transgender or intersex or other sexual orientations or are gender diverse or bodily diverse**

## **Specialisation Verification Application Form**

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# Lesbian, gay, bisexual, trans/ transgender or intersex or other sexual orientations or are gender diverse or bodily diverse

## 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](mailto: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 lesbian, gay, bisexual, trans/transgender or intersex or other sexual orientations or are gender diverse or bodily diverse. 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.

## Evidence Requirement

### General

- Each application requires evidence for each applicable criterion
- Evidence must relate to the individual outlet referenced in the application
- Evidence may be used for multiple criteria.

### Uploading Attachments as Evidence

- Attachment names should reference the relevant criteria they apply to
- Attachment names are limited to 150 characters
- Example: Lesbian, gay, bisexual, trans/ transgender or intersex or other sexual orientations or are gender diverse or bodily diverse, Criterion B1.1
- Attachments must be provided in PDF format
- Each attachment must not exceed 10MB in size.

### Guidance on Evidence Descriptions

Certain evidence may require supporting description if the relation to the criterion is not immediately clear (e.g. images, video). Any evidence may be supported by a description if necessary.

In describing evidence, include:

- what the evidence represents, and
- how it relates to the selected criterion.

Some criteria require evidence specific to the outlet, while others require provider-level evidence. When uploading evidence, please include a brief description explaining how it applies either to the outlet or to the 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	<input type="text"/> <small>Found on your Service and Support Portal</small>
Outlet name	<input type="text"/>
Organisation ID	<input type="text"/> <small>Found on your Service and Support Portal – this is not your NAPS ID</small>
Organisation name	<input type="text"/>

*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](mailto:MACspecialisation@health.gov.au).*

Primary point of contact	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>
Secondary point of contact	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

## Criteria selection and completion checklist

You must meet **1 of the Tier 1** criterion OR **4 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 1

#### Criterion B1.1

*The outlet is Rainbow Tick accredited.*

### Tier 2 (you must meet a minimum of 4 criteria)

#### Criterion B2.2

*One or more staff members are resourced and supported by management to act as 'champions' within the outlet to support care recipients and other staff.*

#### Criterion B2.3

*There is an established connection and regular engagement between the outlet and a local LGBTI community organisation.*

#### Criterion B2.4

*At least 90% of staff have completed annual training in the aged care needs of LGBTI and other sexual orientations, gender diverse or bodily diverse people which includes the delivery of trauma-aware and healing informed care.*

#### Criterion B2.5

*At least one LGBTI person sits on the governing body of the provider relevant to the outlet level.*

#### Criterion B2.6

*An active and resourced LGBTI advisory group contributes to the development, delivery and evaluation of specialised services.*

#### Criterion B2.7

*The outlet recognises and participates in local LGBTI celebrations and events.*

#### Criterion B2.8

*Policies and procedures are in place to support and promote the delivery of specialised aged care to LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients.*

#### Criterion B2.9

*Policies and procedures are in place to support and promote the delivery of specialised aged care to people living with HIV/AIDS.*

#### Criterion B2.10

*The outlet displays evidence of its public commitment to supporting LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients.*

