

Application for Enrolment in the ACIS Certification Program

Please read before completing Form:

- *This Application Form is to request enrolment in the ACIS 2018 Certification Program.*
- *Certification is available across Australia to providers delivering services to any individual requiring low, moderate or high levels of support to live in their community. It is not limited to any particular government-funded program. Refer to the definition below to confirm services that constitute community support services under the ACIS Certification Program.*
- *To become enrolled, your organisation must be planning to have its first certification assessment within 12 months of the application date.*
- *Applications for Enrolment lapse after 12 months and a new Application must be made, including a new Application Fee.*
- *You do not have to be a member of ACIA to enrol.*
- *All Applicants for certification to the ACIS Certification Program must complete this Application Form in full.*
- *All information provided will be kept confidential by ACIA Executive and will only be seen by ACIA staff and the Certification Body that you nominate. **Non-Executive Directors of ACIA do not have access to Applications.***

Community Support Services Definitions

Community Supports and/or Services is defined as the provision of paid supports and services in a participant's home or community. It includes but is not limited to, the following activities of daily living:

- Personal care or support
- Complex Physical Support
- Complex Behaviour Management
- Housework or domestic assistance
- Transport assistance
- Community access
- Social support
- Nursing services
- Clinical supports
- Gardening and home maintenance
- Palliative care
- Respite care

Applicant Information

This form can be completed electronically or by hand.

1. Nominated Certification Body for Certification to ACIS 2018

Note: Providers must choose a Certification Body that is accredited by JAS-ANZ to ACICS 2018 and approved by ACIA, or is a current applicant for such accreditation and approval.

2. Details of Organisation

Organisation Name:

ABN:

ACN:

ACIA Member? Yes No

Organisation contact person:

Note: This person will be used by ACIA and the Certification Body as the main contact for correspondence regarding all aspects of certification

Position/Job Title:

Postal Address:

Suburb:

State:

Postcode:

Physical Address:

Suburb:

State:

Postcode:

Mobile:

Email:

Website:

Business Telephone:

2.1 Is this the Head Office of the organisation (i.e. Where legal entity/s is registered)?

Yes No

If No, please complete details for Head Office:

Postal Address:

Suburb:

State:

Postcode:

Physical Address:

Suburb:

State:

Postcode:

2.2 Do you have other offices from where services are administered?

Yes No

(If Yes - please provide details)

3. Organisation Service Details and Delivery Areas

3.1 States and Territories of Operation

ACT NSW NT QLD SA TAS VIC WA

3.2 Approximate number of people who received community support services in the last financial year:

3.3 Total number of FTE workers in the last financial year?

(Total FTE = Total number of hours of services provided / Total number of support workers employed / 7.5)

4. Types of community support services provided

4.1 We provide the following services:

Nursing services	Community access	Housework or domestic assistance
Palliative care	Clinical supports	Gardening and home maintenance
Respite care	Transport assistance	Personal care or support
Social support		

4.2 Apart from community support services, what other types of services do you provide?

Medication administration and management
Wound care and management
Catheter care and management – IDC / SPC I/O
Complex Bowel care and management
Ventilator care and management
Trachea suctioning, care and management
Subcutaneous Injections (SC)

4.3 Complex Behaviour Management

Positive Behaviour Support Plan in place? Yes No

Restrictive Practice Management utilised? Yes No

If utilised what type of restrictive practice is used?

Chemical (the use of medication to control the person's behaviour)

Physical (sustained or prolonged use of physical force to prevent, restrict, or subdue movement of a person's body or part of body for influencing behaviour)

Other

4.4 Do you subcontract services?

Yes No

(If utilised what type of subcontracted services e.g. Employment services, aged care facility, provision of agency staff)

4.5 Approximate % of total service you deliver that is 'community support'?

5. Types of Service Users for whom services are provided

Acquired brain injury	Aged care	Autism
Intellectual disability	Mental health	Dementia
Ventilator dependent	Spinal injury	Physical disability including sensory disability
Other (please specify)		

