



Australian Government
Department of Health

REPORT ON PROGRESS TOWARDS BEING IN A POSITION TO PROVIDE CARE FOR RESIDENTIAL CARE PLACES

It is a condition of allocation of all provisionally allocated residential care places that, during the first three years of the provisional allocation period, an approved provider must give annual reports to the Department of Health (the department) about its progress towards being in a position to provide care in respect of the places. These reports must be submitted by the due dates specified in the notice of allocation.

The department may request additional progress reports. Where the department makes such a request, the report must be submitted by the due date specified in the request.

Legislative Reference: [Aged Care \(Conditions of Allocation\) Determination 2016](#)

Approved providers may use one form to report on progress for allocations made over multiple years for the same service. Where a report covers multiple allocations, it must be submitted by the due date of the earliest allocation.

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 report on progressing towards being in a position to provide care for residential care 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 your report on progress.

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 report	
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 Service details			
Service name:	Click or tap here to enter text.		
NAPS service ID: (if known)	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.

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

Section 2 – Timeframes

2.1 Provide the status of your acquisition of land and zoning

If the project is for an existing service that is not reliant on the acquisition or lease of additional land, select 'Existing service' in the status of land option. Then go to question 2.2. Otherwise select the relevant land option below.

Where applicable, attach evidence of land and zoning when achieved, if not previously provided to the department.

Status of land	Achieved	Or date to be achieved	Provide details of any delays in purchasing, leasing or rezoning the land. What action have you taken to remedy these delays?
Choose an item.	<input type="checkbox"/>	Click or tap to enter a date.	Click or tap here to enter text.
Zoning of the site for residential aged care	<input type="checkbox"/>	Click or tap to enter a date.	Click or tap here to enter text.

2.2 Provide details of the key milestones in the development of the service

Report new delays and progress made on unresolved delays only. If a delay was included in a previous report and has been resolved, it is not necessary to include it again. Where applicable, attach evidence of milestones that have been achieved, if not previously provided to the department.

Milestone	Achieved	Or date to be achieved	Provide details of any delays achieving the milestone. What action have you taken to remedy these delays?
Approval of finance	<input type="checkbox"/>	Click or tap to enter a date.	Click or tap here to enter text.
Development application/s approved	<input type="checkbox"/>	Click or tap to enter a date.	Click or tap here to enter text.
Building application approved	<input type="checkbox"/>	Click or tap to enter a date.	Click or tap here to enter text.
Commencement of building works	<input type="checkbox"/>	Click or tap to enter a date.	Click or tap here to enter text.

Milestone	Achieved	Or date to be achieved	Provide details of any delays achieving the milestone. What action have you taken to remedy these delays?
Completion of building works	<input type="checkbox"/>	Click or tap to enter a date.	Click or tap here to enter text.
Commence admission of residents	NA	Click or tap to enter a date.	Click or tap here to enter text.

2.3 Are there any other circumstances not mentioned above that have delayed this project? What actions have you have taken to remedy the delay?

Click or tap here to enter text.

Section 3 – Endorsement

This report 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.

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 declare that the information provided in this report and any associated attachment(s) is true and complete.

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

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.