



Australian Government

Australian Aged Care Quality Agency

Application for re-accreditation

Name of home:

RACS ID:

Administrative information to be submitted by all approved providers applying for re-accreditation of a home

Approved provider details

Approved provider name

ABN

Email

Phone

Approved provider postal address

PO Box or street number and name

Suburb/Town

State and Postcode

Authorised contact for correspondence

This is the person who will receive all correspondence, notifications and enquiries concerning the home. This includes education seminars, setting up the visits, and reports about the home's performance against the Accreditation Standards.

Name

Title

First name

Last name

Position

The contact person is from

the approved provider organisation

the home

a management company ➤ *Please give the following details*

Management company name

Address

PO Box or street number and name

Suburb/Town

State and Postcode

Phone

Email

Details of this home

Name of home

RACS ID

Site address

Street number and name

Suburb/Town

State and Postcode

Phone

Email

Contact person at the home

Title

First name

Last name

Position

Details of places available

Number of allocated places at the time of this application
 Number of residents at the time of this application
 Number of residents receiving high care
 Number of provisional places not yet occupied by residents
 When do you intend to start admitting residents to these places?

Specialised services

Do you provide specialised services for groups? Number of residents

- Dementia specific
- Aboriginal or Torres Strait Island descent
- Specific religious group Religion
- Culturally specific/diverse Cultural group

If other, please provide details and number of residents in each group:

Additional comments:

If you have identified a group who speak a language other than English: would you recommend that an interpreter accompanies assessors on visits to the home?

- Yes No

If yes please provide the language or languages for which an interpreter is recommended:

Approved provider declaration

(Note: the approved provider is the applicant for the application for re-accreditation)

By submitting this application I,

Title
First name
Last name

Position, declare that I am authorised by the approved provider to submit this application for the re-accreditation of
 , RACS ID .

I understand that providing any false or misleading information to the accreditation body is a serious offence under the *Criminal Codes Act 1995*.

Payment submitted

The fee for this application for re-accreditation has been calculated as: \$
(Enter amount based on allocated places)

The fee has been paid by:

- Electronic funds transfer on Date Cheque on Date

Name: Quality Agency

BSB: 062 000 Account no: 15246923

Your payment must identify the home's RACS ID.

Cheques are to be made out to:
 Australian Aged Care Quality Agency

Please submit your application to one of the following email addresses:

nsw_act@aacqa.gov.au

qld@aacqa.gov.au

sa_nt@aacqa.gov.au

vic_tas@aacqa.gov.au

wa@aacqa.gov.au