

Supported Residential Facility Licence Application



**APPLICATION FOR LICENCE FOR A SUPPORTED RESIDENTIAL FACILITY
(Pursuant to Section 24 of the *Supported Residential Facilities Act 1992* and *Supported Residential Facilities 2009*, Regulation 4)**

DETAILS OF PREMISES

Name of premises (if any)

Address of premises

Phone number of premises

Full name of the owner of the building (if not the applicant)

Address of the owner of the premises

Phone number

Intended date of commencement of operation

If the applicant is different to the owner of the building, what length lease has been arranged or approved?

..... months years

DETAILS OF APPLICANT

Full name

Address

Telephone

Please provide copies of Australian Securities and Investment commission's (ASIC) search and/ or searches from State Business and Corporate Affairs Department regarding company and business registration

ABN/ ACN

REFERENCES

Please provide the names, addresses and telephone numbers of:

Two referees able to be consulted about the applicant's character and recent employment/ business history

Bankers/ other persons able to provide reference to the financial security of the proposed undertaking

Please give details of Supported Residential Facilities, or similar facilities, in which the applicant has, or has had, an interest, or in which the applicant has been employed.

Where the applicant has owned or managed a facility elsewhere in Australia a reference should be obtained from the licensing authority.

Has the applicant, or any partners, company, or community organisation with which the applicant is, or has been involved, been subject to any warnings or cancellation of license proceedings with any licensing authority in South Australia or elsewhere? If so, please give details.

Is the facility intended to be dual licensed e.g. Retirement Villages Act?

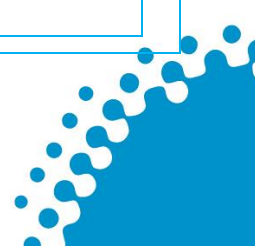
Yes / No (Please Circle)

If yes, please provide a copy of license/ accreditation.

Has a Food Safety Program been prepared?

Yes / No (Please Circle)

If yes, please provide a copy of the Food Safety Plan.



Has the applicant, or any person responsible for the proposed conduct of the facility, been convicted of any offence relevant to the care of people requiring personal care services? If so, please give details.

Note that licensing authorities are empowered to obtain a Police Check on all applicants.

Is the applicant bankrupt, or been bankrupt, within the last 5 years? (If yes, please provide evidence)

Please provide documentation demonstrating financial viability, such as independently audited annual financial statement for the most recent financial year for the proposed licensee, consisting of profit and loss statement and balance sheet.

If the applicant has any physical or psychiatric impediment to being granted a license they are obliged to declare so.

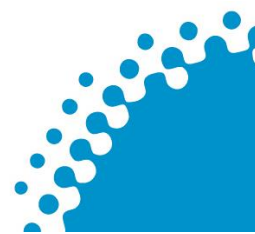
DETAILS OF PROPOSED PREMISES AND ACCOMODATION

Please attach a detailed scaled plan showing the area and dimensions of the land and distances of buildings from boundaries.

Please attach a scaled plan detailing:

- Accommodation proposed for residents (please provide dimensions of rooms, number of residents per room) including communal areas and facilities.
- Accommodation proposed for staff and visitors (provide dimensions of rooms, number of residents per room) including communal areas and facilities.
- Details regarding how confidential information will be secured
- Details regarding how medication will be secured and dispensed
- Storage facilities for residents
- If providing accommodation for people who may suffer from disorientation, security measures to ensure safety
- Access and egress for people who have mobility issues
- Security for residents and their personal items

What outdoor areas are available, including opportunities for residents to pursue their interests?



Do the premises have adequate fire safety provisions in place e.g. – exit signage, emergency lighting, fire extinguishers, fire hose reels, fire sprinklers system, evacuation plans?

Do the premises have a Schedule of Essential Safety Provisions which is being maintained in accordance with Regulation 76 of the Development Regulations 2008?

Yes / No (Please Circle)

Provide evidence of Form 3 – Certificate of Compliance with Maintenance Procedures for Essential Safety Provisions annual return completed and signed by the owner or manager.

Provide the name, address and contact details of the current fire safety service maintenance contactor engaged to undertake inspection and maintenance of the fire safety systems.

Full name

Address

Telephone

Does the operator of the supported residential facility have a current fire safety certificate from the SAMFS issued on triennial basis? Please attach a copy of the certificate with this application.

Give details of any matters to be addressed

Give details of:

Any emergency call system

Any telephone available for residents' use

Provisions of heating/ cooling the premises

Special equipment and provisions for residents with physical disabilities

Details regarding lighting in all public areas, including hallways, and outdoor areas

DETAILS OF DOCUMENTATION

- Please provide a copy of the proposed Prospectus, Resident Contract, and Service Plans, Schedule 3.
- Example of how a resident details medical records, personal details, next of kin, and any other relevant details.
- Policy and process for notification of Police, Family, the Coroner, staff, and relevant caseworkers in the event of accident, death, or missing persons.

DETAILS OF PROPOSED SERVICES

Please provide a Management Plan, including but not limited to, the following information:

Please provide a brief statement of the aims and objectives of the proposed facility, including the maximum number, gender, and characteristics (in particular, disability type, health issues, age) of the residents to be accommodated.

