



APPLICATION FOR 'BED-READY' RESIDENTIAL CARE PLACES

This application form should be used by approved provider organisations, approved to provide residential aged care, who are seeking an allocation of new residential care places in respect of a service that is in a position to provide care ('bed-ready').

In addition to assessing this completed application to determine whether or not an allocation of new residential care places can be made, the Department will also determine whether or not you are in a position to provide care for these new places and any existing provisionally allocated places.

For ease of completion the form has no editing restrictions, do not however alter the form questions or endorsement section. There are no word limits, provide a considered and meaningful response to each question.

The completed form must be submitted to bedreadyplaces@health.gov.au. Questions regarding the form may also be directed to this inbox.

Q1 Provider and service details			
Approved provider name	<input type="text"/>		
NAPS approved provider ID (if known)	<input type="text"/>		
Service name & RACS ID (if known)	<input type="text"/>		
Service status	New (no places allocated) <input type="checkbox"/>	Existing (has places allocated) <input type="checkbox"/>	
Street address	<input type="text"/>		
Suburb/town	<input type="text"/>		
State/territory	<input type="text"/>	Postcode	<input type="text"/>

Q2 Contact details		
Type	Primary contact	Alternative contact
Name:	<input type="text"/>	<input type="text"/>
Position held in organisation:	<input type="text"/>	<input type="text"/>
Contact phone:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>

Q3 Number of places your service proposal includes that are in a position to provide care		
New Places Sought	(a) New ('bed-ready')	<input type="text"/>
Existing Places Places already allocated (if applicable)	(b) Provisional ¹ (to be activated)	<input type="text"/>
	(c) Unused/offline (to be reactivated)	<input type="text"/>
	(d) Operational	<input type="text"/>
Total New + Existing	Total of (a) + (b) + (c) + (d)	<input type="text"/>

¹ Provide a combined total if you have more than one allotment of provisionally allocated places that are '**bed-ready**' e.g. places allocated through multiple Aged Care Approvals Round processes.

Q4 Evidence of bed-readiness - checklist

In order to receive an allocation of new places, all milestones listed below must be completed with evidence attached. Forms of evidence include official certificates, documents and/or photographs which correspond with the number of places that are in a position to provide care as stated at Q3.

Milestone	Evidence attached
Service floor plans	<input type="checkbox"/>
Construction and fit out	<input type="checkbox"/>
Furnished	<input type="checkbox"/>
Certificate of Occupancy	<input type="checkbox"/>

Q4(i) Evidence of bed-readiness – other evidence

In addition to the requisite milestones listed above, are you attaching any other evidence that further demonstrates bed-readiness? If so, explain what these attachments are and why they're relevant. If this question is not applicable, respond 'n/a' and proceed to Q5.

Q5 From what date do you anticipate you will be in a position to provide care in respect of the new ('bed-ready') and provisionally allocated places (if relevant) identified at Q3(a) and Q3(b) respectively

Note, if your service is not accredited, factor in [accreditation application timeframes](#).

Already in a position to provide care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other date (if answered 'No' above)	Click or tap to enter a date.	

Q6 Preparedness to deliver care

Outline the arrangements you have made to effectively manage and operate the service.

Q7 Service overview

Describe the service and explain how its design and care offering will benefit residents.

Q8 Service location

Describe the suitability of the location for the delivery of residential care.

**Q9 Residents' needs**

Describe the needs of residents in your location, including the needs of people from special needs groups, with dementia or any other identifiable group and describe how you will tailor care to meet these needs.

**Q10 Conditions related to places already held**

If your service proposal includes provisionally allocated places that are now bed-ready, stated at Q3(b), are you required to meet any conditions of allocation before these places can take effect? If so, describe how these conditions have been met. Enter 'n/a' if this question is not applicable.

**Next Steps**

Your application is almost complete, please:

- review your responses and complete the 'Endorsement of application for 'bed-ready' residential care places' on the following page
- submit the completed form, along with requisite attachments to bedreadyplaces@health.gov.au.

On receipt of your application, the Department will check your application for completeness and satisfactory responses. Any follow up questions will be addressed to your nominated contact officers. These officers will also be advised of the outcome of your application.

Endorsement of application for 'bed-ready' residential care places

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 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 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.
- If my application is successful and places are allocated, I am aware that the Department may publish the outcomes of my application.

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