



Australian Government

Department of Social Services

APPLICATION FOR APPROVAL TO PROVIDE AGED CARE

This form has been approved under section 8–2(2) of the *Aged Care Act 1997*.

Please ensure that you have read the relevant sections of the *Aged Care Act 1997*, Aged Care Principles and the Guidelines for Applicants Seeking Approval to Provide Aged Care before completing this application.

Use black print/pen to complete this application.

Include attachments where they have been requested. The following symbol indicates answers that require attachments.

Ensure that all proposed key personnel complete Section 3 of this form and are provided with a copy of the Guidelines for Applicants Seeking Approval to Provide Aged Care.

SUBMITTING YOUR APPLICATION

Post your completed application to the Department of Social Services (the Department) at the following address:

Approved Provider Programs Section
Prudential and Approved Provider Regulation Branch
Aged Care Quality and Compliance Group
Department of Social Services
MDP 509
Sirius Building
PO Box 7576
CANBERRA MAIL CENTRE ACT 2610

CHECKLIST

Applications may not be assessed unless all requested attachments are provided to the Department. Before you submit this application please:

Attach a copy of the applicant's ABN Registration Notice from the Australian Taxation Office.

Attach evidence that the applicant is a corporation as defined in the *Aged Care Act 1997*, i.e. that the applicant is incorporated and is a trading or financial corporation within the meaning of paragraph 51 (xx) of the Constitution.

Attach a copy of the applicant's most recent annual report (if applicable).

Attach an original (or certified copy) company national criminal history record check for the applicant, which has been obtained through the Australian Federal Police or a CrimTrac accredited agency.

Attach a copy of the applicant's most recent audited Statement of Financial Performance (Profit & Loss), Statement of Financial Position (Balance Sheet) and Statement of Cash Flows. If these statements are not available, attach a statement explaining why and provide other evidence of the financial capacity of the applicant.

Attach a separate copy of Section 3 of this form, completed and signed, for each proposed key personnel of the applicant.

Attach an original (or certified copy) national criminal history record check for each proposed key personnel, which has been obtained through the Australian Federal Police or a CrimTrac accredited agency.

Attach a completed and signed endorsement at Section 4 of this form.

Include the name of the applicant on each attachment.

Make a copy of this application for your records.

Please list any additional attachments you have been required to provide:

SECTION 1

APPLICANT'S DETAILS

1.1 APPLICANT'S LEGAL NAME AND ABN DETAILS

Full legal name of applicant:

Applicant's ABN:

ABN Branch (if applicable):

Trading name (if applicable):

Previous name(s) of company or organisation:

Please attach a copy of the applicant's ABN Registration Notice from the Australian Taxation Office.

1.2 REGISTERED BUSINESS ADDRESS OF THE APPLICANT

Street number and name:

Suburb/Town:

State/Territory:

Postcode:

1.3 POSTAL ADDRESS OF THE APPLICANT

Street number and name or PO Box number:

Suburb/Town:

State/Territory:

Postcode:

1.4 AUTHORISED CONTACTS IN RELATION TO THIS APPLICATION

Primary contact

Title and name:

Position held:

Telephone number:

Mobile number:

Facsimile number:

Email address:

Best day and time to make contact:

Alternative contact

Title and name:

Position held:

Telephone number:

Mobile number:

Facsimile number:

Email address:

Best day and time to make contact:

1.5 INCORPORATION DETAILS

This question does not apply to applicants that are a State, Territory, authority of a State or Territory or local government authority because they are taken to be a corporation.

Please attach evidence that the applicant is incorporated.

Name of the legislation under which the applicant is incorporated:

Australian Company Number (ACN):

Australian Registered Body Number (ARBN):

Incorporated Association Number (IAN):

Date of incorporation:

State/Territory in which incorporated:

Further information:

1.6 ORGANISATION TYPE AND PURPOSE

Please indicate your organisation type and purpose:

Local Government

State/Territory Government

For-Profit

If your organisation is a For-Profit organisation then is it or its parent body listed on the Australian Stock Exchange?

