



**Australian Government**

**Department of Health**

## **APPLICATION FOR A VARIATION OF A PROVISIONAL ALLOCATION OF PLACES**

**Legislative reference:** Section 15-5 of the [Aged Care Act 1997](#)

Section 15-5 of the *Aged Care Act 1997* (the Act) allows for a provisional allocation of places to be varied. The variation may be a reduction in the number of places to which the provisional allocation relates, or a variation of any of the conditions imposed under section 14-5 of the Act (specified in the notice of allocation), or a movement of the places to a different region within the same state or territory.

The application may be submitted to the Secretary of the Department of Health (the Secretary) at any time before the end of the provisional allocation period. You may attach documents to support your application. The Secretary must make the variation or reject the application and advise the applicant of the decision within 28 days after receiving the application.

To assist in assessing this application, the Secretary will also consider information provided in progress reports, applications to extend the provisional allocation period, your Aged Care Approvals Round application, and other relevant information.

**Further information:** Phone 1800 020 103 and ask to speak to the Places Management section in the state or territory office where the service is located.

Please email the completed form and any attachments, with a scanned copy of the endorsement page, to the state or territory office where the service is located:

[NSWplaces@health.gov.au](mailto:NSWplaces@health.gov.au) (NSW and ACT), [NTplaces@health.gov.au](mailto:NTplaces@health.gov.au), [Qldplaces@health.gov.au](mailto:Qldplaces@health.gov.au), [SAplaces@health.gov.au](mailto:SAplaces@health.gov.au), [Tasplaces@health.gov.au](mailto:Tasplaces@health.gov.au), [Vicplaces@health.gov.au](mailto:Vicplaces@health.gov.au), or [WApplaces@health.gov.au](mailto:WApplaces@health.gov.au)

### **Privacy and your personal information:**

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles, and is being collected by the Department of Health for the primary purpose of assessing your application to vary a provisional allocation of places. Your information may also be used and disclosed if required or authorised by or under an Australian law, including the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018*.

If you do not provide this information, the Department may not be able to assess and provide an outcome for your application to vary a provisional allocation of places.

You can get more information about the way in which the Department of Health will manage your personal information, including our privacy policy, at [www.health.gov.au/resources/publications/privacy-policy](http://www.health.gov.au/resources/publications/privacy-policy)

By completing this form you consent to the Department of Health collecting your personal information for the purposes indicated above.

<b>Approved provider name:</b>	Click or tap here to enter text.
NAPS provider ID: (if known)	Click or tap here to enter text.

<b>Contact person for this application</b>	
Name:	Click or tap here to enter text.
Position held in organisation:	Click or tap here to enter text.
Contact phone:	Click or tap here to enter text.
Email address:	Click or tap here to enter text.

## Section 1 – Service and place details

### 1.1 Provide details of the provisional allocation(s) that you are proposing to vary.

Type of places	Date places allocated	Current number of places	Current expiry date
Choose an item.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.
Choose an item.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.
Choose an item.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.

### 1.2 Provide details of the service to which the places currently relate.

Service name:	Click or tap here to enter text.			
Service IDs: (if known)	RACS ID:	Click or tap here to enter text.	NAPS ID:	Click or tap here to enter text.
<b>Physical address</b>				
Street number and name:	Click or tap here to enter text.			
Suburb/Town:	Click or tap here to enter text.			
State/Territory:	Choose an item.	Postcode:	Click or tap here to enter text.	

### 1.3 Does the service to which the places currently relate have extra service status?

No  Yes  If yes, number of places. Click or tap here to enter text.

### 1.4 Did you receive a residential care (capital) grant under the *Aged Care Act 1997* to assist with the construction of these places?

A separate approval may be required to vary the grant deed of agreement. The department will contact you to discuss any requirements.

No  Yes

## Section 2 – Details of the proposed variation

### 2.1 Are you seeking to reduce the number of places to which the provisional allocation relates?

No  Yes  If yes, proposed number of places. [Click or tap here to enter text.](#)

### 2.2 If you are seeking to reduce the number of places, why?

[Click or tap here to enter text.](#)

### 2.3 What condition are you seeking to vary and why?

Include details of the proposed change. Conditions that can be varied include: the service to which the places are allocated and its location; the proportion of care to be provided to particular groups of people; or the planning and development of the service.

[Click or tap here to enter text.](#)

### 2.4 If you are seeking to vary the places to a different aged care service, provide details of that service/proposed service.

**If the places will remain at the same service and at the same location, go to section 5.**

Places cannot be varied to a different state or territory.

Service name: [Click or tap here to enter text.](#)

Service IDs: (if known)	RACS ID:	<a href="#">Click or tap here to enter text.</a>	NAPS ID:	<a href="#">Click or tap here to enter text.</a>
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#### Physical address

Street number and name: [Click or tap here to enter text.](#)

Suburb/Town: [Click or tap here to enter text.](#)

State/Territory:	Choose an item.	Postcode:	<a href="#">Click or tap here to enter text.</a>
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### 2.5 Does the service to which the places are varying have extra service status?

No  Go to question 2.6 Yes  Go to question 2.5

### 2.6 Will the varying places be located in an extra service distinct part or whole service?

No  Yes  If yes, also complete section 4.

### 2.7 Will the variation result in the places moving to a different aged care planning region?

Department of Health aged care planning regions are available [here](#)

No  Yes  If yes, also complete section 3.