*Disclaimer and Privacy Completed (p17)*

*Signature Given (p17)*

## Criteria evidence

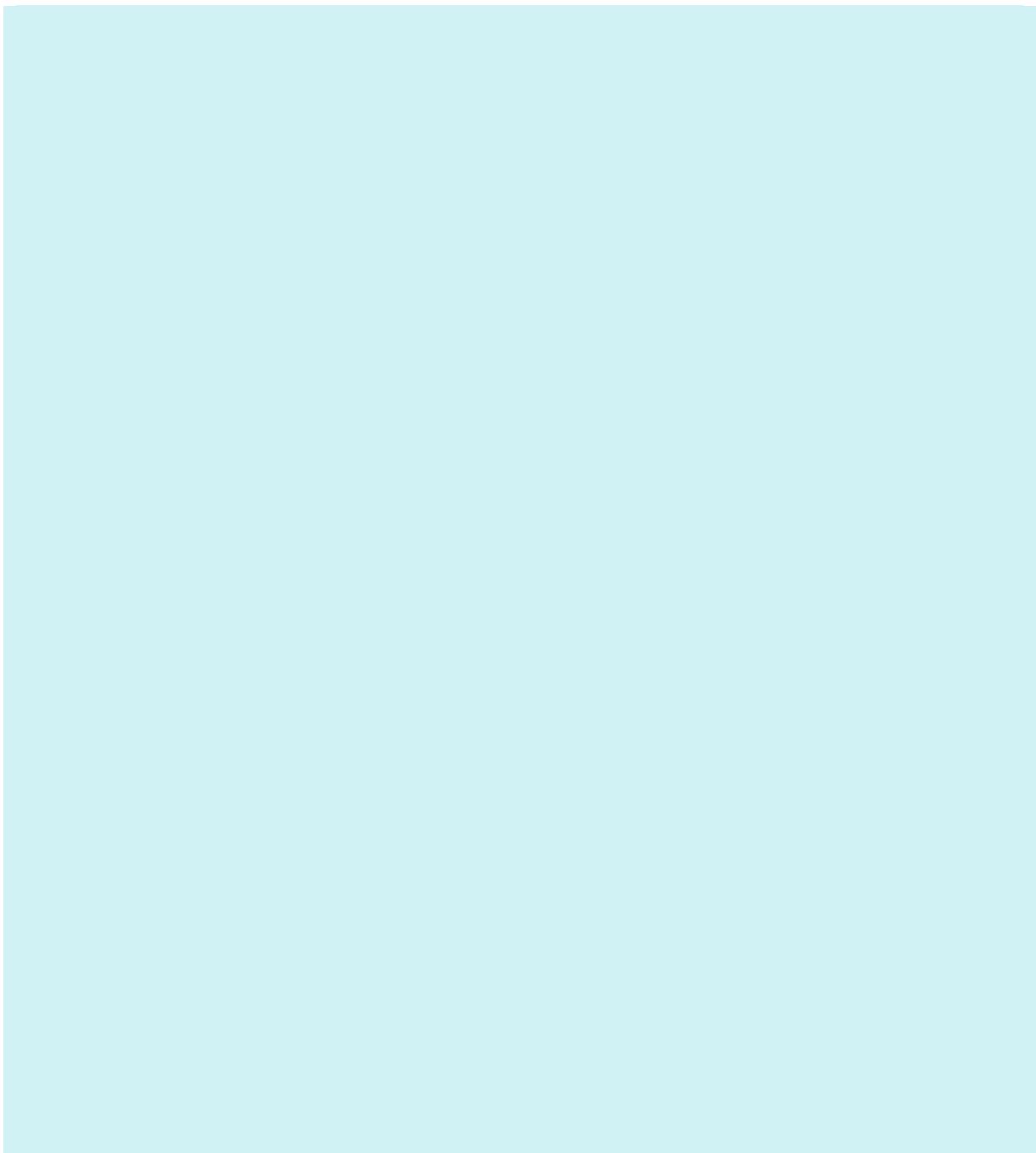
### Tier 1

#### Criterion B1.1

*The outlet is Rainbow Tick accredited.*

Provide a copy of the Rainbow Tick accreditation certificate confirming outlet details.

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



## Tier 2 *(you must meet a minimum of 4 criteria)*

### **Criterion B2.2**

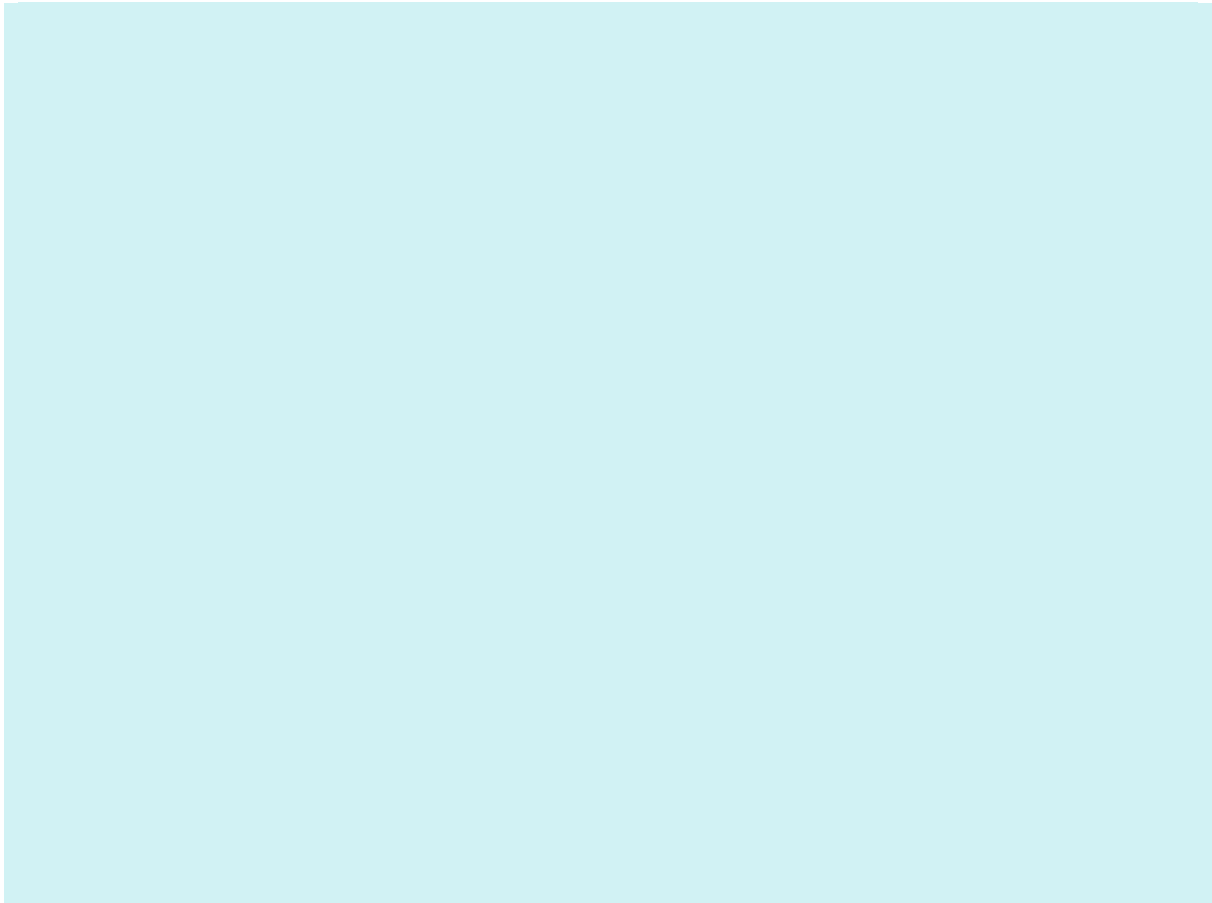
*One or more staff members are resourced and supported by management to act as 'champions' within the outlet to support care recipients and other staff.*