YES NO

Not-for-Profit

If your organisation is Not-for-Profit then indicate the principal purpose of your organisation:

Religious

Community based

Charitable

1.7 TYPE OF CARE

Indicate the type(s) of care for which approval as a provider of aged care under the *Aged Care Act 1997* is sought:

Residential care

Community care

Flexible care

1.8 ANNUAL REPORT

Does the applicant prepare an annual report?

YES NO

If the answer is YES, attach a copy of the most recent annual report.

1.9 USE OF A MANAGEMENT COMPANY

Does the applicant currently have (or propose to enter into) an agreement with another entity (a “management company”) to deliver care services on its behalf?

YES NO (Go to section 1.12)

If the answer is YES, provide the following details:

Full legal name of the management company

ABN:

ABN branch (if applicable):

Applicant’s agreement with the management company:

1.10 HAS THE MANAGEMENT COMPANY BEEN APPROVED TO PROVIDE AGED CARE UNDER THE AGED CARE ACT 1997?

YES NO

1.11 MANAGEMENT COMPANY DIRECTORS/BOARD MEMBERS

Indicate the full name of each director/board member of the management company, their position in the management company and their role (if any) with the applicant:

Full name	Position	Role with the applicant
1		
2		
3		
4		
5		
6		
7		
8		

1.12 KEY PERSONNEL OF THE APPLICANT

1.12.1 Key personnel at the approved provider level—includes those people who are responsible for the executive decisions of the entity or any other people who have authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the entity.

Full Name	Executive Decision Maker Role (tick one role only)	Senior Manager Maker Role (tick one role only)	Management company employee
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

1.12.2 Key personnel at the service level—includes those people who are responsible for the nursing services provided by the service or any other people who are responsible for (or have significant influence over) the day to day operations of the service.

Full Name	Aged Care Service Manager Role (tick one role only)	Senior Nursing Staff Role (tick one role only)	Management company employee
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

END OF SECTION 1

SECTION 2

SUITABILITY OF THE APPLICANT

2.1 REVOCATION OR REFUSAL OF A LICENCE OR SANCTIONS AGAINST THE APPLICANT

2.1.1 Has a Commonwealth, State, Territory or Local Government agency revoked or refused to grant a licence or similar instrument in respect of the applicant's operation of an aged care service under the *Aged Care Act 1997*, or care services in other supported environments or in any other relevant sector?

YES NO (Go to section 2.1.2)

If the answer is YES, provide the following details:

Type of licence(s):

Date(s) of revocation or refusal:

Reason(s) for revocation or refusal:

If the answer is YES, please attach a copy of the revocation/refusal notice. Also attach additional sheets describing why the applicant should be considered suitable to provide aged care, labelled with the name of the applicant and 'Approved Provider—Section 2.1.1'.

2.1.2 Have any sanctions been imposed under the *Aged Care Act 1997* in respect of the applicant operating as an approved provider of aged care services?

YES NO (Go to section 2.2)

If the answer is YES, provide the following details:

Nature of sanction(s)

Period of sanction(s)

Reason for sanction(s)

If the answer is YES, please attach a copy of the sanctions notice. Also attach additional sheets describing why the applicant should be considered suitable to provide aged care, labelled with the name of the applicant and 'Approved Provider—Section 2.1.2'.

2.2 RECEIVERSHIP, VOLUNTARY ADMINISTRATION OR LIQUIDATION

Has the applicant ever been under the control of a receiver, administrator or liquidator?

YES NO (Go to section 2.3)

If the answer is YES, provide the following details:

Jurisdiction (Commonwealth, State, Territory)

Give details (e.g. company in receivership):

Commencement date: [Click here to enter a date.](#)

End date: [Click here to enter a date.](#)

If the answer is YES, attach additional sheets describing the circumstances and a statement as to why the applicant should be considered suitable to provide aged care, labelled with the name of the applicant and 'Approved Provider—Section 2.2'.

2.3 COMMONWEALTH, STATE, TERRITORY OR LOCAL GOVERNMENT FINANCIAL AND/OR STATUTORY OBLIGATIONS OF THE APPLICANT

Has a Commonwealth, State, Territory or Local Government agency taken or commenced any action against the applicant in respect of financial and/or statutory obligations?

