



# Application for Accreditation

Name of home: \_\_\_\_\_

RACS ID: \_\_\_\_\_



**Aged Care**

Standards and Accreditation Agency Ltd

**What is the purpose of the application?**

The purpose of this application is to enable the approved provider (or the delegate of the approved provider) to apply for accreditation of a residential aged care home after completing a self-assessment exercise.

**The electronic format of the application form for accreditation can be downloaded from the Agency website [www.accreditation.org.au](http://www.accreditation.org.au) and submitted to your Agency state office by e-mail.** The majority of applications are submitted using the electronic format.

This document is a hardcopy version of the application that may be used if you cannot access the electronic version. It contains a section for administrative information and then blank self-assessment pages that you can write on. You may add additional pages as you require. Please ensure the name of the home and the RACS ID are clearly labelled on each page. You can download the self-assessment prompts from the website [www.accreditation.org.au](http://www.accreditation.org.au). The prompts will assist you in providing information that demonstrates what you achieve in relation to the Accreditation Standards.

Approved providers must make an application for accreditation using the electronic format or this paper copy.

**How will the information be used?**

All information supplied to the Agency as part of the application is used only for the purpose of accreditation and other responsibilities of the Agency as outlined in the *Accreditation Grant Principles 1999*.

**What information is available about accreditation?**

There is a series of fact sheets on the Agency's web site [www.accreditation.org.au](http://www.accreditation.org.au) setting out the accreditation process. You should read these fact sheets before filling in your application. As you complete the self-assessment report you should also refer to the *Accreditation application self-assessment prompts* that can be downloaded from the website [www.accreditation.org.au](http://www.accreditation.org.au).

Additional information about accreditation can be found in *Results and processes in relation to the expected outcomes of the Accreditation Standards* and the *Audit handbook*. These can also be found the Agency website.

More detailed information about accreditation of residential aged care homes can be found in the *Accreditation Grant Principles 1999* and the *Aged Care Act 1997*.

**Who should submit the application?**

The approved provider of the residential aged care home must submit the application. The approved provider is the person or body approved by the Secretary of the Department of Health and Ageing as a provider of residential aged care.

Sections of the application may be completed by others delegated by the approved provider. However, the Approved Provider Declaration must be completed by the individual who has been approved as a provider of residential aged care for the home or where the approved provider is not an individual by the delegate appointed by the approved provider.

**What is a valid application?**

A valid application is one that:

- is made by the approved provider uses the approved Agency application form (either electronic or paper copy) has all parts of the application form includes the agreement by the approved provider that the home will undertake continuous improvement and has paid the correct accreditation fee.

**When should an approved provider apply for accreditation?**

Under the Aged Care Act 1997 all residential aged care homes must be accredited to be eligible to receive Commonwealth residential care subsidies.

Homes that are due for re-accreditation must apply by the date previously advised by the Agency. This date is usually six months before their current accreditation period expires.

**How does an approved provider apply for accreditation of a commencing service?**

A commencing service is one where an approved provider has been allocated places to be used in the home and those places have not been previously used for residential aged care. A commencing service must be accredited to qualify for Commonwealth residential care subsidies and before it can admit residents.

Approved providers intending to operate a commencing service should contact the Agency office in their state at least three months before the date they plan to admit residents. The Agency can then discuss an appropriate application date for the proposed home.

The commencing service application is available on the Agency web site [www.accreditation.org.au](http://www.accreditation.org.au).

**How much does accreditation cost?**

Accreditation fees are described in the fee schedule in the Accreditation Grant Principles 1999 as amended, 25 June 2004. As of 1 July 2004 the fee schedule is subject to changes in the consumer price index.

Payment can be by electronic funds transfer or by cheque. Whichever form of payment is chosen, the payment must be made per individual home and you must quote the home's RACS ID as your reference.

