



Additional Key Personnel Form

Applicant Name Enter applicants legal name

Key personnel Number Select KP number.

Title: [Choose an item.](#)

First and Last Name

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Former Name (as applicable)

Preferred Name

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Date of Birth

Position title

Click to enter a date.	
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Contact email address

Contact phone number 1 -mobile

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Contact phone number 2- landline

Preferred method of contact

	Choose an item.
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Principal duties of position

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Period of employment: From [Click to enter a date.](#) to [Click to enter a date.](#)

Role description including how it is relevant to providing aged care

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You are required to attach each of the following to this application form:

- NPC or NCHC or NDIS worker screening check attached Insolvency check attached
- Statutory declaration attached (***see section 2.2 of this application form***)

Qualifications

You must show why you are suitable for the role you have detailed, including relevant qualifications for the role and to the delivery of aged care.

Some key personnel will hold registrations with professional bodies. Where applicable attach a current copy of your:

- Australian Health Practitioner Regulation Agency (AHPRA) registration, including registration number
- Chartered accountant certificate and registration

1. Qualification title and Educational facility (eg **Bachelor of Science, University of Sydney**)

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Date obtained: [Click to enter a date.](#)

Or Date started (if still studying): [Click to enter a date.](#)



Australian Government

Aged Care Quality and Safety Commission

2. Qualification title and Educational facility

Date obtained: [Click to enter a date.](#) Or Date started (if still studying): [Click to enter a date.](#)

3. Qualification title and Educational facility

Date obtained: [Click to enter a date.](#) Or Date started (if still studying): [Click to enter a date.](#)

Experience

List your previous experience that is relevant to providing aged care.

1. Employer name

Period of employment: From [Click to enter a date.](#) to [Click to enter a date.](#)

Role description including how it is relevant to providing aged care

2. Employer name

Period of employment: From [Click to enter a date.](#) to [Click to enter a date.](#)

Role description including how it is relevant to providing aged care

3. Employer name

Period of employment: From [Click to enter a date.](#) to [Click to enter a date.](#)

Role description including how it is relevant to providing aged care

4. Employer name

Period of employment: From [Click to enter a date.](#) to [Click to enter a date.](#)

Role description including how it is relevant to providing aged care



Instruction for applicant

Any information you were not able to add to this application form can be attached separately. Tell us if you have attached further key personnel information in relation to Key Personnel 4:

- No further information attached
- Further information attached *[Please identify the name of the key personnel in the title of the attached document]*

Key Personnel Declaration

I declare that I:

1. am aware that, under section 63J(1)(c) of the Commission Act, if the Commissioner is satisfied that the application contained information that was false or misleading in a material particular, any approval as an approved provider must be revoked.
2. understand that Chapter 2 and section 137.1 of the Criminal Code applies to offences against the Commission Act. Providing false or misleading information in this application is a serious offence.
3. have read and confirm that the information provided in this application form about me is true and correct.
4. am aware that this declaration covers **all** information provided in the application about me and my role as key personnel.
5. consent to the Commissioner obtaining information and documents from other persons or organisations, including the Commonwealth Department of Health and Aged Care, other Commonwealth, State and Territory Government agencies and authorities in respect of any previous or current involvement of myself in providing aged care or other relevant forms of care to assist in assessing this application.
6. have read and understood the Commissions Privacy Policy regarding the collection of information about me and understand that information I give to the Commission may be disclosed where required by law, for instance, to other Commonwealth agencies.
7. declare that I have read and understood the suitability matters in relation to an individual as set out under section 8C of the Commission Act and understand that the Commission can make a determination that I am unsuitable to be key personnel or issue a banning order.
8. understand my responsibilities as key personnel to notify the approved provider within 14 days of becoming aware of a change of circumstances that relates to my suitability to be key personnel.
9. understand that the Commission will examine its own records in relation to this application and any Code of Conduct matters that may relate to me as key personnel.

Signature

Date

	Click to enter a date.
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