



Australian Government
Department of Health

APPLICATION TO PROVIDE CARE IN RESPECT OF PROVISIONALLY ALLOCATED PLACES

Legislative reference: Sections 15-1 and 15-3 of the [Aged Care Act 1997](#)

This form should be used to apply for a determination by the Secretary of the Department of Health (the Secretary) that an approved provider is in a position to provide residential or flexible aged care in respect of provisionally allocated places. The application may be submitted to the Department of Health at any time before the end of the provisional allocation period.

The Secretary must make a determination or reject the application and advise the applicant of the decision within 28 days of receiving the application.

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 (NSW and ACT), NTplaces@health.gov.au, Qldplaces@health.gov.au, SAplaces@health.gov.au, Tasplaces@health.gov.au, Vicplaces@health.gov.au, or WAplaces@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 provide care in respect of provisionally allocated 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 assess and provide an outcome for your application to provide care in respect of provisionally allocated 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

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

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

Contact person for this application	
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 – Details of the application

1.1 Service details				
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.
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:	Click or tap here to enter text.	
Service type:	Choose an item.			

1.2 Details of the provisional places taking effect			
Date places allocated	Number of places allocated	Current expiry date	Number of places taking effect
Click or tap to enter a date.	Click or tap here to enter text.	or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.

1.3 Are you also seeking to activate any unused/offline places?

If yes, number of places:

Click or tap here to enter text.

1.4 Are you seeking to activate extra service status?

Residential services only. Extra service status can only be activated if you have already received a grant of extra service status in respect of this service.

If yes, number of places:

Click or tap here to enter text.

1.5 On what date will you be in a position to provide care in respect of these places?

Click or tap to enter a date.

1.6 If any of the places identified in question 1.2 are subject to conditions that must be met before the allocation of places can take effect, describe how those conditions have been met.

These conditions are listed in the schedule of conditions provided with the notice advising you of the allocation.

Click or tap here to enter text.

1.7 Have you made arrangements to effectively manage and operate the service?

Yes

No

Residential and Multi-Purpose Services only

1.8 Have you received all appropriate certificates and advice from authorities in the state or territory where the service is located that the premises can be occupied (e.g. certificate of occupancy or classification, fire connection certification)?

The department is unable to finalise your application until documentation is provided.

Yes Attach copies of relevant certificates or advice documents.

No Submit copies of relevant documents as soon as they are obtained.

1.9 Is the service accredited?

Yes Go to Section 2.

No Go to question 1.10.

1.10 Have you applied for accreditation of the service and paid the application fee?

Yes Go to Section 2.

No When do you expect to apply? Click or tap to enter a date.

Section 2 – 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 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 this 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.