A champion is an individual at the outlet who is competent in the LGBTI and other sexual orientations, gender diverse or bodily diverse experience, who actively promotes and supports a safe, inclusive, and trauma-aware and healing informed environment. They serve as internal leaders, advocates, and change agents. The champion role may be held by any suitably competent staff member and does not have to have lived experience.

Provide the following:

- How many staff are in the champion role, and list their names and organisation positions
- Evidence of their involvement and influence, including how they lead activities and support staff to improve care delivered to that community
- How the outlet recognises, supports and documents the champion role (e.g. policies, role description, training, hours dedicated to the role)
- Attach evidence to support the above (e.g. meeting minutes, training records, planning documents, photos, policies, role descriptions).

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



### Criterion B2.3

There is an established connection and regular engagement between the outlet and a local LGBTI community organisation.

Provide a description of the established connection and regular engagement between the outlet and a LGBTI community organisation which is led by, works with, or advocates for LGBTI.

Examples of community organisations could include:

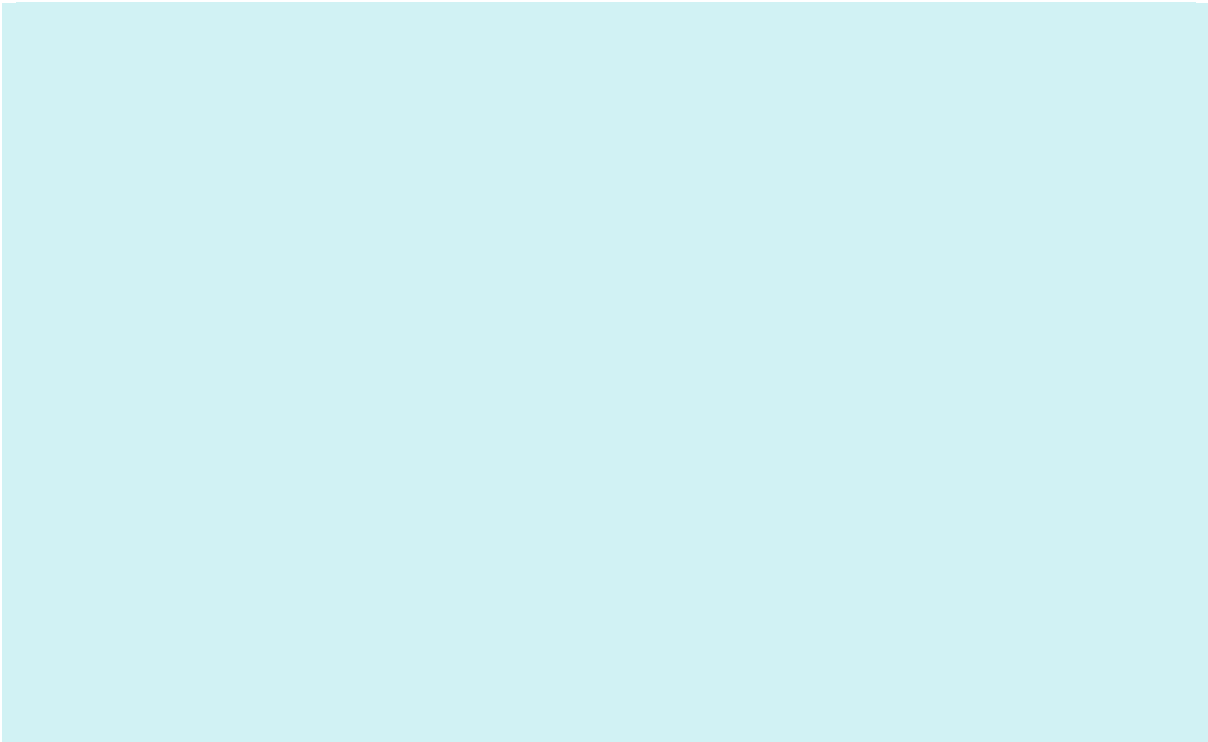
- advocacy and rights organisations
- peer support networks
- mental health and counselling services
- community and cultural organisations
- support and social services.

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 the 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).

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



**Criterion B2.4**

At least 90% of staff have completed annual training in the aged care needs of LGBTI and other sexual orientations, gender diverse or bodily diverse people which includes the delivery of trauma-aware and healing informed care.