The RACS ID is the four digit Residential Aged Care Service Identification Number allocated to the home by the Department of Health and Ageing. The RACS ID is the bank payment reference number that should be used in forwarding payment to the Agency's account.

If paying by electronic funds transfer, please follow the procedure determined by your financial institution using the following Agency information.

Bank: Commonwealth Bank of Australia

Branch: Parramatta

BSB Number: 062441

Bank Account Number: 10048559

Please make cheques payable to The Aged Care Standards and Accreditation Agency Ltd with the RACS ID printed on the reverse of the cheque. The inclusion of the RACS ID assists the Agency to track the cheques against each home.

The fees for accreditation are described in the fee ready reckoner available on the Agency's web site. **The approved provider must pay for all allocated places whether occupied or not.**

**What are the Agency e-mail contact details?**

To submit your application electronically, please use the relevant email address in your state below. If you are sending the application by mail please see the Agency website [www.accreditation.org.au](http://www.accreditation.org.au) for the relevant state address.

[nsw\\_act@accreditation.org.au](mailto:nsw_act@accreditation.org.au)

[vic\\_tas@accreditation.org.au](mailto:vic_tas@accreditation.org.au)

[sa\\_nt@accreditation.org.au](mailto:sa_nt@accreditation.org.au)

[queensland@accreditation.org.au](mailto:queensland@accreditation.org.au)

[wa@accreditation.org.au](mailto:wa@accreditation.org.au)

Administrative information to be submitted by all approved providers applying for accreditation of a residential aged care home.

### Approved provider details

(To be valid every box must have an entry. If the information requested is not applicable to your organisation please insert N/A.)

Approved provider name \_\_\_\_\_

ACN \_\_\_\_\_

ABN \_\_\_\_\_

Postal address of approved provider \_\_\_\_\_

(No./Street/Road/PO Box)

(Suburb/Town)

(State)

(Postcode)

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

### Approved provider declaration

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

By submitting this application I

Title \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Position \_\_\_\_\_

declare that I am authorised by the approved provider (insert name of approved provider)

to submit this application for the accreditation of (insert name of home and RACS ID)

On behalf of the approved provider I undertake to ensure that the home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited. I understand that providing any false or misleading information to the accreditation body is a serious offence under the Criminal Codes Act 1995.

Date application is approved for submission \_\_\_\_\_

**Payment details**

The fee for this application for accreditation has been calculated as \$ \_\_\_\_\_  
(Enter calculation based on allocated places)

Please ensure that the RACS ID is your bank payment reference, without that identification we cannot match electronic payments and the application will be invalid.

The fee has been paid by:

- Electronic funds transfer on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Cheque posted on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Note: Fees are adjusted annually based on the Consumer Price Index. Please check the fee ready reckoner on the Agency website.

**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 performance of the home against the Accreditation Standards.

Name of authorised contact for correspondence

Title \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_

Position \_\_\_\_\_

The contact person is from

- ❖ the approved provider organisation
- ❖ the home
- ❖ a management company

If you have checked the management company box please complete the following information about the management company.

Name of management company \_\_\_\_\_

Postal address of management company

\_\_\_\_\_  
(No./Street/Road/PO Box)

\_\_\_\_\_  
(Suburb/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Postcode)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website (if applicable) \_\_\_\_\_



If you answered yes above are your significant management systems standardised across all the homes?

Yes  No

**Details of residential aged care home**

(To be valid, every box must have an entry. If the information requested is not applicable to your organisation please insert N/A.)

Name of home \_\_\_\_\_

RACS ID \_\_\_\_\_

Site address of home \_\_\_\_\_  
(No./Street/Road)  
 \_\_\_\_\_  
(Suburb/Town) (State) (Postcode)

Mailing address \_\_\_\_\_  
(No./Street/Road/PO Box)  
 \_\_\_\_\_  
(Suburb/Town) (State) (Postcode)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

Name of contact at home

Title \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

**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 **low** care \_\_\_\_\_

Number of residents receiving **high** care \_\_\_\_\_

New places not yet operational \_\_\_\_\_

Number of provisional places not yet occupied by residents \_\_\_\_\_

When do you intend to start admitting residents to these places? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

When do you plan to have all these places filled? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Other services**

Are there any residential aged care homes with separate RACS ID at the same location?

