



Australian Government

Department of Health

APPLICATION FOR AN EXTENSION OF THE PROVISIONAL ALLOCATION PERIOD

Legislative reference: Section 15-7 of the [Aged Care Act 1997](#)

The *Aged Care Act 1997* (the Act) provides for a provisional allocation period of four years after the day on which the allocation is made, by which time the approved provider should be in a position to provide care in respect of the places.

The Act allows for the provisional allocation period to be extended in certain circumstances. The period of an extension is 12 months and this cannot be lengthened or shortened, although an approved provider can apply for more than one 12-month extension. For the first two extensions (i.e. up to six years from the date of allocation), the Secretary of the Department of Health (the Secretary) must grant the extension if satisfied that the extension is justified in the circumstances. Any extensions beyond six years can only be granted if the Secretary is satisfied that exceptional circumstances justify the granting of a further extension.

This form should be used to apply for the first two extensions of the provisional allocation period only. The application must be made at least 60 days before the end of the current provisional allocation period. However, the Secretary may allow a lesser number of days in some instances. You may attach documents to support your application.

The Secretary must grant an extension or reject the application and advise the approved provider of the decision within 28 days after receiving the application. If the application is rejected, the provisional allocation period ends 28 days after you are notified of the decision, or at the time when there is no further reconsideration or review of the decision pending.

To assist in assessing this application, the Secretary may also consider information provided in progress reports, previous applications to extend the provisional allocation period, your Aged Care Approvals Round application and other relevant information.

Further information: Phone 1800 020 103 and ask to speak to the Places Management section in the state or territory office where the service is located.

Please email the completed form and any attachments, with a scanned copy of the endorsement page, to the state or territory office where the service is located:

NSWplaces@health.gov.au (NSW and ACT), NTplaces@health.gov.au,
Qldplaces@health.gov.au, SAPlaces@health.gov.au, Tasplaces@health.gov.au,
Vicplaces@health.gov.au, or WAPlaces@health.gov.au

Approved provider name:	Click or tap here to enter text.
NAPS provider ID: (if known)	Click or tap here to enter text.

Contact person for this application	
Name:	Click or tap here to enter text.
Position held in organisation:	Click or tap here to enter text.
Contact phone:	Click or tap here to enter text.
Email address:	Click or tap here to enter text.

<p>If you are submitting the application less than 60 days before the end of the current provisional allocation period, state the reasons why.</p> <p>Click or tap here to enter text.</p>

Section 1 – Service and place details

1.1 Service details				
Service name:	Click or tap here to enter text.			
Service IDs: (if known)	RACS ID:	Click or tap here to enter text.	NAPS ID:	Click or tap here to enter text.
Physical address				
Street number and name:	Click or tap here to enter text.			
Suburb/Town:	Click or tap here to enter text.			
State/Territory:	Choose an item.	Postcode:	Click or tap here to enter text.	

1.2 Details of the provisionally allocated places		
Date places allocated	Number of places	Current expiry date
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap to enter a date.

Section 2 – Details of progress

2.1 Provide details of the key milestones in the development of the service

Attach documents to support milestones that have been achieved, if not previously provided to the department.

Milestone	Achieved	or Date to be achieved
Land secured	<input type="checkbox"/>	Click or tap to enter a date.
Site zoned for residential aged care	<input type="checkbox"/>	Click or tap to enter a date.
Finance approved	<input type="checkbox"/>	Click or tap to enter a date.
Development application approved	<input type="checkbox"/>	Click or tap to enter a date.
Building application approved	<input type="checkbox"/>	Click or tap to enter a date.
Building works commenced	<input type="checkbox"/>	Click or tap to enter a date.

2.2 When do you expect to be in a position to provide care in respect of these places?

Click or tap to enter a date.

2.3 What progress has been made towards being in a position to provide care in respect of these places in the last 12 months?

Click or tap here to enter text.

2.4 Provide details of any delays in achieving the milestones. What action have you taken to remedy these delays?

Click or tap here to enter text.

2.5 What risks have you identified in achieving the remaining milestones? How do you propose to mitigate against, and/or manage, this risk?

Click or tap here to enter text.

Section 3 – Endorsement of application

This application must be signed only by those persons who are legally authorised to sign for and on behalf of the approved provider. Giving false or misleading information is an offence. There are offences established by the [Aged Care Act 1997](#) and the [Criminal Code Act 1995](#) relating to providing false or misleading information. Approvals based on false or misleading information may be revoked.

☐ I am aware of my responsibilities as prescribed in the *Aged Care Act 1997* and the Aged Care Principles.

☐ I declare that the information set out in this application and any associated attachment(s) is true and complete.

☐ I declare that the key personnel of the applicant organisation are, and will continue to be, suitable to provide aged care and are not disqualified individuals.

☐ I consent to the Secretary of the Department of Health obtaining relevant information and documents from other persons or organisations, including the Aged Care Quality and Safety Commission and state, territory and Australian government departments or authorities, to assist in assessing the application.

Endorsing officer	
Name:	Click or tap here to enter text.
Signature:	
Position held in organisation:	Click or tap here to enter text.
Date:	Click or tap to enter a date.
Postal address:	Click or tap here to enter text.