Specify the training provided in the last 12 months relating to the specific needs of aged care recipients who are LGBTI and other sexual orientations, gender diverse or bodily diverse, 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.**

**Criterion B2.5**

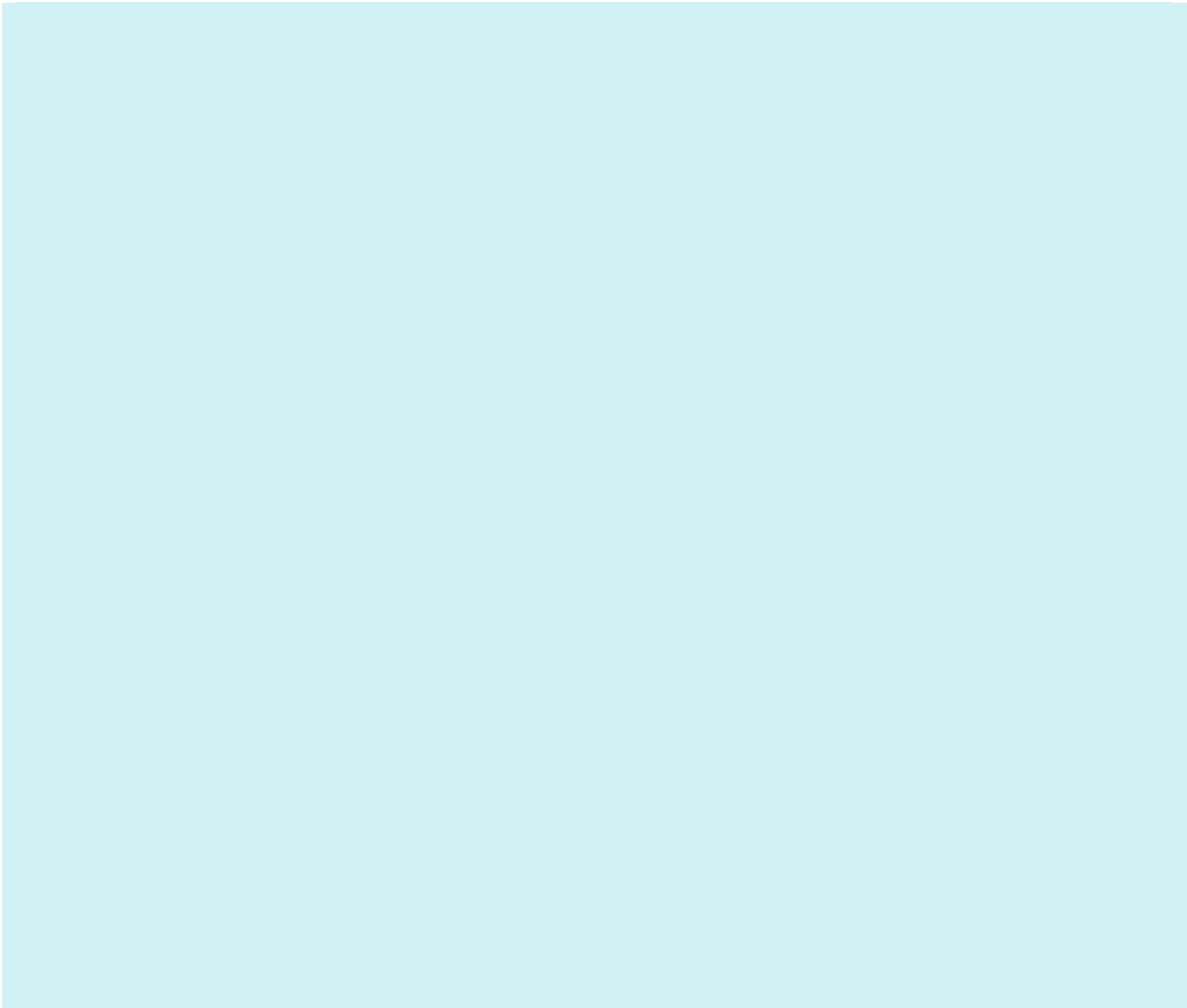
*At least one LGBTI person sits on the governing body of the provider relevant to the outlet level.*

Provide details of involvement and attendance by an LGBTI representative on the governing board. This can be at the outlet or provider level, and must outline how decisions, engagements and communication is understood and applied to the outlet.

Provide the following:

- Number of relevant target community representative(s) involved in the governing body relating to the outlet, (minimum one)
- Confirmation that each relevant representative has attended at least 50% of meetings over the past 12 months
- Attach a letter(s) from the member(s) confirming their role on the governing body in representing the perspectives of LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients, including confirmation of their attendance at 50% of meetings over the past 12 months.