YES NO (Go to section 2.4)

If the answer is YES, provide the following details:

Type(s) of action:

Date(s) of action:

Reason(s) for action:

If the answer is YES, attach additional sheets describing why the applicant should be considered suitable to provide aged care, labelled with the name of the applicant and 'Approved Provider—Section 2.3'.

2.4 CRIMINAL CHARGES OR CONVICTIONS

Is the applicant the subject of any criminal charge(s) pending before a court?

YES NO

Does the applicant have any conviction(s) or finding(s) of guilt?

YES NO

If the answer is YES to any of the above questions, provide the following details:

Jurisdiction (Commonwealth, State, Territory):

Relevant statute(s):

Nature of offence(s):

Date of trial(s):

Name of court(s):

2.5 NATIONAL CRIMINAL HISTORY RECORD CHECK

Attach an original (or certified copy) company national criminal history record check for the applicant, which has been obtained through the Australian Federal Police or a CrimTrac accredited agency.

The national criminal history record check must be dated no more than 90 days before the date the application is received by the Department.

2.6 SUITABILITY OF THE APPLICANT TO BE A PROVIDER OF AGED CARE UNDER THE AGED CARE ACT 1997

* The *Approved Provider Principles 1997* state that the following are examples of supported environments: retirement villages, sheltered housing, nursing homes or hostels for the aged, day care centre, HACC programs, residential care services, community care services and flexible care services.

If you need extra space to complete questions 2.6.1—2.6.18 use the blank pages provided at the end of this form. Please ensure that you label each answer.

2.6.1 Describe the applicant's experience, if any, in providing aged care services under the *Aged Care Act 1997*, or care services in other supported environments* or in any other sector.

2.6.2 Having regard to the care type(s) the applicant is applying for, describe how it will provide this service(s) under the *Aged Care Act 1997*.

- 2.6.3** Describe the applicant's experience, if any, in the implementation of good practice principles in providing aged care services under the *Aged Care Act 1997*, or in care services in other supported environments* or in any other sector.
- 2.6.4** Having regard to the care type(s) the applicant is applying for, describe how it will implement good practice principles in the delivery of aged care services under the *Aged Care Act 1997*.
- 2.6.5** Describe the applicant's experience, if any, in human resource management in providing aged care services under the *Aged Care Act 1997*, or in care services in other supported environments* or in any other sector.
- 2.6.6** Describe how the applicant will implement effective and efficient human resource management practices in the delivery of aged care services under the *Aged Care Act 1997*.
- 2.6.7** Describe the applicant's experience, if any, in meeting relevant standards in providing aged care under the *Aged Care Act 1997*, or in care services in other supported environments* or in any other sector.
- 2.6.8** Having regard to the care type(s) the applicant is applying for, describe how it will meet the relevant standards of care that are set out in the *Aged Care Act 1997*.
- 2.6.9** Having regard to the care type(s) the applicant is applying for, describe its understanding of the obligations and responsibilities of approved providers under the *Aged Care Act 1997* and how these will be met.
- 2.6.10** Describe what steps the applicant will implement to ensure the ongoing suitability of its key personnel.
- 2.6.11** Describe the applicant's experience, if any, in ensuring that care recipients' rights are protected under the *Aged Care Act 1997*, or in care services in other supported environments* or in any other sector.
- 2.6.12** Having regard to the care type(s) the applicant is applying for, describe how it will ensure that care recipients' rights are protected under the *Aged Care Act 1997*.
- 2.6.13** Attach a copy of the applicant's most recent audited Statement of Financial Performance (Profit and Loss), Statement of Financial Position (Balance Sheet) and Statement of Cash Flows.
- (If these statements are not available, attach a statement explaining why and provide other evidence of the financial capacity of the applicant.)
- 2.6.14** If the applicant is reliant on other organisations for financial support or provides them with financial support please explain its relationship with them.
- 2.6.15** Having regard to the care type(s) the applicant is applying for, describe its plan for sourcing funding to deliver aged care services under the *Aged Care Act 1997*.
- 2.6.16** Describe the applicant's methods and record, if any, of financial management in providing aged care services under the *Aged Care Act 1997*, or in care services in other supported environments* or in any other sector.
- 2.6.17** Having regard to the care type(s) the applicant is applying for, describe the methods it will use, in order to ensure sound financial management in the delivery of aged care services under the *Aged Care Act 1997*.
- 2.6.18** Having regard to the care type(s) the applicant is applying for, describe any other relevant experience it may have that may assist in delivering this service(s) under the *Aged Care Act 1997*.

