



THE ALBA

ALBERT PARK LAKE

Application *form*

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How to complete your application form

1. Review and complete all parts of this application form

Step A: Your application

- ☐ Complete all questions and write N/A for any questions which do not apply to you.
- ☐ Please use capital letters.
- ☐ Please place a tick in the box/es that apply to you.

Step B: Your privacy

- ☐ Sign and complete the included Privacy Statement.

2. Complete your Income and Assets Assessment documentation

To determine what you are required to pay, Services Australia or the Department of Veterans' Affairs (DVA) will conduct a income and asset assessment.

To receive an assessment, please visit the Services Australia website at servicesaustralia.gov.au and complete the Residential Aged Care - Calculation of your cost of care form (SA457) or Residential Aged Care - Property details for Centrelink and DVA customers form (SA485), as applicable.

- ☐ Please return the completed documentation directly to the address nominated by Services Australia.

3. Provide copies of the following documents in addition to the completed application form

- ☐ My Aged Care Support Plan or the referral code supplied by the Aged Care Assessment Team (ACAT) or My Aged Care. If this assessment has not yet been completed, you should contact My Aged Care directly on 1800 200 422 to request this.
- ☐ Copy of a Power of Attorney either original or certified copy (if applicable).
- ☐ Copy of a Legal Guardianship document (if applicable).
- ☐ Copy of your Aged Care Fees and Accommodation Payment determination received from Services Australia or DVA (if applicable and in receipt).
- ☐ Are your covid vaccinations up to date?
☐ Yes or ☐ No
(you will be required to provide proof of your Immunisation History when entering our homes)

4. Provide your completed application form to your Australian Unity contact at The Alba Care Suites.

Should you require an interpreter or any assistance with completing this form, please contact an Australian Unity team member identified in the letter that accompanied this application form, or phone us on 1300 160 170.

Important Information

Discuss accommodation pricing directly with our team. We also recommend that you obtain independent legal and financial advice before completing this form. Please note that submission of an application form does not guarantee an offer of a place at an Australian Unity aged care residence. When proceeding with a permanent placement a financial discussion will be held and financial form will be completed separately.

Application form



RESIDENTIAL AGED CARE

Step 1 Applicants personal details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:	<input type="text"/>
Surname	<input type="text"/>					
Given name/s	<input type="text"/>			Preferred name	<input type="text"/>	
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number	<input type="text"/>
Street name	<input type="text"/>					
Suburb	<input type="text"/>				Postcode	<input type="text"/>
Phone	<input type="text"/>			Mobile	<input type="text"/>	
Email	<input type="text"/>					
Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Defacto	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="text"/>		
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/
Aboriginal/Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Country of birth	<input type="text"/>	
Religion	<input type="text"/>					
Preferred language	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="text"/>			Interpreter required?
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 2 Your partner

Do you have a spouse/partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your spouse/partner's name?	<input type="text"/>	
Are you and/or your spouse/partner applying for a place together in an aged care residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your spouse/partner already reside in an aged care residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Step 3 Current living arrangement

<input type="checkbox"/> Own home	<input type="checkbox"/> Rented accommodation	<input type="checkbox"/> Hospital	<input type="checkbox"/> With family/friends
<input type="checkbox"/> Retirement Community	<input type="text"/>		

Step 4 Your eligibility for residential aged care

Have you been assessed by an Aged Care Assessment Team (ACAT)?

☒ Yes (please attach a copy of your assessment – My Aged Care Support Plan or referral code showing approval for residential respite or permanent care)

☒ Approved residential respite care

Referral Code for residential respite care: -

☒ Approved residential permanent care

Referral code for residential permanent care: -

☒ No (please see your doctor or contact My Aged Care on 1800 200 422 or myagedcare.gov.au)

Step 5 Your aged care history

Have you ever been a permanent resident in an aged care residence? ☒ Yes ☒ No

If yes, date permanent residency commenced: / /

Date of departure (if not currently in an aged care residence): / /

Are you currently living in another an aged care residence? ☒ Yes ☒ No If yes, please complete details below:

Name of aged care residence:

Date of admission: / /

Unit Street number

Street name

Suburb Postcode

Phone Dept. ID number (if known):

Are you currently receiving home care? ☒ Yes ☒ No

If yes, please specify below what type of home care service you are receiving:

☒ Government-funded ☒ Privately funded Provider:

Are you a receiver of NDIS funding? ☒ Yes ☒ No

Step 6 Your pension status

☒ Full ☒ Part ☒ Self-funded

If a full or part pensioner, please specify below:

☒ Centrelink ☒ DVA (non-means tested) ☒ DVA (means tested) ☒ Overseas

Pension number: Card expiry date: / /

DVA number: Card expiry date: / /

Step 7 Your health care details

Medicare number:

Individual reference number Expiry date: /

Health insurance provider:

Membership number: Type of cover:

Step 8 Compensation payments

Are you currently funded for Aged Care from any of these sources?

☐ Workers' Compensation ☐ Third Party ☐ Common Law

Step 9 GP details

Name

Address

Suburb Postcode

Phone

Step 10 Contact details

Please provide details for the person(s) we can contact regarding your application and for the duration of your time with us.