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



### **Criterion B2.6**

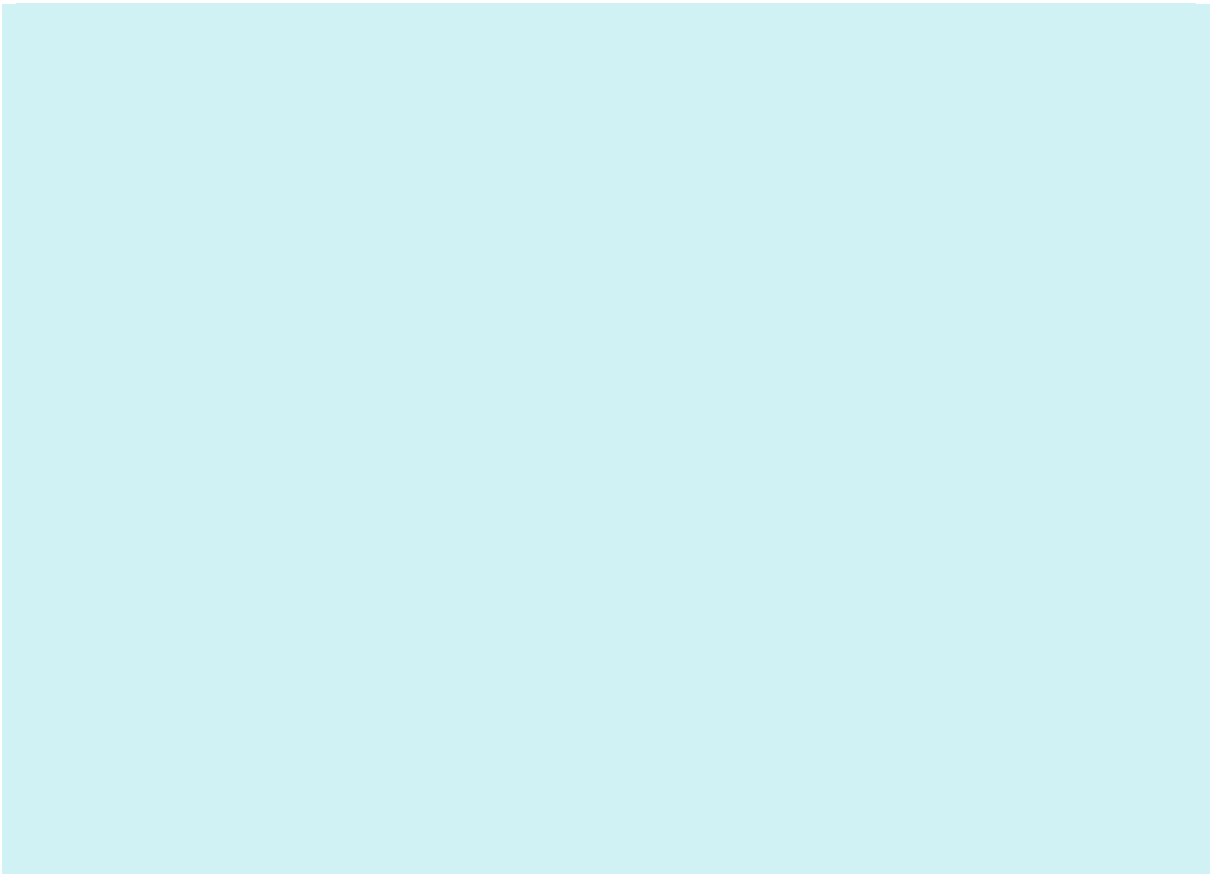
An active and resourced LGBTI advisory group contributes to the development, delivery and evaluation of specialised services.

Please describe or attach evidence of an active and resourced LGBTI advisory group which reflects the experience of the target community.

Provide the following:

- Membership of the group including details of relevant connections and characteristics (e.g. LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients, representatives of relevant external organisations, management representatives) and affirm that this reflects your target community
- Action items or plans from minutes of meetings held in the past 12 months OR describe the actions taken by the group in the past 12 months
- Description of how the advisory group is supported/resourced
- Description of how aged care recipients and staff can contact/interact with the advisory group (e.g. to seek support, provide feedback or raise concerns)
- Description of how the group is linked to the provider or outlet governance body and/or management
- Details of how many times the advisory group has met in the past 12 months (minimum twice).

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



### Criterion B2.7

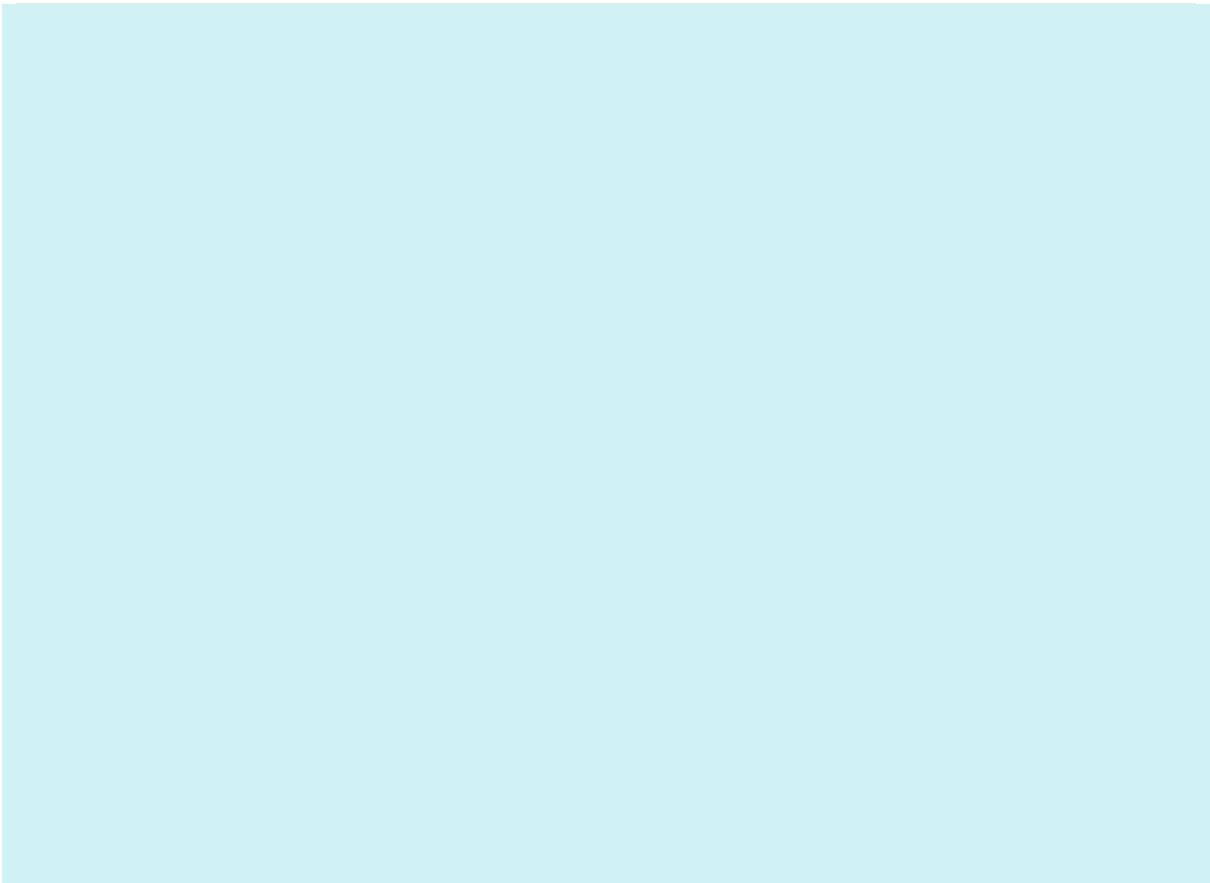
The outlet recognises and participates in local LGBTI celebrations and events.