END OF SECTION 2

SECTION 3

SUITABILITY OF PROPOSED KEY PERSONNEL

Each of the applicant's proposed key personnel, including those associated with a management company, must individually complete this section.

Please ensure that you have read the relevant sections of the *Aged Care Act 1997*, *Aged Care Principles* and the *Guidelines for Applicants Seeking Approval to Provide Aged Care*.

Name of applicant applying for approval as a provider of aged care:

3.1 PERSONAL PARTICULARS OF PROPOSED KEY PERSONNEL

Personnel	Title	First Name	Second Name	Family Name
Name:				
Preferred name:				
Former name(s):				

Date of birth:

3.2 RESIDENTIAL ADDRESS

Street number and name:

Suburb/Town:

State/Territory:

Postcode:

3.3 PROPOSED KEY PERSONNEL'S POSITION WITH THE APPLICANT

Position title:

Provide a brief description of the functions and duties that are linked to this position:

3.4 EXPERIENCE IN AGED CARE OR RELATED SERVICES

Have you had experience as one of the key personnel, as defined at section 8-3A of the *Aged Care Act 1997*, of a current or former approved provider?

YES NO

Have you been in a role equivalent to that of a key personnel, as defined at section 8-3A of the *Aged Care Act 1997*, of an organisation that provides care services to aged or disabled people, or care provided in any other supported environments or in any other relevant sector, either currently or in the past?

YES NO

If the answer is YES to either of the above questions, give details of each organisation and service. Attach additional sheets if necessary, labelled with your name, the name of the applicant and 'Approved Provider—Section 3.4'.

Organisation name:

Service name:

Street number and name:

Suburb/Town:

State/Territory:

Postcode:

Type of care offered at service:

Position held at service/responsibilities:

Period of involvement:

3.5 REFUSALS, REVOCATIONS OR REJECTIONS OF A LICENCE OR APPROVAL, AND SANCTIONS

3.5.1 Have you or a corporation with which you have been associated been refused a licence or approval, or had a licence or approval revoked, under Commonwealth, State, Territory or local government law for any reason that involved an act of dishonesty?

YES NO (Go to section 3.5.2)

If the answer is YES, provide the following details:

Jurisdiction (Commonwealth, State, Territory):

Type of licence(s):

Date(s) of revocation or refusal:

Reason(s) for revocation or refusal:

If the answer is YES, please attach a copy of the refusal/revocation notice (if possible). Also attach additional sheets describing your role/involvement at the time and a statement as to why, given this involvement, you should be considered suitable to provide aged care, labelled with your name, the name of the applicant and 'Approved Provider—Section 3.5.1'.

3.5.2 Have you or a person or corporation with which you have been associated had an application for approval as a provider of aged care rejected because of serious misconduct?

YES NO (Go to section 3.5.3)

If the answer is YES, provide the following details:

Date(s) of rejection:

Reason(s) for rejection:

If the answer is YES, please attach a copy of the rejection notice (if possible). Also attach additional sheets describing your role/involvement at the time and a statement as to why, given this involvement, you should be considered suitable to provide aged care, labelled with your name, the name of the applicant and 'Approved Provider—Section 3.5.2'.

3.5.3 Have you or a person or corporation with which you have been associated had its approval as a provider of aged care revoked because of serious misconduct?

YES NO (Go to section 3.5.4)

If the answer is YES, provide the following details:

Date(s) of revocation:

Reason(s) for revocation:

If the answer is YES, please attach a copy of the revocation notice (if possible). Also attach additional sheets describing your role/involvement at the time and a statement as to why, given this involvement, you should be considered suitable to provide aged care, labelled with your name, the name of the applicant and 'Approved Provider—Section 3.5.3'.