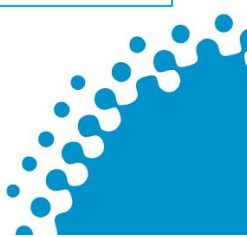
What health care services are to be provided at the proposed facility, or supplied to residents from an outside source? Please detail access to medical services such as Doctor including Doctors contact details where applicable.

Is it intended that the facility provide nursing care?

Yes / No (Please Circle)

Is it intended that the facility be promoted as a nursing home?

Yes / No (Please Circle)



What provisions will be made for residents requiring assistance with the administration of their medication?

What arrangements will be made regarding residents' personal laundry?

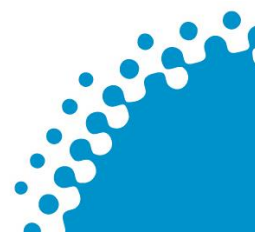
What assistance will be given to residents to pursue their personal and social interests, both within the facility and in the community?

What general plans exist for the provision of meals, the hours at which meals might be served, and special dietary requirements? Please include menu examples.

What assistance will be offered to residents needing assistance with legal and financial matters?

Please give details of the proposed insurance cover at the facility, including cover for public liability, residents' owner furniture and effects and Workcover.

Please describe in detail what services and amenities will incur an additional charge to residents?



STAFFING

Regulation 17(h) stipulates that where there are 30 or more residents residing at a facility, management must ensure that the staff includes both a cook and a cleaner in addition to staff who provide personal care services.

If the applicant proposes to manage the facility, please give details (including dates) of qualifications/related experience and employment.

Please provide a Police Check and Senior First Aid certificate

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If the Applicant does not propose to manage the facility, please give the following details of the proposed Manager and where applicable assistant manager:

Please provide a Police Check and Senior First Aid certificate

Full name

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Address

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Telephone

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Is the proposed Manager currently approved to manage a Supported Residential Facility?

Yes / No (Please Circle)

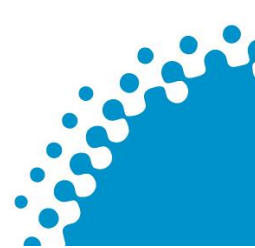
If yes, please give details of the approval given and the facilities managed.

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Note that a separate Application for Approval of Manager is required for any person not currently approved by a licensing authority.

Please give details of proposed staffing at the facility. Include the category, numbers, and hours of duty, including any out of hours and weekend coverage and night shift coverage.

All staff must have a senior first aid certificate. Where a facility provides accommodation for people under the age of 18, a current police check is required for all staff and volunteers. All future staff must have a police check prior to employment.



Please note: It is best practice that management and support at the facility have the following qualifications: Disability Studies Certificate iii, Senior First Aid – Workplace Level 2 and Medication Management qualification.

Please provide position descriptions for all staff members.

Any other additional information the licensing authority thinks fit in determining the applicant's suitability for a Supported Residential Facilities Licence may be requested throughout the assessment period.

After the assessment has been undertaken under the SRF Act, and a decision to grant a licence has been made, the prescribed fee of \$358 must be paid within 7 days of receiving the notification from Council that the application for a licence has been approved

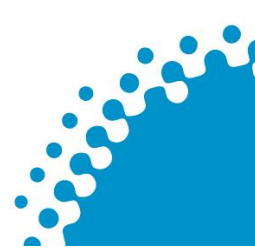
DECLARATION

I hereby declare that the information contained in this application is accurate and complete, and that I will comply with the requirements of the Supported Residential Facilities Act, Regulations, and Guidelines and any other reasonable requirements of the licensing authority.

Signature

Date

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NOTES

- “Supported Residential Facility” or “facility” means the premises at which, for money or other consideration (but whether or not for profit), residential accommodation is provided or offered together with personal care services (other than for members of the immediate family of the proprietor or facility).
- No building or any part thereof shall be used for the purpose of a Supported Residential Facility unless and until the building, or part thereof is licensed.
- The holder of the licence for the building shall ensure that the premises are maintained in at least as good a condition as approved at the time of granting, or last renewing, the licence. The licensee of the Supported Residential Facility shall, as a condition of the licence provide the Manager with the resources to enable that person to comply with the obligations placed by the Supported Residential Facilities Regulations.
- A licence for the building shall not be renewed or transferred by the licensing authority until the premises have been inspected and the licensing authority is satisfied that the premises comply with the Regulations.
- The premises shall not be used for the purpose of a Supported Residential Facility until a person is approved and licensed as Manager by the licensing authority. An Acting Manager, approved by the licensing authority, must be appointed if the Manager is absent from the premises for more than seven days.
- All premises are subject to inspection at any reasonable hour.
- An application fee must accompany this form.
- An annual licence fee must be paid to the licensing authority within seven days after written notification has been received from the licensing authority that the application for licence has been approved.
- Please ensure that all sections of the form are complete, and that any extra information required (e.g. sketch plan, building plan) is attached before lodging the application for a licence with the licensing authority.