



**Australian Government**

**Department of Health**

## **APPLICATION TO VARY CONDITIONS OF ALLOCATION**

**Legislative reference:** Division 17 of the [Aged Care Act 1997](#)

Division 17 of the *Aged Care Act 1997* (the Act) allows for the conditions of allocation of residential or flexible places that have taken effect, to be varied. Conditions that may be varied are those conditions imposed under section 14-5 of the Act (as specified in the notice of allocation). All places are also subject to general conditions under section 14-6 of the Act. These conditions cannot be varied by an approved provider.

The application must be submitted to the Secretary of the Department of Health (the Secretary) at least 60 days before the proposed variation day. However, the Secretary may allow a lesser number of days in some instances. You may attach additional information to support your application.

The Secretary must approve the variation or reject the application and notify the applicant at least 14 days before the proposed variation day.

If the information in this application changes after it has been submitted, the application is taken not to have been made unless the applicant gives the Secretary written notice of the changes. This may include a change to the variation day.

**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 [WAplaces@health.gov.au](mailto: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 vary the conditions of allocation. 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 vary the conditions of allocation.

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 aged care places that you are proposing to vary.

Type of places	Status of places	Number of places
Choose an item.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.

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

If you are seeking to vary places from more than one service, attach a list of the services.

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 Are any of the places being varied adjusted subsidy places?

Some residential care places operated by state and territory governments receive a reduced amount of subsidy.

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

## Section 2 – Details of the proposed variation

### 2.1 What is the proposed variation day?

Click or tap to enter a date.

### 2.2 If you are submitting this application less than 60 days before the proposed variation day, state the reasons why.

Click or tap here to enter text.

### 2.3 What conditions 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 or the proportion of care to be provided to particular groups of people.

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.

Places cannot be varied to a service in a different state or territory.

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.	

### 2.5 Does the service to which the places are being varied have extra service status?

No  Go to question 2.7 Yes  Go to question 2.6

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

No  Yes  If yes, also complete section 5.

**2.7 If the places are currently operational, provide details of your proposal for ensuring that care needs are met for consumers who are being provided with care.**

This may include: how and when you will notify affected consumers; how you will help consumers find suitable alternative care and accommodation; how you will ensure that consumers will not be disadvantaged by the proposed variation; your assessment of the effect the variation will have on consumers.

Attach copies of any information about the variation provided to consumers and their representatives.

Click or tap here to enter text.

**2.8 If the places are currently operational, provide details of how the service to which the places currently relate will remain viable with a lower number of places.**

Click or tap here to enter text.

### Section 3 – Variations involving construction work

**3.1 If you are proposing to construct or develop premises to accommodate the varying places, provide a description of your proposal for the service. Include details of any capital works proposed, the estimated cost of the project and the sources of funds for the capital works.**

Click or tap here to enter text.

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

Attach documents to support milestones that have been achieved.

Milestone	Achieved	or Date to be achieved
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.

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

Click or tap to enter a date.

**3.4 If construction is complete, attach copies of appropriate certificates and advice from authorities in the state or territory where the service is located confirming that the premises can be occupied (e.g. certificate of occupancy or classification, fire connection certification).**

## Section 4 – Variations involving a change in location

Complete this section only if the proposed location does not currently have any operational, provisional or unused places.

### 4.1 Provide a description of the site, including size, suitability, topography and any heritage issues.

Click or tap here to enter text.

### 4.2 What are the ownership arrangement of the site?

Click or tap here to enter text.

### 4.3 How is the land around the site being used?

Provide details about the characteristics of the neighbourhood, including location of shops, and the availability of public transport, health and community services.

Click or tap here to enter text.

### 4.4 Are there any proposals before an authority in the state or territory concerned about the use of the site (for example, proposals to rezone the site)? If yes, provide details.

Click or tap here to enter text.

## Section 5 – 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 17-8 of the *Aged Care Act 1997* (the Act) requires the Secretary to reject a variation of conditions of 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](#).

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

Click or tap here to enter text.

### 5.2 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.

### 5.3 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.

### 5.4 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.

**5.5 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 6 – 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 a serious 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 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.