1. Application Form

Name of Organisation ……

Group Name (if part of a network or group) ……

Operating Turnover (year ended 30 June 2010) ……

Classification: Not-for-profit / Private-for-profit / Government (please select one)

CONTACT DETAILS

Postal Address: ……

City: …… State: …… Post Code: ……

Phone (…..) …… Fax (……)…… Mobile ……

Contact Name 1: (main contact)……

Position:……Email: ……

Contact Name 2 (survey results are to go to:)……

Position:…… Email: ……

DETAILS OF FACILITIES PARTICIPATING IN SURVEY (High and Low Care)

Facility 1 Name: …… Postcode:……

Facility Type: High Care / Low Care *(please circle one)*

Total number of places: …… Number of approved places (including respite): ……

Number of respite places: …… Is the facility - Stand Alone / Part of Campus or adjoining other facilities?

Does facility support any ethnic or other community group?: Yes / No Details: ……

Facility 2 Name: …… Postcode:……

Facility Type: High Care / Low Care *(please circle one)*

Total number of places: …… Number of approved places (including respite): ……

Number of respite places: …… Is the facility - Stand Alone / Part of Campus or adjoining other facilities?

Does facility support any ethnic or other community group?: Yes / No Details: ……

Facility 3 Name: …… Postcode:……

Facility Type: High Care / Low Care *(please circle one)*

Total number of places: …… Number of approved places (including respite): ……

Number of respite places: …… Is the facility - Stand Alone / Part of Campus or adjoining other facilities?

Does facility support any ethnic or other community group?: Yes / No Details: ……

For all additional facilities please attach appropriate details.

COMMUNITY CARE PACKAGES (CACP)

Programme 1 Name of Programme: ……

Number of approved packages: …… Number of Private clients: ……

Programme 2 Name of Programme: ……

Number of approved packages: …… Number of Private clients: ……

Programme 3 Name of Programme: ……

Number of approved packages: …… Number of Private clients: ……..

For all additional programmes please attach appropriate details.

EXTENDED AGED CARE IN THE HOME (EACH & EACHD)

Programme 1 Name of Programme: ……

Number of approved packages: …… Number of Private clients: ……

Programme 2 Name of Programme: ……

Number of approved packages: …… Number of Private clients: ……

Programme 3 Name of Programme: ……

Number of approved packages: …… Number of Private clients: ……

For all additional programmes please attach appropriate details.

Registration Declaration

I have read and understood the terms and conditions of participating in the Stewart Brown Financial Performance Surveys and agree to accept those terms and conditions as outlined in this application form.

Signed for and on behalf of: ……
(Name of Organisation)

By: ……
(Signature)

……
(Name of Person)

Position: ……