Description of the recognition of/participation in/support for relevant and local LGBTI activities or events/days of significance to the LGBTI community in the past 12 months, with supporting evidence.

Provide the following:

- Name and description of relevant local LGBTI activities or events/days significant to the LGBTI community, and description of your recognition/support/nature of participation over the past 12 months
- Number or proportion of care recipients who participated for each event
- Attach supporting evidence. Examples include:
  - event calendars or schedules
  - photos of events (context providing relevance to the criterion must be provided with the photos)
  - flyers, invitations or posters advertising events
  - newsletters highlighting past or upcoming events
  - evidence of collaboration, co-hosting and/or support with community organisations
  - communications to care recipients regarding the events
  - feedback (must be clearly authored by care recipient and/or their representative(s)).

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



**Criterion B2.8**

Policies and procedures are in place to support and promote the delivery of specialised aged care to LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients.

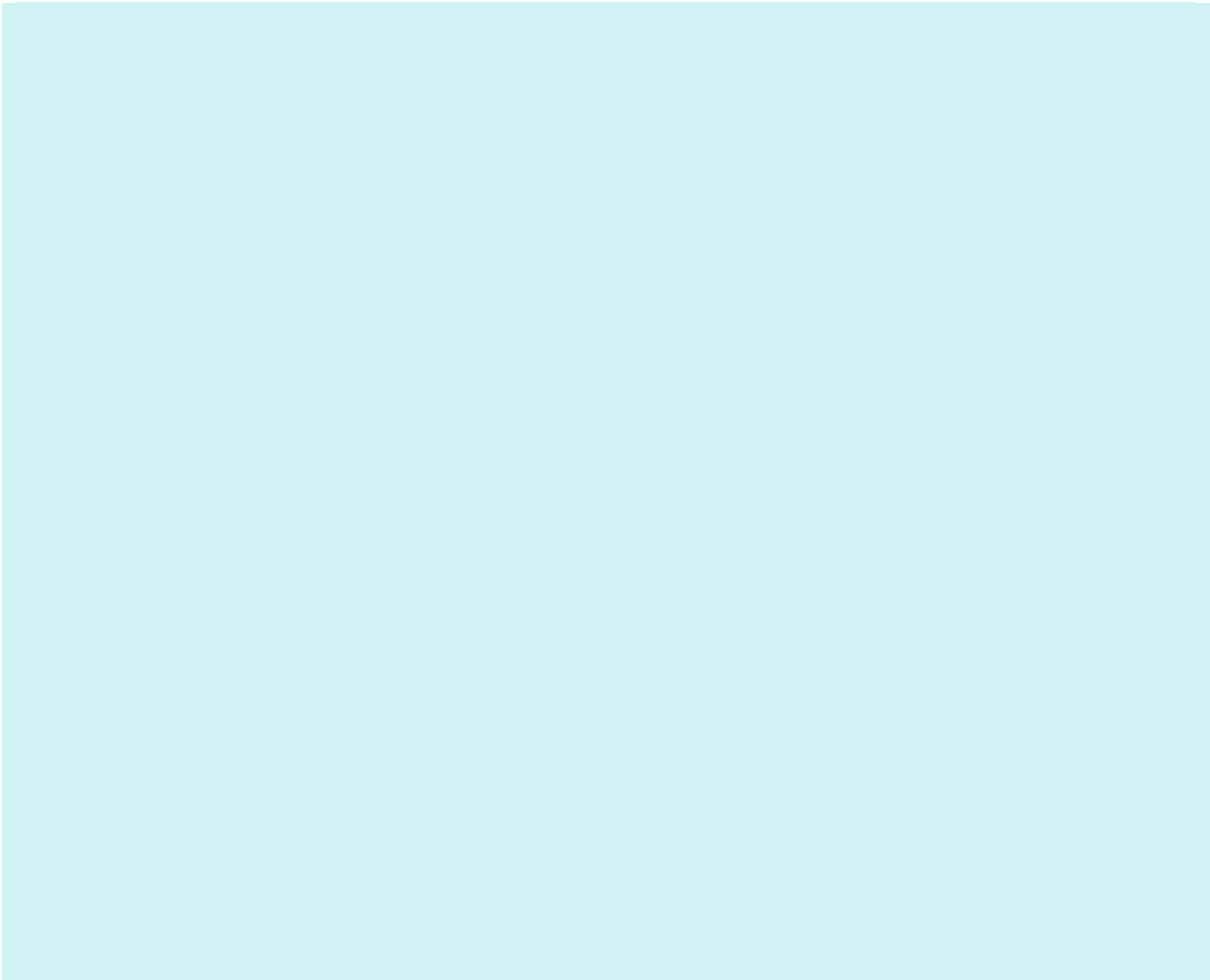
Attach at least one policy and one procedure that the outlet has in place which details how specialised care for LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients is delivered or supported.

