

*Please note these forms require handwritten signatures and therefore are intended to be paper based.
The Department has made every effort to adhere to WCAG 2.0 accessibility requirements*



Australian Government

Aged Care Education and Training Incentive Program

COMPLETION PAYMENT

Important: the ACETI Program is ceasing. Students already in the ACETI Program may receive completion payments if they meet current requirements including submitting this completion application form by 30 June 2020.

This application form is to be completed by applicants who have completed studies and have already received a commencement payment under this Program.

Please read ‘[Information for Applicants](#)’ and the application form carefully before submitting your application to the Department of Human Services. These documents can be found at the Department of Health’s website.

Please note that payments depend on the availability of funds. The department and/or its agent may at its discretion, defer or not make a payment once funds have been exhausted.

Application forms can be submitted after the completion of a course and upon receipt of a completion certificate (for VET courses) or after receipt of registration with the Nursing and Midwifery Board of Australia (for enrolled nurse and registered nurse training courses). **Application forms for a completion payment must reach the Department of Human Services by 30 June 2020.**

Completion payments are dependent on an applicant’s level of study, as follows:

- Vocational Education and Training courses - \$500 after successful completion of the course.
- Enrolled Nurse Training courses - \$1,500 after successful completion of the course and registration with the Nursing and Midwifery Board of Australia as an Enrolled Nurse.
- Registered Nurse Training - \$3,000 after successful completion of the course and registration with the Nursing and Midwifery Board of Australia as a Registered Nurse.

Payment related questions (including updates on the status of your application) should be directed to the Department of Human Services Medicare Program Aged Care Enquiry Line on 1800 195 206 (Option 3). Call charges may apply from public and mobile telephones.

It is the applicant’s responsibility to submit this form to the Department of Human Services. Please return your completed application form to:

ACETI Program

Department of Human Services

GPO Box 9923

PERTH WA 6001

For office use only

APPLICATION FORM

PERSONAL DETAILS (Please complete this form in blue pen)

Title	Mr / Mrs / Ms / Miss / Other (Please Specify)
Surname	
Previous surname (if different to commencement application)	
Given name	
Second / middle name	
Date of birth	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>

What is your residency status? (please tick one box only)

Australian Citizen ☐ Permanent Resident ☐ Neither ☐

Note: In order to be eligible to receive an incentive payment, you must be an Australian citizen or permanent resident.

Are you Aboriginal and/or Torres Strait Islander? Yes ☐ No ☐

Are you from a culturally and linguistically diverse background? Yes ☐ No ☐

Medicare Card Number
xxxx-xxxxx-x Reference number x

Note: By providing your Medicare card number to the Department of Human Services, you are consenting to the Department of Human Services using this number to access your Medicare records to confirm your name, address and citizenship. If you do not provide your Medicare card number you must provide certified copies of evidence of identity. Refer to '[Information for Applicants](#)' Question 37 – 'How can I verify my identity?'

Contact details	Residential Address	
	Number/Street	
	Suburb	
	State	Postcode
	Postal address (or 'as above' if same as residential address)	
	Number/Street	
	Suburb	

PERSONAL DETAILS (Please complete this form in blue pen)

	State	Postcode
	Contact number (Include area code)	Mobile Work Home
	Email address	

Note: It is important to note that this incentive payment is intended for the individual aged care worker. Incentive payments will be paid into your nominated bank account below. It is preferable that the name of account is consistent with your name. The nominated bank account must not belong to a third party.

Financial details	BSB	
	Name of financial institution	
	Bank account number	
	Name of account holder/s	

REGISTERED TRAINING ORGANISATION/ INSTITUTION / UNIVERSITY AND TRAINING PROGRAM DETAILS

Note: Eligible courses are listed in 'Information for Applicants' at www.health.gov.au/aceti.

Registered Training Organisation / Institution / University	Name of organisation	
	Address of organisation	
	Contact officer	
	Contact number	
	Position	
Course details	Name of course	
	Course code	
	Commencement date	
	Completion date of course	
Method of study	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
	Face to face <input type="checkbox"/> Distance <input type="checkbox"/> Combination <input type="checkbox"/>	
Who paid for the course?		
Did you commence this qualification with the above organisation?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: The Department of Human Services or the Department of Health may contact your registered training organisation/institution/university to confirm these details.

PROOF OF COURSE COMPLETION

You must attach a certified copy of your Certificate of Completion to your application.

If you cannot obtain your Certificate of Completion within the required timeframe, you can attach a copy of your transcript with formal written evidence from your training organisation confirming that you have successfully completed the course.

For enrolled nursing studies and registered nursing studies, you must also attach a certified copy of your registration with the Nursing and Midwifery Board of Australia.

YOUR AGED CARE EMPLOYMENT DETAILS

Note: The incentive payment is intended to assist aged care workers with some of the costs incurred while undertaking training. In order to be eligible to receive an incentive payment, you must be employed on a full time, part time or casual basis in and by an eligible aged care service, providing some direct care at the commencement, duration and completion of your training.

See '[Information for Applicants](#)' for a definition of an 'eligible aged care service'.