**2.8 Provide details of key milestones in the development of these places.**

Attach documents to support milestones that have been achieved, if not previously provided.

<b>Milestone</b>	<b>Achieved</b>	<b>or Date to be achieved</b>
Land secured	<input type="checkbox"/>	Click or tap to enter a date.
Site zoned for residential aged care	<input type="checkbox"/>	Click or tap to enter a date.
Finance approved	<input type="checkbox"/>	Click or tap to enter a date.
Development application approved	<input type="checkbox"/>	Click or tap to enter a date.
Building application approved	<input type="checkbox"/>	Click or tap to enter a date.
Building works commenced	<input type="checkbox"/>	Click or tap to enter a date.

**2.9 When do you expect to be in a position to provide care in respect of these places?**

Click or tap to enter a date.

**2.10 If you are proposing to construct or develop premises at a new location, provide a description of your proposal for the service. Include details of any capital works proposed, and the estimated cost of the project.**

Click or tap here to enter text.

**2.11 If the places will be relocated to a location that has a different catchment area to the current location of the places, provide a description of your understanding of the need for the places in the new location.**

Click or tap here to enter text.

### Section 3 – Variations involving a change of planning region

This section is to be completed if the proposed location is in a different aged care planning region to the current location of the places.

#### **3.1 How do you propose to ensure that the proposed aged care service is financially viable after the variation?**

You may attach a copy of the service level financial details section of your Aged Care Approvals Round application for these places with the changes resulting from the proposed variation marked

Click or tap here to enter text.

#### **3.2 If these places were allocated to meet the needs of particular groups of people, how will you continue to meet these needs at the new location?**

Conditions regarding particular groups of people are listed in the notice advising you of the allocation. It may include special needs groups or key issues.

Click or tap here to enter text.

#### **3.3 Describe how the needs of the aged care community in both the region for which the places were originally allocated and the proposed region would be better met by making the variation.**

Click or tap here to enter text.

## Section 4 – Proposal for extra service status

This section is to be completed if the varying places are to be located in an existing residential service with extra service status (either in a distinct part or the whole service) at another location.

Section 15-5A of the *Aged Care Act 1997* (the Act) requires the Secretary to reject a variation of a provisional allocation if the variation would result in the places being provided through a service in a different location and that service has extra service status, unless: granting the variation would be reasonable having regard to the criteria set out in section 32-4 of the Act; and the maximum proportion of extra service places determined under section 32-7 of the Act would not be exceeded; and the proposal meets any other requirements set out in the [Allocation Principles 2014](#).

### 4.1 How many of the varying places are you seeking to have extra service status?

Click or tap here to enter text.

### 4.2 What is the proposed new extra service room structure for the service?

If you are seeking a new extra service fee for the new places, you will need to create a new Room Type and apply to the [Aged Care Pricing Commissioner](#) for approval of the new fee. If the existing extra service fees will apply to the new places you can just change the number of extra service rooms and places against the existing Room Types.

Room Type e.g. single ensuite	Number of rooms in this room type	Total number of extra service places in this room type	Proposed daily extra service fee per place
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

### 4.3 For extra service places to be located in a distinct part of the service, attach a floor plan of the whole service, clearly marking the distinct part.

A distinct part is a specific area of the service that is physically identifiable as separate from all other places included in the service.

### 4.4 Are you proposing any changes to the standard of accommodation, services and food (the extra service benchmarks) at the service?

If yes, provide details of the proposed changes below or attach a copy of your current extra service benchmark list with the proposed changes marked.

Click or tap here to enter text.

**4.5 Provide a description of your understanding of the need for additional extra service places at the location.**

For example, demonstrate your understanding of the local community. This could include service specific waitlists, the demographics of the proposed location, the different kinds of services already offered in the region, any research you have conducted including anecdotal evidence, information collected through consultations with surrounding health and aged care services or Aged Care Assessment Teams.

Click or tap here to enter text.



## Section 5 – Endorsement of application

This application must be signed only by those persons who are legally authorised to sign for and on behalf of the approved provider. Giving false or misleading information is an offence. There are offences established by the [Aged Care Act 1997](#) and the [Criminal Code Act 1995](#) relating to providing false or misleading information. Approvals based on false or misleading information may be revoked.

I am aware of my responsibilities as prescribed in the *Aged Care Act 1997* and the Aged Care Principles.

I am aware the provisional allocation period for making places operational is currently four years after the day on which the allocation is made, unless extended, and will not be extended beyond six years from the date of allocation unless the Secretary of the Department of Health is satisfied that exceptional circumstances justify the extension. I note that this variation will not change the provisional allocation period and, if approved, does not provide any guarantee that the period will be extended in the future.

I declare that the information set out in this application and any associated attachment(s) is true and complete.

I declare that the key personnel of the applicant organisation are, and will continue to be, suitable to provide aged care and are not disqualified individuals.

I consent to the Secretary of the Department of Health obtaining relevant information and documents from other persons or organisations, including the Aged Care Quality and Safety Commission and state, territory and Australian government departments or authorities, to assist in assessing the application.

Endorsing officer	
Name:	Click or tap here to enter text.
Signature:	
Position held in organisation:	Click or tap here to enter text.
Date:	Click or tap to enter a date.
Postal address:	Click or tap here to enter text.