Yes  No

If yes please provide the name of any homes and their RACS ID

Name of home	RACS ID
<hr/>	<hr/>
<hr/>	<hr/>

Do you provide other services on site? Eg childcare, community care, hospital services, training.

Yes  No

If yes please provide details:

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**Specialised services**

Do you provide specialised services for groups with **specific health** needs?  
Eg dementia, Parkinson’s disease, blindness, psychiatric.

Yes  No

If yes please provide details and the number of residents in each group:

Speciality (If required attach an extra page)	Number of residents
<hr/>	<hr/>
<hr/>	<hr/>

Do you provide specialised services for groups with **specific cultural** needs?  
Eg Aboriginal or Torres Strait Island descent, Spanish speaking, specific religious group, veterans, young people with disabilities.

Yes  No

If yes please provide details and the number of residents in each group:

Specific cultural need	Number of residents
<hr/>	<hr/>
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**Other accreditations**

Is the home accredited with any organisations other than the Aged Care Standards and Accreditation Agency Ltd eg ISO, HACCP?

Yes  No

If yes please provide details:

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**Optional – Nomination of quality assessors**

There is no requirement to nominate quality assessors. However, you may wish to nominate a quality assessor to conduct the audit of your home. If so please list in preference order the names of up to three (3) registered aged care quality assessors.

Assessor 1 \_\_\_\_\_

Assessor 2 \_\_\_\_\_

Assessor 3 \_\_\_\_\_

**What additional documents are required?**

The home is required to make available the following documents at the commencement of, and during, the site audit:

1. The home's vision, values, philosophy, objectives and commitment to quality (Expected Outcome 1.5).
2. Information provided to residents at the time of entry (eg resident handbook, leaflets etc)."
3. A list of names and relevant positions of the key staff whom the assessment team will liaise with for assessing individual outcomes throughout the audit.
4. Site plan (eg plan given to residents or staff to orientate themselves to the buildings or a fire evacuation diagram showing the position of the building or buildings).

**Self-assessment summary**

Please check either **Yes** or **No** against each expected outcome.

Expected outcome	We achieve the following	
	Yes	No
1.1 Continuous improvement		
1.2 Regulatory compliance		
1.3 Education and staff development		
1.4 Comments and complaints		
1.5 Planning and leadership		
1.6 Human resource management		
1.7 Inventory and equipment		
1.8 Information systems		
1.9 External services		
2.1 Continuous improvement		
2.2 Regulatory compliance		
2.3 Education and staff development		
2.4 Clinical care		
2.5 Specialised nursing care needs		
2.6 Other health and related services		
2.7 Medication management		
2.8 Pain management		
2.9 Palliative care		
2.10 Nutrition and hydration		
2.11 Skin care		
2.12 Continence management		
2.13 Behavioural management		
2.14 Mobility, dexterity and rehabilitation		
2.15 Oral and dental care		
2.16 Sensory loss		
2.17 Sleep		
3.1 Continuous improvement		
3.2 Regulatory compliance		
3.3 Education and staff development		
3.4 Emotional support		
3.5 Independence		
3.6 Privacy and dignity		
3.7 Leisure interests and activities		
3.8 Cultural and spiritual life		
3.9 Choice and decision making		
3.10 Resident security of tenure and responsibilities		
4.1 Continuous improvement		
4.2 Regulatory compliance		
4.3 Education and staff development		
4.4 Living environment		
4.5 Occupational health and safety		
4.6 Fire, security and other emergencies		
4.7 Infection control		
4.8 Catering, cleaning and laundry services		













































































