**INTENTION TO DEVELOP NOTIFICATION FORM**

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| **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** |
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| **Type** | **Primary contact** | **Alternative contact** |
| Name |       |       |
| Position held in organisation |       |       |
| Contact phone |       |       |
| Email address |       |       |

| **Section 3: Number of places the development will include** |
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| **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** |
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| 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)