

Application for Accreditation as a Service Provider

Overview

Thank you for your interest in becoming accredited as a service provider for the Australian Government Hearing Services Program.

Please click the link below to begin your application.

You may wish to download a PDF of the application form for your information before you proceed. Note that we will not accept applications that have been completed through the PDF form. All applications must be submitted through this online application form.

Important Information

Thank you for your interest in applying for accreditation as a service provider for the Australian Government Hearing Services Program (the program).

The Department of Health (the department) is responsible for managing and administering the program. Through the program, the department continues to work towards reducing the incidence and consequences of avoidable hearing loss in the Australian community by providing access to high quality hearing services and devices.

The program is responsible for ensuring that over 280 contracted service providers meet contractual and legislative requirements to protect client safety, provide quality outcomes, and monitor the efficient use of Government resources.

All accredited and contracted service providers must comply with the **Hearing Services Administration Act 1997**

<https://www.legislation.gov.au/Details/C2016C00384> (the Act), the **Hearing Services Program (Voucher) Instrument 2019**

<https://www.legislation.gov.au/Details/F2019L00969> (Instrument), the current **Service Provider Contract**

<http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/!ut/p/a1/> (the contract), and the **Schedule of Service Items**

http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/schedule_service_items/!ut/p/a1/ and **Schedule of Fees**

http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/schedule_fees_2019-2020/!ut/p/a1/ . It is important you review these documents prior to submitting your application.

Please review the above documents, provide your name and email address, and read the documentation checklist below before continuing the application.

What is Accreditation?

Accreditation is the process of approving an entity to provide hearing services to the program clients. The Instrument establishes the criteria against which service providers are assessed for accreditation.

Section 15 of the Act allows the Minister to accredit entities as service providers under the program. Section 20 of the Act allows the Minister to engage an accredited service provider to provide hearing services to voucher-holders. A service provider which has been accredited and engaged to provide services is known as a *contracted service provider*. Only a contracted service provider may provide services to a voucher holder under the program.

Section 19(3) of the Instrument states the matters to which the Minister may have regard when considering to accredit an entity. These matters are:

(a) the standard of the service provided by the entity, including:

- (i) the competency of the qualified practitioners employed by the entity;
- (ii) whether the entity has appropriate systems and processes in place to protect clients personal safety and health information;
- (iii) the standard of the premises in which the services will be provided;

(b) any other matters that might affect the standard or delivery or claiming of services.

Service Provider Contract

You may find it useful to download or print a copy of the contract for your information as you complete your application form.

1 What is your name?

Name

2 What is your email address?

By providing an email address you will automatically receive an acknowledgement email after you submit your application.

Email

Documentation Checklist

Please ensure you have the following documentation ready to upload as you complete your application

Applicant Details

- Australian Securities and Investments Commission certificate of registration of a company (if the entity is a company)
- Certificate of registration of trading name
- An Australian Business Registry extract
- Trust Deed (if the entity incorporates a Trust)

Competency of Practitioners

- Current Practitioner Professional Body (PPB) membership certificate/s for Qualified Practitioners

Storage and Management of Client Records

- A copy of an Information Security Registered Assessors Program (IRAP) assessment (if using Cloud storage for client records)

Site Details and Standard of Premises

- Certification for site ambient noise level measurements
- Certification for equipment calibration

Financial Viability and Insurances

- A statement from a business accountant acknowledging the financial viability of the business
- Public liability insurance certificate
- Professional indemnity insurance certificate
- Work compensation insurance certificates (if applicable)

Note that there will be accompanying information to assist you with completing your application as you progress. You will be able to save your application and return to it at a later time.

Any enquiries on completing the application form should be directed to the Hearing Program Management team on 1800 500 726 or hearing@health.gov.au

Part 1 - Applicant Details

1 What is the entity name?

Entity Name (Required)

More Information about Entity Name

The entity name refers to the **legal entity** linked to the Australian Business Number (ABN) and/or Australian Company Number (ACN) under which accreditation is sought. The legal entity name may be different to the business or trading name. It is **not possible** for an entity to be accredited or contracted using its trading name. The ABN should also list business name and/or trading names.