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
- Assessment and Care Planning Procedure
- Staff Training and Development Procedure.

If the evidence does not clearly demonstrate how the policy or procedure relates to the specialised care you provide at the outlet, include a short explanation describing how it helps you meet the needs of the target LGBTI community.

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



**Criterion B2.9**

Policies and procedures are in place to support and promote the delivery of specialised aged care to people living with HIV/AIDS.

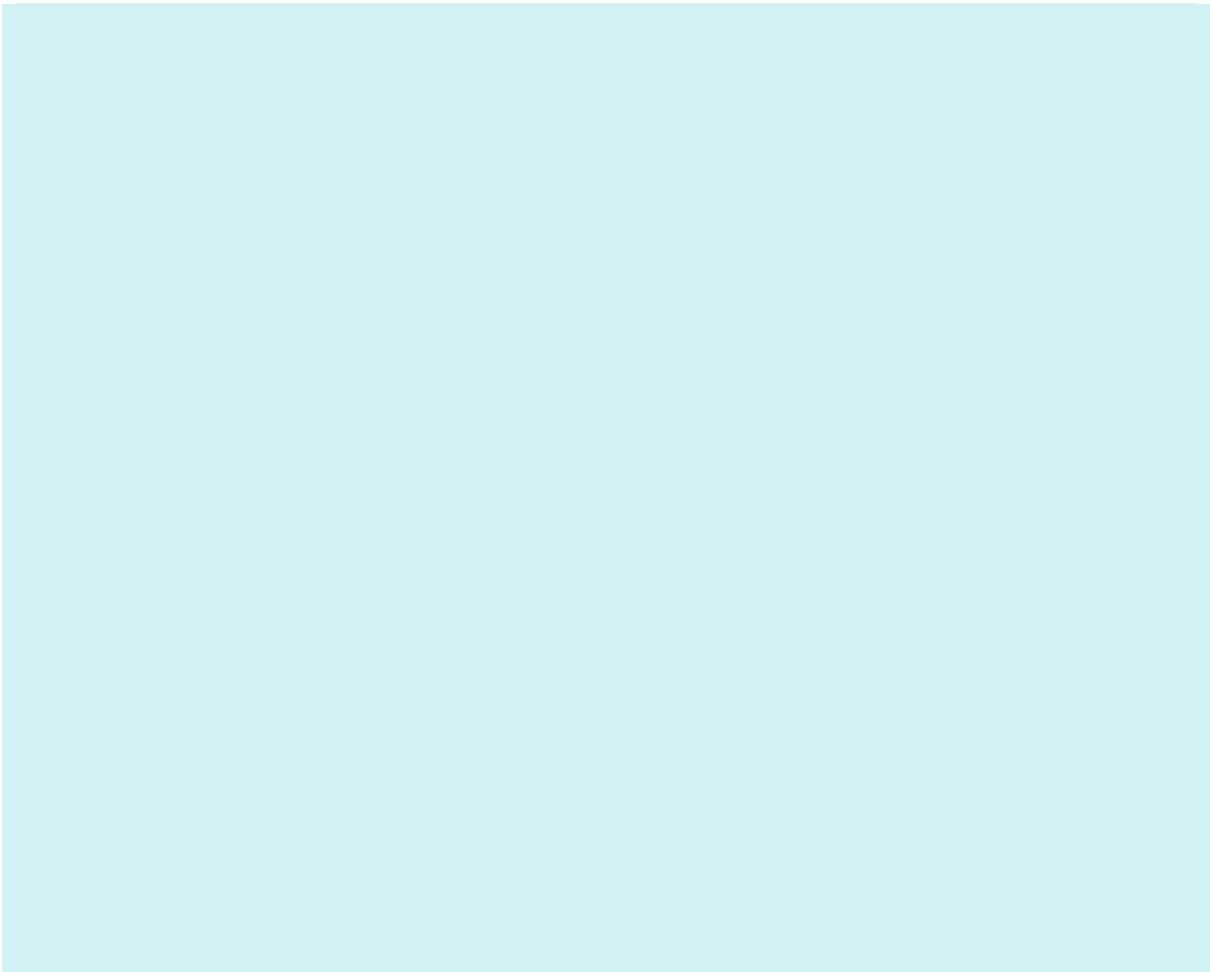
Attach at least one policy and one procedure that the outlet has in place which details how specialised care for LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients is delivered or supported.

