**INTENTION TO DEVELOP NOTIFICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1: Provider and development details** | | | | |
| Approved Provider name |  | | | |
| NAPS approved provider ID (if known) |  | | | |
| Service name & RACS ID (if known) |  | | | |
| Service Status | New (no places allocated) | | Existing (has places a allocated) | |
| Street address |  | | | |
| Suburb/town |  | | | |
| State/territory |  | Postcode | |  |

| **Section 2: Contact details** | | |
| --- | --- | --- |
| **Type** | **Primary contact** | **Alternative contact** |
| Name |  |  |
| Position held in organisation |  |  |
| Contact phone |  |  |
| Email address |  |  |

| **Section 3: Number of places the development will include** | | |
| --- | --- | --- |
| **New Places** | (a) New places required |  |
| **Existing Places**  Places already allocated  (if applicable) | (b) Provisional[[1]](#footnote-1) |  |
| (c) Unused/offline |  |
| (d) Operational |  |
| **Total New + Existing** | **Total of (a) + (b) + (c) + (d)** |  |

| **Section 4: Proposed development milestone dates** | |
| --- | --- |
| Development approval obtained |  |
| Construction commence |  |
| Construction completed |  |
| Proposed admission of residents |  |

1. Provide a combined total if you have more than one allotment of provisionally allocated places, e.g. places allocated through multiple Aged Care Approvals Rounds. [↑](#footnote-ref-1)