Primary Contact

The person responsible for fees and charges, if not you:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other:

Full name

Tick all boxes that apply: ☐ Billing contact ☐ Clinical contact ☐ Legal contact ☐ Other:

Relationship to you (e.g. son/daughter)

Unit Street number

Street name

Suburb Postcode

Phone Work

Mobile

Email

Secondary Contact

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:					
Full name										
Tick all boxes that apply:	<input type="checkbox"/> Billing contact	<input type="checkbox"/> Clinical contact	<input type="checkbox"/> Legal contact	<input type="checkbox"/> Other:						
Relationship to you (e.g. son/daughter)										
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street name										
Suburb							Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone					Work					
Mobile										
Email										

Third Contact

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:					
Full name										
Tick all boxes that apply:	<input type="checkbox"/> Billing contact	<input type="checkbox"/> Clinical contact	<input type="checkbox"/> Legal contact	<input type="checkbox"/> Other:						
Relationship to you (e.g. son/daughter)										
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street name										
Suburb							Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone					Work					
Mobile										
Email										

Step 11 Legal details

Please note, if you answer yes to any of the following questions, you need to supply a certified copy of the relevant documentation.

Do you have a power of attorney(s)?

☐ Yes (full name of attorney(s))

☐ No

Type of attorney (tick the box(es) that apply):

<input type="checkbox"/> Enduring Power of Attorney	<input type="checkbox"/> Medical treatment decision maker (VIC)
<input type="checkbox"/> General (non-enduring) Power of Attorney	<input type="checkbox"/> Advance Care Directive (NSW)
<input type="checkbox"/> Supportive Attorney (VIC Only)	<input type="checkbox"/> Advance Health Directive (Qld)

Do you have a legal guardian(s) or administrator(s)?

☐ Yes (full name of guardian(s) or administrator(s))

☐ No

Are you applying for legal representation?

☐ Yes (full name of attorney(s)):
Type of legal authority:

☐ No

Step 12 Personal Clothing Labelling Consent

☐ Yes ☐ No

Step 13 Mail Redirection

Would you like your mail redirected? ☐ Yes ☐ No

Name of person to receive mail

Address of where mail is to be sent

Your *privacy*

RESIDENT'S NAME

Australian Unity Care Services Pty Ltd and its related entities (Australian Unity, we, us and our) are committed to complying with all applicable privacy laws including Division 62 of the Aged Care Act 1997 (Cth), the Privacy Act 1988 (Cth) and Australian Privacy Principles.

This statement should be read together with our privacy policy, which is available on our website, australianunity.com.au/privacy-policy.

COLLECTION OF PERSONAL INFORMATION

Australian Unity collects information which is necessary to provide you with aged care and related services. This may include:

- a. your identifying and contact information, such as your name, age, gender, date of birth, photograph, address, phone number and email address;
- b. your relationship status and details of your contact persons, next of kin and authorised representatives;
- c. your health information, such as your medical history, cognitive capacity and diagnosis, the medications you take, your Medicare details, your treating healthcare professionals and other related information;
- d. information about your religious, racial or ethnic background; and
- e. information about your finances, including your pension status and details.

You have the right not to disclose your personal information, however this may limit our ability to process your application for care, provide care in the best possible way, provide you with products or services which you have requested, develop and advise you of new services and products or manage an emergency effectively.

USE OF YOUR PERSONAL INFORMATION

Where appropriate, we will use your personal information to:

- a. determine eligibility for placement and process your application for care;
- b. provide aged care and related services to you;
- c. manage your care, your care plans and our relationship with you, including to assist us with the provision of services;
- d. assist us in running our business, including for quality assurance, audit and insurance purposes, for billing and direct debit arrangements, for improving and developing our services, for implementing appropriate security measures and for training our personnel; and
- e. comply with applicable laws and for other purposes set out in our Privacy Policy.

DISCLOSURE OF YOUR PERSONAL INFORMATION

We may:

- a. include your photograph in your care records to manage your care needs, including for medication administration. Your photograph may be displayed within the residence such as where assistance is required to locate resident rooms, in resident displays or in resident communications;

- b. use your name, images, audio or video recording of you and information relating to the services that you use at your aged care residence as content published on the Australian Unity Family Connect App to be shared with your family members and friends who choose to have access to the App. We may also use this content for Australian Unity internal communications;
- c. disclose your health information to health professionals involved in your care, such as your general or allied health practitioner or your aged care pharmacist, to assist with your health and improving your health outcomes. It may also be necessary to disclose your information in a medical emergency;
- d. be required to provide your personal information to government departments, including Centrelink or the Department of Health, for the purpose of monitoring the way in which services have been provided or for other purposes related to the evaluation or development of, or research regarding, aged care services;
- e. disclose your personal information where we are authorised or compelled by law to do so, where it is necessary for the establishment or defence of a legal claim, or where requested by a government or enforcement agency;
- f. provide your information to persons nominated as your contact persons, next of kin or authorised representatives; and
- g. give your personal information to our related organisations and other third parties who help us with our business, including our subcontractors and advisors. Some of these third party service providers may be located overseas, including in the United States, Canada, the United Kingdom, Ireland, India, Germany, New Zealand and the Netherlands.

ACCESSING AND CORRECTING YOUR INFORMATION

If you believe the information we hold about you is inaccurate, incomplete or out of date, please contact us as soon as possible.

You can make a request to access or correct the personal information we hold about you. If you would like to do so, or if you have any questions about privacy matters, please contact your Australian Unity Aged Care residence manager or Australian Unity's Risk & Compliance Manager – Compliance Systems (Level 7, 271 Spring Street, Melbourne VIC 3000).

ACKNOWLEDGEMENT

Acknowledged and agreed by the applicant or their authorised representative:

X

Signature

Full name

Date

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THE ALBA

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