See also:

- **ABN Website FAQ's - What is the difference between business, trading, and entity (legal) names?**
<<https://www.abr.business.gov.au/FAQ/Names>>

2 Entity Type

(Required)

Please select only one item

- Body Corporate (Sole Director Company) Body Corporate (Multiple Director Company) Partnership
 Individual (Sole Trader) Trustee Company (Sole Director) Trustee Company (Multiple Directors) Trustee (Other Authority)
 Other

If other, please specify

Please attach a copy of any documents you wish to include to this printout.

If the entity type is a company, provide a copy of the Australian Securities and Investments Commission certificate of company registration

Refer to the **Australian Securities and Investments Commission (ASIC)** <<https://asic.gov.au/for-business/registering-a-company/steps-to-register-a-company/>> website for more information related to this certificate.

3 Does the entity incorporate a Trust?

(Required)

Please select only one item

- Yes No

Please note, Trusts are **not recognised** as an entity type under the Act, and cannot be accredited. However, the Commonwealth has capacity to accredit business structures that incorporate a Trust.

If your business structure incorporates a Trust, all information provided in the Applicant Details section must relate to the trustee. In addition, you will need to provide a copy of the Trust Deed on the next page.

4 Provide a link to the entity's website (if available)

Website

5 What is the entity's Australian Business Number (ABN)?

ABN (Required)

All applicants must be listed on the **Australian Business Register** <<https://abr.gov.au>> (ABR) and hold a valid Australian Business Number (ABN).

Please attach a copy of any documents you wish to include to this printout.

Please provide an extract of the Australian Business Registry (Required)

6 Is the entity registered for GST?

(Required)

Please select only one item

- Yes No

Please note, the entity **must** be GST registered to be approved for accreditation under the program. See the **Australian Taxation Office website** <<http://www.ato.gov.au/business/gst/registering-for-gst/>> for more information about registering your entity for GST.

7 If the entity type is a company, what is the Australian Company Number (ACN)?

ACN

8 What is the entity's business name (trading name)?

Trading Name (Required)

Please attach a copy of any documents you wish to include to this printout.

Please upload a copy of the Certificate of Registration of Trading Name (Required)

Part 1(a) - Applicant Details - Trust Information**1** Trust Information

Because you answered 'Yes' to the question '*Does the entity incorporate a Trust?*', you will need to supply a copy of the Trust Deed related to the entity of the trustee. This is needed to provide evidence that the applicant is the trustee who holds the Trust Deed.

Please attach a copy of any documents you wish to include to this printout.

Upload a copy of the Trust Deed (Required)

Part 1 - Address Details**1** Business Address

(Required)

2 Suburb/Town

(Required)

3 State

(Required)

Please select only one item ACT NSW VIC QLD WA NT SA TAS**4** Postcode

(Required)

5 Is the applicant's postal address different to the business address provided above?*Please select only one item* Yes No

If you select 'Yes' you will be required to provide the postal address on the next page.

Part 1(a) - Postal Address Details

Please provide the applicant's postal address details.

1 Postal Address**2** Suburb/Town

3 State

Please select only one item

ACT NSW VIC QLD WA NT SA TAS

4 Postcode

Part 2 - Contact Details

Provide contact details for the person/s nominated as the primary and secondary contacts who have authority to receive and sign notices and written communications on the applicant's behalf.

Please note, we may need to contact you in the event that more information is required to meet accreditation requirements. Secondary contact details will be used to contact applicants during the accreditation process only if the primary contact is unavailable.

1 Contact Details for Primary Contact

Title (Required)

Given Name/s (Required)

Surname (Required)

Official Position (Required)

Telephone Number (Required)

Email Address (Required)

2 Contact Details for Secondary Contact

Title

Given Name/s

Surname

Official Position

Telephone Number

Email Address

Part 2 - Details of Relevant Person/s

Provide details of relevant person/s, including all directors/ partners/ office bearers or other relevant person's involved with the entity including all partners in the partnership.

Please **include** details of the primary and secondary contacts that were provided on the previous page.

Who is a relevant person?

Relevant persons are individuals who have direct or indirect interest in the entity with the power to exert influence over the management or operation of the entity.

1 Relevant Person Details

Position Title (Required)

Given Name/s (Required)

Surname (Required)

Number of Years in Position (Required)

2 Relevant Person Details (if applicable)

Position Title

Given Name/s

Surname

Number of Years in Position

3 If there are more than two relevant persons, download and complete the form below

- **Additional Relevant Persons Details Form** <user_uploads/additional-relevant-persons-details-form.docx>

Please attach a copy of any documents you wish to include to this printout.

