

People who live in rural, remote or very remote areas

Specialisation Verification Evidence Form

How to complete this form:

- Section 1: Provide details of the outlet and the contact details of the applicant.
- Section 2: Read, accept and sign the privacy declaration.
- Section 3: Select the criteria you wish to demonstrate to support your application.
- Section 4: Provide the required information for your selected criteria and attach supporting evidence in the Service and Support Portal.

Attaching Evidence in the Service and Support Portal

- On page 3 of the application, click 'Provide Evidence'. From the drop-down menu:
 - Select 'Specialisation Evidence Form', to attach the Evidence Form,
 - Select the relevant criteria to attach the supporting evidence.
- All attachment files must be:
 - renamed and not exceed **135 characters**,
 - clearly identify the relevant criterion (for example: *People who live in rural, remote or very remote areas Criterion R1.1*),
 - submitted in PDF format and no more than **10 MB**.

Section 1: Application details

Outlet ID

Enter Outlet ID

Found on your Service and Support Portal

Outlet name

Enter Outlet Name

The Department of Health, Disability and Ageing will provide updates on this application through the Service and Support Portal. Contact details provided in this application will be used by the department where additional communication is required to assess this application.

Name of applicant

Enter Name

Phone number

Enter Phone Number

Email address

Enter Email Address

Section 2: 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 declare that the information provided as part of this application is true and correct to the best of my knowledge.
- ☐ 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

Enter your full name

Date

Section 3: Criteria selection

You must meet **one Tier 1** criteria OR **both 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 (you must select a minimum of 1 criteria)

Criterion R1.1

The 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 select a minimum of 2 criteria)

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.

☐

Section 4: Criterion evidence

Tier 1 *(you must select a minimum of 1 criteria)*

Criterion R1.1

The 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.

Provide any additional supporting information below

Please provide any additional supporting information in this field.

Supporting Evidence

Please check the below boxes to confirm you have attached the required evidence to meet this criterion:

- ☐ 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 **(for providers of home care only)**

Tier 2 *(you must select a minimum of 2 criteria)*

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 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.

Provide any additional supporting information below

Please provide any additional supporting information in this field.

Supporting Evidence

Please check the below boxes to confirm you have attached the required evidence to meet this criterion:

- ☐ Evidence from a local government, local health service or other local organisation confirming the established connection

Criterion R2.3

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 the following:

- Affirmation that 50% of all outlet staff live in a 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.

Provide any additional supporting information below

Please provide any additional supporting information in this field.

Supporting Evidence

Please check the below boxes to confirm you have attached the required evidence to meet this criterion:

- ☐ Example of 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.

Need help?

For queries about the Specialisation Verification Framework or your application, please contact the Specialisation Verification assessment team.

Email: MACspecialisation@health.gov.au