

full membership application

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benefits of membership

Aged & Community Care Victoria Ltd is the Association in Victoria representing providers of aged and community care.

Representation & Leadership

ACCV's major role is to provide a representative voice on behalf of its members and offer leadership to achieve a better outcome for all providers and their clients.

Advocacy

ACCV is proud to be an advocate for both service providers and their clients.

Expert Advice & Assistance

ACCV provides professional advice & assistance to all members to promote best practice in Aged & Community Care. Inclusive as part of your membership we also offer an Aged & Community Care specific Workplace Relations Service including advice line & regular update bulletins.

Information & Updates

ACCV ensures that members are kept up to date on all current information affecting the industry on a regular basis through update bulletins, newsletters & forums.

Education & Professional Development

ACCV is a registered training organisation committed to the ongoing provision of vocational and professional development opportunities for the Aged & Community Care industry.

Networking Opportunities

Through regular metropolitan and regional meetings ACCV provides opportunities for members to network with each other, share information and keep up to date with all the latest developments in Aged & Community Care.

Member Task Forces

ACCV provides members an opportunity for involvement and discussion on particular aged care issues & topics.

introduction

Thank you for expressing an interest in Membership with **Aged & Community Care Victoria Limited**, the peak body representing all aged and community care providers in Victoria. **Aged & Community Care Victoria Limited** exists to promote, encourage and assist the health and care needs of the aged and to support its members in a professional and ethical manner. To provide accurate relevant information, services and advice and to provide leadership in the aged and community care sector.

There are 6 Sections in this application requiring completion.
Please read and complete each section carefully.

i Eligibility for Membership

As per the Constitution of **Aged & Community Care Victoria Limited**, Clause 10.2.1 and 10.2.3.

- 10.2.1** Full Membership shall be open to any legal person that provides aged care services to the community or that owns, manages or conducts homes, hospitals, retirement villages, aged care or bush nursing facilities, and/or provides day care, community care or domiciliary care services to the community or has a demonstrated commitment to promoting the health and needs of the aged.
- 10.2.3** Every applicant for Full and Associate membership must complete an application for membership in the form approved by the Board from time to time and lodge it with the Secretary. The application must set forth:
- the full name and address of the applicant;
 - the nature of the applicant's eligibility for membership;
 - if for Full Membership, the full name and address of the natural person nominated by the applicant to be the applicant's Representative; and
 - such other information as the Board may require.

ii Period of Membership

As per the Constitution of **Aged & Community Care Victoria Limited** Clause 10.6 - Membership is continuous.

iii Code of Ethical Conduct

As the peak body representing all aged and community care providers in Victoria, **Aged & Community Care Victoria Limited** is committed to the promotion of a strict Code of Ethical Conduct which Members are expected to abide by.

All members of ACCV have an obligation to contribute to the high reputation of industry and effectiveness of ACCV by:

- **Committing** to the provision of high quality care and standards in a manner that serves the best interests of residents and clients.
- **Recognising** personal, social, spiritual and recreational needs as well as physical ones.
- **Providing** an appropriate level of care to all clients on the basis of need regardless of gender, race, nationality, religion or belief.
- **Treating** clients with respect, dignity, confidentiality, warmth and friendship.
- **Complying** with all legal and statutory requirements and if sanctions or issues requiring attention are identified, to act quickly to rectify the issue of concern.
- **Pursuing** continuous improvement through all facets of service delivery.
- **Managing** their organisation in a manner that promotes the integrity of the aged and community care industry.
- **Keeping** up to date with contemporary business practices to enable the efficient delivery of individualised quality outcomes.
- **Supporting** ACCV in its endeavour to support government to improve the aged care industry, by commenting on and providing feedback on various issues, as requested by ACCV from time to time.
- **Advising** ACCV of any known issues that may hinder or affect a member's capacity to provide quality services and/or attract media comment or coverage (eg. adverse event, imposition of sanctions etc)

iv Constitution of Aged & Community Care Victoria

The Constitution of **Aged & Community Care Victoria Limited** is a set of rules and guidelines that outline the rights and obligations of members to and from the Association. A copy of the Constitution is enclosed with this Application Form. Please read the Constitution before signing this document.

organisation details

SECTION B

PLEASE NOTE: The Association has a 'one in all in' policy regarding membership, therefore all services belonging to the one organisation/group/company must register.

Please complete a separate 'SECTION D' per service.
Please read and complete each section carefully.

Name of Organisation _____

ABN _____

Street Address _____

State _____

Postcode _____

Postal Address _____

State _____

Postcode _____

Phone _____

Fax _____

Email _____

Web _____

Nominated Contact Person _____

Position _____

Phone _____

How many individual sites/facilities belong to this corporation/group/company? _____

Classification

Please indicate how your organisation is categorized

Charitable

Private

State

Church

Community Care

Are you affiliated with any religious or ethnic community? If so, please state _____

Voting Representative

Voting rights are allocated to members organizations on the basis of one vote for each \$5,000 (or part thereof) on annual subscriptions paid ex GST. Refer to Section E.

Nominated Representative

Name _____

Position _____

(Only the nominated voting representative is eligible to stand for the Board of ACCV)

approved provider details

SECTION C

Complete only if details are different to organisation information above.
Please read and complete each section carefully.

Approved Provider's Name _____

ABN _____

Postal Address _____

State _____

Postcode _____

Phone _____

Fax _____

Email _____

Mobile _____

Director (a) _____

Director (a) _____

individual services

PLEASE NOTE: 2005/06 ACAV or VAHEC Members are not required to complete Section D if a Member Update Form was completed prior to the amalgamation. Details supplied on the update form will be transferred to ACCV database.

