Australian Government

Department of Health

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]	
	(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	

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[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.