Aged care employer at the commencement of your course

Employer name (Service name)	
Address	
Employment commencement date	

Aged care employer during your course (if different from above)

Employer name (Service name)	
Address	
Employment commencement date	

Aged care employer at the completion of your course (if different from above)

Employer name (Service name)	
Address	
Employment commencement date	

Previous aged care employer (if less than 6 months with current aged care employer)

Employer name (Service name)	
Address	
Employment commencement date	to

Do you provide some 'direct care' in your current role? Yes ☐ No ☐

Note: Please see 'Information for Applicants' for definition of direct care. You must provide some direct care at the commencement, during the term of, and at the successful completion of your study in order to receive the completion payment.

PROOF OF EMPLOYMENT

I,..... [please print] verify that:

YOUR AGED CARE EMPLOYMENT DETAILS

- a) the above details under 'Your Aged Care Employment Details' are true and correct; and
- b) that the applicant is employed on a full time / part time / casual basis; and
- c) the applicant provided some direct.

I believe that the applicant demonstrates a commitment* to working in the aged care sector.

Signed

Position Contact number

Date NAPS Service ID

(NAPS ID - refer to Question 23 in 'Information for Applicants')

Note: The Department of Human Services or the Department of Health may contact your employer to confirm these details.

* A demonstrated commitment to working in the aged care sector could include (but is not limited to):

- Applicant makes a valuable contribution to the workplace; and/or
- Applicant has indicated an interest in pursuing a career in aged care



PLEASE COMPLETE THIS CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

Please note incomplete applications will be returned and will delay the assessment of your claim.

COMPLETING YOUR APPLICATION

PLEASE COMPLETE THIS CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

Ensure that in completing your application you have:

- ☐ Read and understood the Aged Care Education and Training Incentive Program 'Information for Applicants'
- ☐ Already received a commencement payment
- ☐ Completed all personal details (including citizenship details)
- ☐ Been employed on a full time, part time or casual basis providing some direct care in an eligible aged care service, while undertaking an eligible training course.
- ☐ Applied for the completion payment by 30 June 2020 (your completion application form must reach the Department of Human Services by **30 June 2020**)
- ☐ Provided your Medicare card number or attached certified copies of evidence of identity. When certifying a document ensure that the following words are used:
'This is a true copy of the original document, sighted by you [name], [signature], [date], [qualification to certify documents]. More information about certified documents can be found at 'Information for Applicants'.
- ☐ Completed financial details for nominated bank account
- ☐ Completed education and training details
- ☐ Attached a certified copy of your certificate of completion to your application. If there is a delay in receiving your certificate of completion, you can provide written proof of course completion from your registered training organisation. You will still be required to provide a certified copy of your Certificate of Completion to the Department of Human Services when it becomes available.
- ☐ Attached a copy of your registration with the Nursing and Midwifery Board of Australia (for enrolled nursing studies and registered nursing studies only)
- ☐ Completed your employment details
- ☐ Requested your employer to complete and sign the employer declaration on page 4 of the application form
- ☐ Completed and signed the applicant's declaration on page 6 of the application form
- ☐ Checked that ALL compulsory sections of the application form are complete. Incomplete forms may delay processing of applications.

APPLICANT'S DECLARATION

I am the applicant and I declare that:

- I have read and understood the Aged Care Education and Training Incentive Program 'Information for Applicants';
- I am aware that my application for the completion payment must reach the Department of Human Services by 30 June 2020, following registration with the Nursing and Midwifery Board of Australia (enrolled nurse and registered nurse training courses);
- I have already received a commencement payment;

APPLICANT'S DECLARATION

- I have been employed on a full time, part time or casual basis providing some direct care in an eligible aged care service, while undertaking an eligible training course;
- the information on this application form is true and correct;
- I will promptly inform the Department of Human Services of any changes to the information I have provided in this application form.

I acknowledge:

- giving false or misleading information is a serious offence and may lead to prosecution under the *Criminal Code Act 1995*;
- I may be asked to confirm my eligibility for the Aged Care Education and Training Incentive Program payment;
- the Department of Human Services or the Department of Health may contact my employer/registered training organisation/institution/university and/or the Nursing and Midwifery Board of Australia to verify the information that I have provided in my application.

Full name of applicant

Signature Date

PRIVACY AND YOUR PERSONAL INFORMATION

Personal information is protected by law, including by the *Privacy Act 1988*.

The information you provide will be collected and used by the Department of Human Services for the purposes of assessing and making Aged Care Education and Training Incentive Program payments and issuing correspondence.

The information you provide may also be used by the Department of Human Services or another agency or organisation engaged by the Australian Government for the purposes of assessing the Aged Care Education and Training Incentive Program.

Personal information about an applicant may be disclosed to the relevant financial institution to facilitate payment, the Department of Health, or as authorised or required by law.

Payment will be made upon the successful processing of this application form and is generally expected within 28 days. If you have any enquiries on completing this application form or the status of your payment, please contact the Department of Human Services Medicare Program Aged Care Enquiry Line on 1800 195 206 (Option 3).