Please complete a separate 'SECTION D' for each individual site/service.

(Photocopy as required and attach to original)

Please read and complete each section carefully.

Facility/Service Name

Street Address

State

Postcode

Postal Address

State

Postcode

Phone

Fax

Email

Mobile

Staff Details

Manager/ CEO

Name

Email

Director of Nursing

Name

Email

Hostel Supervisor

Name

Email

Finance Manager

Name

Email

Community Care Manager

Name

Email

HACC Program Manager

Name

Email

CACP Program Manager

Name

Email

EACH Program Manager

Name

Email

Day Therapy Program Manager

Name

Email

Other Key Personnel

Name

Email

Position

Name

Email

Position

Do you wish the mail out to be sent to this site? (Extra Mailout Fee as per Section E will apply)

No

Yes

If Yes, Contact Name

Postal Address

State

Postcode

Phone

Fax

Email

Mobile

Accreditation Details (Residential Care Only)

Building Certification

Date

Score

Certification Instrument 1997 1999 2006

When was this service last accredited?

Year

No. of Compliant Outcomes

Length of Accreditation

Please complete a separate 'SECTION D' for each individual site/service.

(Photocopy as required and attach to original)

Please read and complete each section carefully.

Facility/Service Name _____

SERVICE TYPE	DETAILS	NO. OF PLACES / BEDS / PACKAGES
Residential Care	High Care	
	Low Care	
	Bush Nursing Beds	
	Extra Service High Care	
	TOTAL FUNDED BEDS	
	Unfunded Beds	
	AIP	
Supported Residential Service		
Retirement Living Units <i>(including ILLU's)</i>		
Community Care Packages	CACPs <i>List local Government areas covered below</i>	
	EACH <i>List local Government areas covered below</i>	

HACC Services			
Service	\$ Funding received	Service	\$ Funding received
Allied Health		Personal Care	
Assessment & Care Management		Planned Activity Group	
Delivered Meals		Property Maintenance	
Flexible Service Response		Respite Home & Community	
Home Care		Respite Overnight	
Linkages		Service System Resourcing	
Nursing		Volunteer Coordination	
Day Therapy Program			
TOTAL HACC & DAY THERAPY FUNDING PER ANNUM			\$

More Information

Please list below any other relevant information on other Community Care Programs eg. Aged Care-Disability, Family, Youth, Rehabilitation, Children, other ...

schedule of fees

The fee schedule below outlines the various aged care services potentially covered under membership. The Association provides expertise, advice, assistance and information in all these areas. Membership fees are invoiced annually in advance from 1st July - 30th June with all fees being subject to 10% GST.

SERVICE	DETAILS	COST
Organisation Fee	Paid per member organisation regardless of number of facilities / services offered.	\$350.00
Residential Care (including unfunded beds)	First 150 beds	\$32.00 per bed
	Next 100 beds	\$26.00 per bed
	Remaining beds	\$17.00 per bed
Supported Residential Services		\$24.00 per bed
Community Packages	CACP'S First 250 packages	\$12.00 per package
	CACP'S Remaining packages	\$9.25 per package
	HACC, Day Therapy	\$721.00 per \$1mil (or part thereof) in funding
	EACH Packages	\$12.00 per package
Retirement Living	ILUs and Retirement Units	\$5.30 per unit
Approvals In Principle		\$15.80 per bed
Extra Mailing/Fax stream	Each additional mailing/fax stream payable by an organisation which requires more than one set of material sent to several locations in the one parent organisation.	\$60.00 each

association involvement

The Association boasts many active task forces involved in a range of aged care industry issues. These task forces provide ample opportunity for our members to become involved in an area they have experience and/or an interest in. We encourage you to participate!

Task Forces

Please indicate below your area of interest:

- | | |
|---|--|
| <input type="radio"/> Issues & Challenges Group | <input type="radio"/> Independent Living Unit |
| <input type="radio"/> Residential Care | <input type="radio"/> Media & Public Relations |
| <input type="radio"/> HR & Workplace Relations | <input type="radio"/> Community Care |
| <input type="radio"/> Property Operations | <input type="radio"/> Finance Discussion Group |

applicant's signature

- I / we declare that the information we have provided in this Membership Application is true and correct. I/we also understand that in the event of this application being accepted by the Association we have the responsibility to promptly inform the Association of any change of details, including the addition of extra beds and/or other services which must be registered under membership as per the Associations' policy.
- I / we hereby apply for membership of **Aged & Community Care Victoria Limited** and, if accepted, agree to be bound by the Association's Constitution & Code of Ethical Conduct.



Signature _____

Full Name _____

(CEO/ Proprietor/Principal Officer)

Position _____

Date _____

checklist



Please check that all Sections are completed:

- SECTION B: Organisation Details
- SECTION C: Approved Provider Details
- SECTION D: Individual Services
- SECTION E: Membership Fees Table
- SECTION F: Association Involvement
- SECTION G: Applicant's Signature

Original copy of document to be posted to:



Suite 2 - 1949 Malvern Road,
Malvern East VIC 3145

OR a copy of pages 2-8 faxed through:

Fax (03) 9805 9455

application process

- 1 A letter of acknowledgment will be posted on receipt of your application.
- 2 Your application will be given to the Board for approval. This process may take up to three weeks depending on number of applications awaiting approval.
- 3 On approval, you will be notified by mail along with your Tax Invoice. Your membership benefits will commence on full payment of fees.
- 4 A 'Certificate of Membership' will be supplied on full payment of fees.