3.5.4 Have any sanctions been imposed under the *Aged Care Act 1997* in respect of the operation of an aged care service by an approved provider in which you were at the time in the position of a key personnel as defined in section 8-3A of the *Aged Care Act 1997*?

YES NO (Go to section 3.6)

If the answer is YES, provide the following details:

Nature of sanction(s):

Period of sanction(s):

If the answer is YES, please attach a copy of the sanctions notice (if possible). Also attach additional sheets describing your role/involvement at the time and a statement as to why, given this involvement, you should be considered suitable to provide aged care, labelled with your name, the name of the applicant and 'Approved Provider—Section 3.5.4'.

3.6 BANKRUPTCY, RECEIVERSHIP, VOLUNTARY ADMINISTRATION OR LIQUIDATION

3.6.1 Are you an insolvent under administration?

YES NO

3.6.2 Have you ever been an insolvent under administration?

YES NO

3.6.3 Have you been associated in a management capacity with a corporation that is or has been under the control of a receiver, administrator or liquidator?

YES NO

If the answer is YES to any of the above questions, provide the following details:

Jurisdiction (Commonwealth, State, Territory):

Give details (e.g. bankruptcy, company in receivership):

Commencement date: [Click here to enter a date.](#)

End date: [Click here to enter a date.](#)

If the answer is YES to 3.6.2 or 3.6.3, attach additional sheets describing the circumstances and a statement as to why you should be considered to be suitable to provide aged care, labelled with your name, the name of the applicant and 'Approved Provider—Section 3.6'.

3.7 COMMONWEALTH, STATE, TERRITORY OR LOCAL GOVERNMENT FINANCIAL AND/OR STATUTORY OBLIGATIONS

Has a Commonwealth, State, Territory or Local Government agency taken or commenced any action against a corporation in which you are, or were at the time, serving in a management capacity in respect of financial and/or statutory obligations?

YES NO (Go to section 3.8)

If the answer is YES, provide the following details:

Name of corporation(s):

Name of service(s):

Type(s) of action:

Date(s) of action:

Reason(s) for action:

If the answer is YES to 3.7, attach additional sheets describing your role / involvement at the time and a statement as to why, given this involvement, you should be considered suitable to provide aged care, labelled with your name, the name of the applicant and 'Approved Provider—Section 3.7'.

3.8 CRIMINAL CHARGES OR CONVICTIONS

Are you the subject of any criminal charge(s) pending before a court?

YES NO

Do you have any conviction(s) or finding(s) of guilt for any unspent offences?

YES NO

If the answer is YES to any of the above questions, provide the following details:

Jurisdiction (Commonwealth, State, Territory):

Relevant statute(s):

Nature of offence(s):

Date of trial(s):

Name of court(s):

3.9 NATIONAL CRIMINAL HISTORY RECORD CHECK

Attach an original (or certified copy) national criminal history record check for the key personnel, which has been obtained through the Australian Federal Police or a CrimTrac accredited agency.

The national criminal history record check must be dated no more than 90 days before the date the application is received by the Department.

When completing the form ensure that you identify the purpose as 'Code Number 23—Aged Care Key Personnel'.

3.10 SUITABILITY OF PROPOSED KEY PERSONNEL TO CONDUCT AN AGED CARE SERVICE—RELEVANT SKILLS AND EXPERIENCE

If you need extra space to complete questions 3.10.1—3.10.11 use the blank pages provided at the end of this form. Please ensure that you label each answer

3.10.1 Describe the skills, qualifications and experience you possess and how they will be applied in your role with the applicant to assist it with the delivery of aged care services under the *Aged Care Act 1997*.

3.10.2 Having regard to the care type(s) the applicant is applying for and your role with that organisation, describe how you will assist it to meet the obligations and responsibilities of approved providers under the *Aged Care Act 1997*.

3.10.3 Describe your understanding of, and experience with, meeting relevant standards in the aged care or any other sector.

3.10.4 Having regard to the care type(s) the applicant is applying for and your role with that organisation, describe how you will assist it to meet the relevant standards that are set out in the *Aged Care Act 1997*.