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
- Confidentiality and Privacy Policy
- Assessment and Care Planning Procedure
- Staff Training and Development Procedure.

If the evidence does not clearly demonstrate how the policy or procedure relates to the specialised care you provide at the outlet, include a short explanation describing how it helps you meet the needs of the target LGBTI community.

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



**Criterion B2.10**

The outlet displays evidence of its public commitment to supporting LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients.

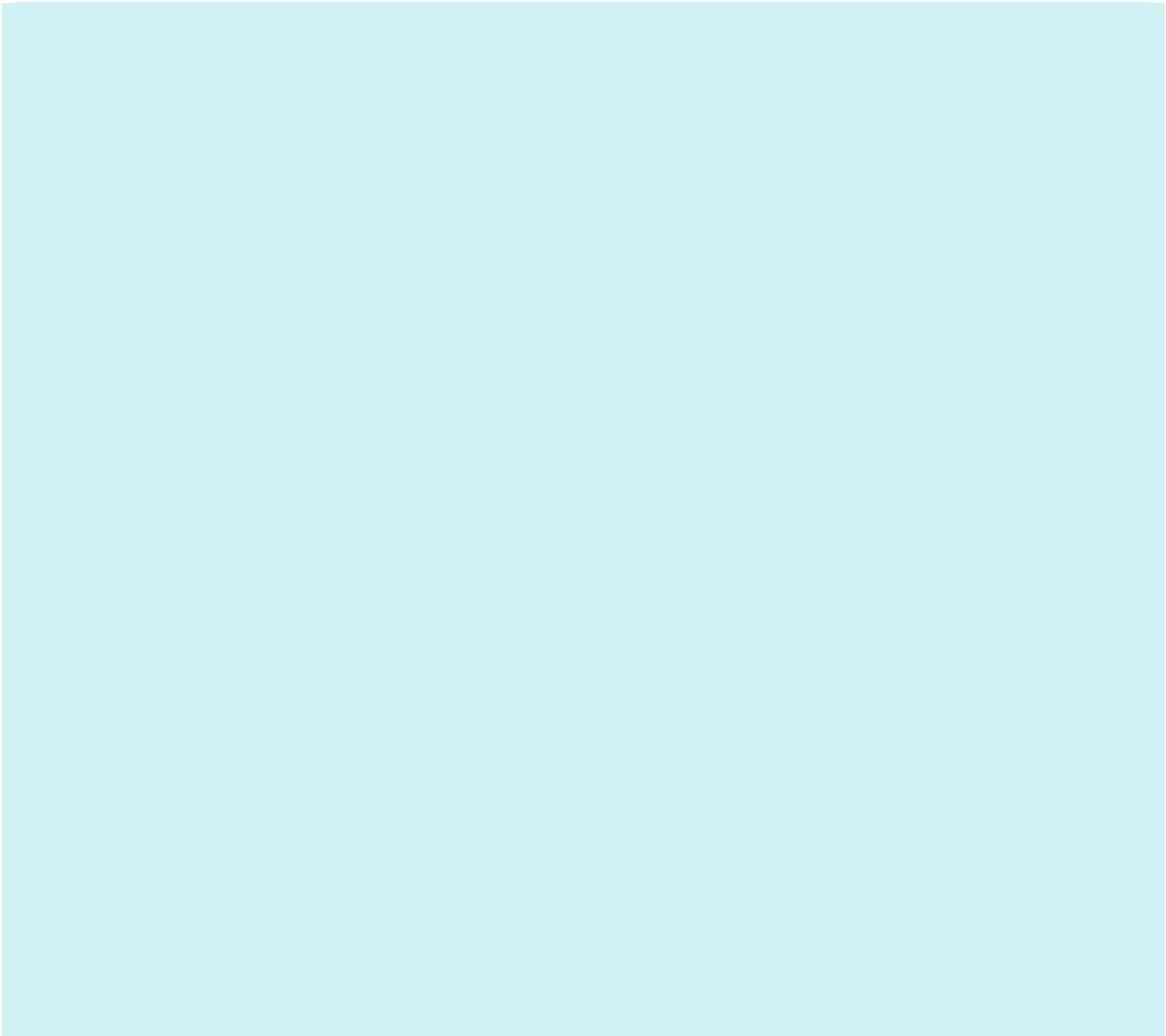
Please describe how you commit to ensuring your support of LGBTI people is publicised. Examples of this may include:

- displaying the rainbow flag symbol
- displaying a copy of the Darlington statement onsite in Residential Aged Care (RAC)
- wording/imagery on website or social media
- advertising materials for Support at Home and Commonwealth Home Support Program (CHSP) providers.

Provide the following:

- Attach a minimum of two forms of supporting evidence (e.g. photographs, website links, advertising materials).

**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](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 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](mailto: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](mailto:MACspecialisation@health.gov.au)