5.1 Age Categories of people receiving services

<16 years 16 to 65 years >65 years

5.2 Approximate CALD/Cultural Mix of Service Users

6. Current Certification/Accreditation Details

6.1 Any Current System/s of Certification/Accreditation (e.g. NDIS National Quality Safeguards Standards, ISO 9001): (Please provide copy of certificate(s) and scopes of certification/accreditation)

6.2 Any other Standards for which you are assessed for compliance (e.g. Aged Care Standards)

7. Current Funding Sources

Please check all current funding sources for whom you are currently supplying services

Federal

- F1. Approved Provider – NDIS
- F2. Approved Provider – DVA/Veterans Home Care
- F3. Approved Provider – DVA Community Nursing
- F4. Directly funded – National Respite for Carers Program (NRCP)
- F5. Directly funded – Home Care Packages (Level 1- 4)
- F6. Directly funded – Transitional Aged Care Program (TACP)
- F7. Directly funded – CHSP Services (Aged)
- F8. Directly funded – NDIS
- F9. Directly funded – Defence department

New South Wales

N4. Approved Panel Provider – Lifetime Care and Support Authority (LTCS)

N5. Approved Panel Provider – Dust Diseases Board NSW

N6. Funded – NSW FACS

N7. Funded – NSW Health HSS Enable

Queensland

Q1. Approved Provider – Department of Communities Qld

Q2. Approved Provider – Transition

Q3. Funded – Queensland Health

Victoria

V1. Approved Panel Provider – VIC TAC Attendant Care Program

V2. Non-approved Provider – VIC TAC Attendant Care Program

V3. Approved Provider – Disability Services

V4. Funded – Department of Human Services VIC

Multiple States and Territories

M1. Approved Provider – Younger People in Residential Aged Care (YPRAC)

- list States & Territories:

M2. Approved Provider – Health Departments

- list State, Territory & programs:

M3. Directly funded – Dept of Community Services or similar (name varies with State & Territory)

- list names, States & Territories:

M4. Funded – Public Trustee or Guardian (name varies with State & Territory)

- list names, States & Territories:

M5. Funded – WorkCover / workers' compensation (name varies with State & Territory)

- list names, States & Territories:

M6. Funded – Insurance Companies

- list names, States & Territories:

M7. Private clients

- list States & Territories:

Other (please specify)

8. Brokered/sub-contracted services

8.1 Do you provide services on behalf of other service providers?

Yes

No

Names of providers for whom you provide services:

Funding sources (from Question 7) for these services:

8.2 Do other service providers provide services on your behalf?

Yes

No

Names of providers for whom you provide services:

Funding sources (from Question 7) for these services:

9. APPLICATION DECLARATION

I, _____ being a duly authorised person to act on behalf of
apply to enrol in the ACIA Certification Program using ACIS 2018.

I understand that in submitting this application, I:

- Consent that a copy of this Application Form be sent to our nominated certification body;
- Agree to complete a Self-Assessment and submit this to our nominated certification body;
- Understand that the Application Fee is non-refundable and is separate to any fees payable to our nominated certification body;
- Understand that this Application lapses if certification has not been achieved within 18 months of the application date and that re-application will need to be made to become enrolled again in the Program, including the payment of a new Application Fee;
- Agree to advise ACIA of any changes to our intention to seek certification or to change our nominated certification body;
- Agree to allow the ACIA Public Officer, or their delegate, to observe any assessment or audit of our organisation by our nominated certification body;
- Agree, once certified, to have our Scope of Certification and other relevant details published on the ACIA website (note that this information may also be published on the JAS-ANZ website and on the website of the nominated certification body);
- Agree to participate in any evaluation of the Certification Program by ACIA; and
- Agree to have our de-identified certification data used to inform feedback and benchmark reporting for the community support/ attendant care sector.

Signed: _____ Date: _____

Please return the entire, completed form to: contact@acia.net.au

Application Fee

The Application Fee is \$1100 for ACIA Members and \$2200 for Non-ACIA Members.

PLEASE DO NOT SEND YOUR APPLICATION FEE with your Application Form.

You will be sent an invoice with confirmation of your Application. Once payment is received, you will be enrolled for ACIS 2018 certification and you will be advised accordingly.