Please upload a copy of the completed form

4 Have any of these relevant persons listed above been convicted of fraud or dishonesty?

(Required)

Please select only one item

- Yes No

If Yes, provide the name/s of those relevant person/s and details of the offence/s in the textbox below.

5 Is any court action on charges concerning fraud or dishonesty pending against any of these relevant persons?

(Required)

Please select only one item

- Yes No

If Yes, provide the name/s of those relevant person/s and details of the offence/s.

6 Have any of the listed relevant persons been the subject of a personal insolvency event under the Bankruptcy Act 1966?

(Required)

Please select only one item Yes No

If Yes, provide the name/s of those relevant person/s.

Link to the Bankruptcy Act 1966

- **Bankruptcy Act 1966** <<https://www.legislation.gov.au/Details/C2019C00203>>

7 Have any of the listed relevant persons been a director/partner/office bearer of a company placed under the control of a receiver or placed into liquidation under the Corporations Act 2001?*Please select only one item* Yes No

If Yes, provide the name/s of those relevant person/s and name of company/s.

Link to the Corporations Act 2001

- **Corporations Act 2001** <<https://www.legislation.gov.au/Details/C2019C00216>>

Part 3 - Competency of Practitioners - Qualified Practitioners

Part 6 of the Instrument requires that only a Qualified Practitioner (QP) provide clinical services to program clients.

Please provide details of **at least one** QP that will be providing services on behalf of the business. You will be required to provide evidence of Practitioner Professional Body (PPB) membership/competency for each QP.

Once accredited and contracted, you will need to notify the program of any additional QP's providing services on behalf of the business. This is conditional on your application being approved.

1 Qualified Practitioner Details

Title (Required)

Given Name/s (Required)

Surname (Required)

Date of Birth (Required)

Day - Month - Year

Qualified Practitioner Type (Required)

Please select only one item

- Audiologist Audiometrist

QP Number

If the practitioner does not have a QP number, please leave this section blank and we will arrange a number to be issued.

PPB Membership (Required)

Please select only one item

- Hearing Aid Audiology Society of Australia (HAASA) Audiology Australia Australian College of Audiology (ACAud)

Please attach a copy of any documents you wish to include to this printout.

Current PPB Membership Certificate (Required)

2 Qualified Practitioner Details (if applicable)

Title

Given Name/s

Surname

Date of Birth

Day - Month - Year

Qualified Practitioner Type

Please select only one item

- Audiologist Audiometrist

QP Number

If the practitioner does not have a QP number, please leave this section blank and we will arrange a number to be issued.

PPB Membership

Please select only one item

- Hearing Aid Audiology Society of Australia (HAASA) Audiology Australia Australian College of Audiology (ACAud)

Please attach a copy of any documents you wish to include to this printout.

Current PPB Membership Certificate

3 Acknowledgement

I acknowledge that I am responsible for ensuring that all Qualified Practitioners delivering program services under my contract have appropriate and current PPB membership

Part 3 - Competency of Practitioners - Provisional Practitioners

A provisional practitioner

http://www.hearingservices.gov.au/wps/portal/hso/site/prof/deliveringservices/practitioners/provisional_qualified_hearing_practitioners is someone who has completed their studies in audiology or audiometry and is undertaking an internship program. The rules around internship programs and the supervision requirements are specified by the PPB of which the provisional practitioner is a member. Provisional practitioners are not eligible to apply for a QP number.

Certification

I certify that I have, or will have, a supervision of provisional practitioners policy that addresses the relevant PPB standards and requirements prior to delivering services to program clients (Required)

Part 4 - Storage and Management of Client Records

Clients have the right to privacy and confidentiality of their personal information. Providers are required to comply with a range of legislative, contractual and department requirements regarding client records. This includes the management, storage, transfer and disposal of program client records in accordance with the contract, **program legislation** <http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/legislation/> , the **Archives Act 1983** <https://www.legislation.gov.au/Details/C2019C00179> , the **Privacy Act 1988** <https://www.legislation.gov.au/Details/C2020C00237> and the **Freedom of Information Act 1982** <https://www.legislation.gov.au/Details/C2020C00246> .

Outline below in what format and how you propose to store and retain program client records.

Provider Factsheet - Management of Client Records

Paper Records

(Required)

Please select only one item

Yes No

Electronic/Digital Records

(Required)

Please select only one item

Yes No

If Yes, what types of electronic/digital systems will you use to store your client records? (Check all that apply)

Please select all that apply

Onsite server Offsite server Cloud storage

If using a cloud service, has it undergone an Information Security Registered Assessors Program (IRAP) **assessment** <https://www.cyber.gov.au/irap/irap_assessments> ? You will be required to provide evidence of the assessment on the next page.

Please select only one item

Yes No

If the cloud service you would like to use has not undergone an IRAP assessment, or if you are unsure, please email hearing@health.gov.au <<http://hearing@health.gov.au>> for further advice.

Certifications

I certify that I have read and understood the programs' requirements for the storage and management of client records as detailed in the above fact sheet (Required)

I certify that I have, or will have, processes in place to ensure client records are protected from unauthorised access and disclosure, prior to delivering services to program clients (Required)

I certify that I have, or will have, disaster recovery and business continuity plans for client records in place prior to delivering services to program clients (Required)

I certify that I have, or will have, a management of client records and health information policy that addresses the programs' requirements, prior to delivering services to program clients (Required)

Part 4 - Storage and Management of Client Records - Cloud Storage

Because you answered 'Yes' to the question 'If using a 'Cloud' service, has it undergone an Information Security Registered Assessors Program (IRAP) **assessment** <https://www.cyber.gov.au/irap/irap_assessments> ?' you will need to provide supporting evidence below.

Please upload the IRAP Assessment for the cloud service that will be used.

Please attach a copy of any documents you wish to include to this printout.

(Required)

Part 5 - Site Details

Please provide details of your site below.

The program will add the initial site onto the Hearing Services Online portal for you with the details you provide. Service providers are responsible for adding any additional sites onto the programs' online portal. If your application is approved, you will be provided with instructions on how to do this.

Site Details

Trading Name (max 60 characters) (Required)

Street Address (Required)

Suburb/Town (Required)

State (Required)

Please select only one item ACT NSW VIC QLD WA NT SA TAS

Postcode (Required)

Telephone Number 1 (Required)

Telephone Number 2

Email Address (Required)

Type of Site

(Required)

Please select only one item Permanent Visiting**Does this site have disability access?**

(Required)

Please select only one item Yes No**Part 5 - Standard of Premises**

All contracted service providers are obligated to ensure that the facilities and equipment used to provide hearing services are suitable for meeting the needs of program clients.

Providers must ensure the site has appropriate facilities, including audiometric testing equipment for assessment, fitting and rehabilitation. This also includes ensuring that consulting and test rooms meet the required ambient noise levels in accordance with Australian Standard AS 1269.4.2014.

The following certifications and/or acknowledgements should be completed in relation to the Ambient Noise Levels and Equipment Calibration for the site detailed on the previous page.

Provider Factsheet - Ambient Noise Level Testing and Equipment Calibration

Ambient Noise Level Measurements

Please attach a copy of any documents you wish to include to this printout.

Upload the ambient noise level measurements certificate

OR

I acknowledge that provision of ambient noise level measurement certification is required and I will provide this certificate to the program prior to commencement of my contract

Equipment Calibration

Please attach a copy of any documents you wish to include to this printout.

Upload the equipment calibration certificate

OR

I acknowledge that provision of equipment calibration certification is required and I will provide this certificate to the program prior to commencement of my contract

Acknowledgement

I acknowledge that I am responsible for ensuring I have a policy/procedure in place in relation to the management of ambient noise level measurements and equipment calibration prior to delivering services to program clients (Required)

Part 6 - Financial Viability and Insurances

Section 19(3)(b) of the Instrument relates to *any other matters that may affect the standard or delivery of services*. The financial viability and the insurance and indemnity of the entity seeking registration needs to be taken into consideration during the assessment process. This is necessary to consider the applicant's ability to fulfil the obligations of the contract and the provision of services to program clients.

1 Statement from an Accountant

Applicants are required to engage a qualified accountant to review the entity's financial information. A signed statement from the accountant will be required which indicates that they have considered the financial viability of the entity.

Please see below for an example statement that would be accepted.

Example Statement

Based on the financial information calculated in the provided (or projected) Profit and Loss statement for [Entity Name], I/we can confirm to the best of I/our knowledge that the financial assumptions are reasonable and that there is adequate capital available.

Please attach a copy of any documents you wish to include to this printout.

Upload the statement from the accountant (Required)

2 Insurance and Indemnity

As outlined in clause 23 of the contract, contracted providers are required to maintain insurance with reputable insurance companies from the commencement of their accreditation. We will require evidence that the entity has the following insurances:

- Public liability insurance certificate
- Professional indemnity insurance certificate
- Workers compensation insurance certificate (confirm with your **relevant state/territory body** <<https://www.business.gov.au/risk-management/insurance/insurance-in-your-state-or-territory>> requirements if this is applicable)

Please review the factsheet below for specific insurance requirements.

Provider Factsheet - Insurance

Please attach a copy of any documents you wish to include to this printout.

Public liability insurance certificate

Please attach a copy of any documents you wish to include to this printout.

Professional indemnity insurance certificate

Please attach a copy of any documents you wish to include to this printout.

Workers compensation insurance certificate (if applicable)

Part 7 - Service Management System Requirements

If you become accredited, your contract will require you to have a range of policies and procedures in place before delivering services to program clients. These policies must comply with relevant program requirements, federal and state/territory laws and PPB standards and requirements.

Please confirm that you have, or will ensure you will have, the following policies and/or procedures in place prior to delivering services to program clients.

Policies and Procedures

- Device supply disclosure (refer to clause 9.5 of the contract)
- Complaints handling policies and procedures (refer to section 33 of the Instrument)
- Voucher-holder relocations policy (refer to section 35 of the Instrument)
- Medical referral policy (refer to section 39(2) of the Instrument)
- Provision of device quotes (refer to section 46(3) of the Instrument, **provider fact sheet: device quotes** <http://www.hearingservices.gov.au/wps/portal/hso/site/prof/deliveringservices/provider_factsheets/provider_factsheet_device_quotes%201019/!ut/p/a1/> & **forms and publications** <<http://www.hearingservices.gov.au/wps/portal/hso/site/prof/deliveringservices/professionalsformsandpublications/spformslanding!/ut/p/a1/>>)
- Minimum Hearing Loss Threshold (MHLT) fittings (refer to section 47 of the Instrument)
- Provision of private services and devices to program clients (refer to section 49 of the Instrument, **provider fact sheet: private services and devices** <http://www.hearingservices.gov.au/wps/portal/hso/site/prof/deliveringservices/provider_factsheets/private_services_devices!/ut/p/a1/> & **forms and publications** <<http://www.hearingservices.gov.au/wps/portal/hso/site/prof/deliveringservices/professionalsformsandpublications!/ut/p/a1/>>)
- Infection control procedures (refer to relevant PPB standards and procedures)

Service Provider Contract <<http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts!/ut/p/a1/>>

Hearing Services Program (Voucher) Instrument 2019 <<https://www.legislation.gov.au/Details/F2020C00678>>

I confirm that I have, or will ensure I will have, the above policies and/or procedures in place prior to delivering services to program clients (Required)

Part 8 - Acknowledgements and Completion of Application

Acknowledgements

I agree to ensure that I and my personnel will comply with the following when providing services to program clients:

- the **Hearing Services Administration Act 1997** <<https://www.legislation.gov.au/Details/C2016C00384>> ;
- the **Hearing Services Program (Voucher) Instrument 2019** <<https://www.legislation.gov.au/Details/F2020C00678>> ;
- the conditions of my **Service Provider Contract** <<http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/landingcontracts!/ut/p/a1/>> and the **Schedule of Service Items** <http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/schedule_service_items!/ut/p/a1/> and **Schedule of Fees** <http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/schedule_fees_2020-21!/ut/p/a1/> ; and
- the PPB Code of Conduct and Scope of Practice

I acknowledge that the department may make enquiries into the information provided in this application as needed. In particular, I acknowledge that the department may require my consent to enquire into my application if deemed necessary. I understand that if my consent cannot be provided, the progress of my application may be hindered.

I acknowledge that a decision in relation to this application will be given under Section 19(1) of the Instrument.

I acknowledge the above statements. (Required)

Certification

If this application contains false or misleading information, the department will be entitled to terminate your accreditation and contract, in accordance with the Instrument.

I hereby certify that all the information provided in this application is true and correct (Required)

Completion of Application

Thank you for completing your application for accreditation to provide hearing services to clients of the Australian Government Hearing Services Program.

Please note, once you submit your application you will not be able to edit or make changes to this online application form. Make sure that you have reviewed your application before submission. The Hearing Program Management team will inform you if additional information is required once an initial review of your application has been conducted.