3.10.5 Having regard to the care type(s) the applicant is applying for and your role with that organisation, describe how you will assist it to ensure care recipients' rights are protected.

3.10.6 Describe your understanding of, and experience with, the implementation of good practice principles in the aged care or any other sector.

3.10.7 Having regard to the care type(s) the applicant is applying for and your role with that organisation, describe how you will assist it to implement good practice principles in the delivery of aged care services under the *Aged Care Act 1997*.

3.10.8 Describe your experience with human resource management in the aged care or any other sector.

3.10.9 Having regard to the care type(s) the applicant is applying for and your role with that organisation, describe how you will assist it to implement effective and efficient human resource management practices in the delivery of aged care services under the *Aged Care Act 1997*.

3.10.10 Describe your experience with financial management in the aged care or any other sector.

3.10.11 Having regard to the care type(s) the applicant is applying for and your role with that organisation, describe how you will assist it to implement sound financial management practices in the delivery of aged care services under the *Aged Care Act 1997*.

3.11 CONSENTS AND DECLARATION

Consents:

I consent to the Secretary of the Department of Social Services disclosing my name, date of birth and details of previous employment to the agencies listed below to assist them to identify information or documents relevant to the assessment of my suitability as a key personnel of an organisation seeking to become an approved provider of aged care.

List of agencies:

Aged Care Standards and Accreditation Agency, in respect of the accreditation status of services during any previous or current involvement of mine in Commonwealth-funded aged care;

Australian Securities and Investments Commission;

Insolvency and Trustee Service Australia;

Australian Federal Police;

Commonwealth, State and Territory courts;

Organisations that provide information on company directorships, charges against companies, company and individual credit/debt information; and

Commonwealth, State and Territory Government departments in respect of any previous or current involvement of mine in organisations providing residential or community care services to aged persons, persons with a disability or care in other supported environments.

Declarations:

I have read and understand the Guidelines for Applicants Seeking Approval to Provide Aged Care, and declare that the information I have given in Section 3—Suitability of Proposed Key Personnel is true and correct.

I declare that I am eligible to be a key personnel and am not currently a disqualified individual under section 10A-1(1) of the *Aged Care Act 1997*.

Important:

Giving false or misleading information is a serious offence.

Name of person signing:

Signature:

Date: [Click here to enter a date.](#)

END OF SECTION 3

SECTION 4

CONSENT, DECLARATION AND ENDORSEMENT OF APPLICATION

CONSENT:

I/we consent to the Secretary of the Department of Social Services obtaining information and documents from other persons or organisations, including the Aged Care Standards and Accreditation Agency and Commonwealth, State and Territory Government departments in respect of any previous or current involvements of the applicant or organisation in providing residential or community care services to aged persons, persons with a disability or care in other supported environments, to assist in assessing this application.

Endorsement:

This endorsement covers all information provided in the application and must be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the applicant.

Section 8-2(4) of the *Aged Care Act 1997* (the Act) states that an application that contains information that is, to the applicant's knowledge, false or misleading in a material particular is taken not to be an application. Furthermore, section 10-3(1)(c) of the Act states that the Secretary must revoke an approval of a person as a provider of aged care under section 8-1 of the Act if the Secretary is satisfied that the person's application for approval contained information that was false or misleading in a material particular.

Declaration:

I/we declare that I/we have read and understand the Guidelines for Applicants Seeking Approval to Provide Aged Care.

I/we declare that I/we have completed all sections relevant to my/our application to be considered as an approved provider of aged care and that all information set out in those sections is true and correct.

I/we declare that all information contained in attachments to this application is also true and correct.

Important:

Giving false or misleading information is a serious offence.

Name of person signing:

Signature:

Position:

Date: [Click here to enter a date.](#)

Name of person signing:

Signature:

Position:

Date: [Click here to enter a date.](#)

If required, affix company seal and show full citation which accompanies affixing the seal:

END OF SECTION 4

ACKNOWLEDGMENT

This acknowledgment will be returned to you to confirm receipt of your application for approval to provide aged care.

Applicant to complete (if a receipt is required):

Name:

Address:

Fax number:

Department to complete:

The Department of Social Services has received your application for approval to provide aged care.

Date of receipt: