



apply

Application for Respite Care or Permanent Entry to Aged Care Homes

Part **A** Application

Part **B** Further information, needed
at the time you enter care

Part **C** Calculation of assets —
Permanent entry only

Applying for a place in an aged care home – respite care or permanent entry

This form will help you, your carer, family member or friend to prepare the information that you need to apply for a place in an aged care home. The information you provide will be treated sensitively.

The accompanying booklet provides information to help you make decisions about the process of entering an aged care home.

What you need to do before applying

First, the person applying for a place must have a current Aged Care Assessment Team (ACAT) approval for residential aged care on the official ACAT form before an application can be considered for a Commonwealth-funded place in an aged care home. If you do not yet have this approval, contact a Commonwealth Carelink Centre (number below) who can put you in touch with your local Aged Care Assessment Team.

How to apply using this form

	Respite care	Permanent entry
1. Complete Part A Application in blue or black pen.	✓	✓
2. Make clear photocopies of:		
• the completed Part A (unsigned)	✓	✓
• your ACAT form	✓	✓
• your Statutory Declaration (unsigned) if you choose to provide one.		✓
3. Sign all photocopies and give a set to each aged care home to which you are applying. Keep all originals as they may be required at the time you enter the home.	✓	✓
4. Complete Part B Further Information at some stage. Provide this to the aged care home when you are offered a place.	✓	✓
5. If applicable, use Part C Calculation of Assets to calculate the net value of your assessable assets, which is needed for Part A.		✓

Need assistance?

This form may be filled in by someone other than yourself, e.g. a carer, a member of your family or a friend. To contact your local Aged Care Assessment Team, or for assistance in completing this form and for information on aged care generally, please call:

- The Aged and Community Care Information Line on **1800 500 853**;
- Your local Commonwealth Carelink Centres on **1800 052 222**.

Translating and Interpreting Service is available on these calls at the cost of a local call from fixed phones. Mobile phone calls are charged at mobile rates.

For extra copies of this form or the accompanying booklet, please ring the above numbers. The form can also be downloaded from the Department of Health and Ageing website www.health.gov.au/acc

PART A

Application

Use blue or black pen.

Date this form is completed / / 20

If the application is for **respite care**, tick here.

If the application is for **permanent entry**, tick here.

1 Details of the person applying for a place in an aged care home ('you').
Write your names as shown on your Pensioner Concession Card (PCC), if you have one.

Family name

First name(s)

Preferred name

Sex Male Female

Marital status

Date of birth / / Age

Your home address

 Postcode

Current location (e.g. 'at home', the name of the hospital, etc)

Current contact phone number

Mobile phone

2 If you have had respite care this financial year, tick here.

Number of days you have had in respite care
(if unsure, leave blank)

3 Main contact person or representative. (e.g. carer, family member, friend)

Family name

First name(s)

Postal address
 Postcode

Phone (day) ()

Phone (night) ()

Fax ()

Mobile phone

Email address

Relationship of this person to you.

If this person has authority to make decisions for you, write the kind of authority they have, here (e.g. power of attorney, guardian).

Office Use Only

ACAT:
Date approval signed / /

ACAT ID

Residential aged care

High Low

Residential respite care

High Low

Dementia

Yes No

Other

If you would prefer the aged care home to contact this person, rather than you, about this application, tick here.

Application

Applicant's name

4 Second contact person or representative.

Family name

First name(s)

Postal address

Postcode

Phone (day)

Phone (night)

Fax

Mobile phone

Email address

Relationship of this person to you.

If this person has authority to make decisions for you, write the kind of authority they have, here (e.g. *power of attorney, guardian*).

5 If you have cultural, religious or other organisations that you would like to keep in contact with, list them here.

6 If you require an interpreter for everyday English, write the language you speak here.

7 If you have other cultural or religious requirements, write them here (e.g. *dietary requirements for religious or cultural reasons*).

8 If you have a Pensioner Concession Card (PCC) from Centrelink or the Department of Veterans' Affairs, write the number from that card here.

PCC number

If you receive a **full pension**, tick here. If you receive a **part pension**, tick here.

If you wish to confirm details of your pension, contact the Department of Veterans' Affairs on 133 254 or Centrelink on 13 23 00.



Respite care applicants please sign below, and attach a copy of your ACAT form.

Part B of this form will be needed at the time you enter care, but you may wish to complete it now.

Respite care applicants, you have now completed this section of your application.

Signature of person applying for **respite care**

Date

If you are applying for permanent entry, continue with the following questions.

Application

Permanent Entry Only

Applicant's name

9 Extra Service place.
See booklet for information.

If you would like to discuss the implications of applying for and accepting an Extra Service place with the aged care home (if available), tick here.

10 If your spouse/de facto partner already lives in an aged care home, complete these details.

Spouse/partner's name

Name of aged care home

If you and your spouse/partner are applying together to an aged care home, tick here.

11 If you have claimed and received a compensation award or settlement under one of the following, tick which one.

Workers compensation Third party Common law

12 If you are a current or previous resident of an aged care home (excluding respite care), complete these details.

Name of current aged care home (or last aged care home you lived in)

Address

Postcode

Date of entry

Date of departure (if applicable)

13 Living in a nursing home.

If you were living in a nursing home on 30 September 1997, tick here **and** sign and date at the bottom of this page.

You do not need to complete questions 14, 15, 16, 17 or 18, Financial Asset Declaration, as you cannot be asked to pay an accommodation charge. Further information may be required.

14 If any of the following apply to your situation, tick the box next to the statement.

If all three apply to you, you do not have to provide financial asset information as part of your application.

You paid an accommodation bond in your current (last) aged care home.

You will receive the same level of care (high/low) in your new aged care home.

You will move to your new aged care home within 28 days of departure from your current (last) aged care home.

If you have ticked **all three** boxes, please sign and date below.
You do not need to complete questions 15, 16, 17 or 18, Financial Asset Declaration.

*Signature of applicant **not** needing to complete asset information.

Signature

Date

Part B is needed when you enter care, but you may wish to complete it now.

***Other applicants for permanent entry continue with the following questions.**

Application

Permanent Entry Only

Applicant's name

15 If you have owned or part-owned a home in the past 2 years, tick here.

16 If you own or part-own a home now, tick here.

17 If any of the following people live in your home, tick the relevant box.

This question helps to determine whether or not your home is counted as a financial asset for residential aged care purposes.

Your spouse or your dependent child.

Your carer:

- provided they have been living in your home for the past 2 years; and
- provided they are receiving (or are eligible to receive) an income support payment (e.g. the age pension, service pension, carer payment, job search allowance, Austudy) at the time you enter care.

One of your close relations: father, mother, sister, brother, child, grandchild

- provided they have been living in your home for the past 5 years; and
- provided they are receiving (or are eligible to receive) an income support payment, at the time you enter care.

*If you have ticked any of the above boxes, your home is **not counted** as an asset for aged care purposes. When asked the current market value of the home in Part C, Calculation of Assets, enter **\$0**, as your home is **protected** from being counted as an asset for residential aged care purposes.*

Financial asset information

Financial asset information is used by the aged care home to determine whether you may be eligible to pay an accommodation bond or charge, or if the aged care home is eligible to receive an additional subsidy on your behalf. It is important that the information you provide is accurate.

See the accompanying booklet for more information about asset assessment, home ownership, accommodation charges and government subsidies.

Statutory Declaration

A Statutory Declaration is a serious legal document. While a Statutory Declaration is not required by law, many aged care homes ask for one to assure themselves of the accuracy of the information provided in an application for a place in their home.

Application – Financial Asset Declaration

Permanent Entry Only

Applicant's name

18 To advise the aged care home of the net value of your assessable financial assets, you can complete either Option 1 or Option 2. If you choose not to disclose this information, complete Option 3.

Option 1

Disclosing your assets
- with supporting documents

You can use Part C of this booklet, Calculation of Assets, to assist you in calculating the net value of your assessable assets, as required for Option 1 and Option 2.

Tick the Option you are choosing:

- I will write the net value of my assessable assets here , and
- include a photocopy of my calculations (Part C of this booklet) with my application; and
 - provide substantiating documents (*e.g. bank statements*) when requested.

Please sign and date the declaration below. You do not need to complete a Statutory Declaration.

I affirm that the information provided in this form is correct. I understand that the information will be used by an aged care home to assist them in their decision on whether they can offer me a place.

Signature of applicant
not completing a Statutory Declaration

Date **OR****Option 2**

Disclosing your assets
- with Statutory Declaration

- I will write the net value of my assessable assets here , and
- show the aged care home my calculations at the time I apply (Part C of this booklet) but keep it in my possession; and
 - provide a Statutory Declaration substantiating the information provided in this application, particularly my pensioner status, my home ownership information and this asset figure.

Please complete the Statutory Declaration on the next page of this form, selecting Item (i).

OR**Option 3**

Not disclosing your assets
- with Statutory Declaration

- I choose not to disclose the net value of my assets to the aged care home, and:
- I will provide a Statutory Declaration stating that I am able to pay the maximum accommodation bond, or the maximum accommodation charge asked by the aged care home; and
 - if requested, I will enter into an agreement at the time I accept a place in the aged care home covering the fees and charges I will pay.

Please complete the Statutory Declaration on the next page of this form, selecting Item (ii).



Please attach a copy of your ACAT form and forward to the aged care homes to which you are applying.

Part B will be needed at the time you enter care, but you may wish to complete it now.

Application – Statutory Declaration

COMMONWEALTH OF AUSTRALIA

*The person applying

Please tick the box next to the option you choose.

Item (i)

Disclosing your assets
- with Statutory Declaration

OR

Item (ii)

Not disclosing your assets
- with Statutory Declaration

*I,

of address

Occupation

do solemnly and sincerely declare:

I confirm that all of the information included in Part A Application is true to the best of my knowledge and is in no way false, inaccurate or misleading, particularly:

- my pensioner status in **Question 8**;
- the home ownership details at **Question 15, 16, 17**; and
- the net value of my assessable assets written at **Question 18**.

Note: You may be asked to show the aged care home your calculations (Part C) when you apply.

I confirm that all of the information included in Part A Application is true to the best of my knowledge and is in no way false, inaccurate or misleading. As well:

- I choose not to disclose the net value of my assets to the aged care home; and
- I am able to pay the maximum accommodation bond, or the maximum accommodation charge asked by the aged care home.

Note: You may be asked to enter into an agreement at the time you accept a place in the aged care home covering the fees and charges you will pay.

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959* as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of person making the declaration

Declared at
 State

on this day of 20

before me,
Signature of person before whom the declaration is made

Name

*Qualification (e.g. Justice of the Peace)

Address

 Postcode

Print name, qualification and address of person before whom the declaration is made.

** A full list of people before whom a Statutory Declaration may be made is included inside the back cover.*

PART B

Further information, needed at the time you enter care

The aged care home needs the information in this section at the time you enter care, whether you are applying for **respite care** or **permanent care**.

- 1** Details of the person applying for a place in an aged care home ('you').

Family name

First name(s)

Preferred name

If **you** will be responsible for receiving correspondence and paying your accounts once you enter the aged care home, tick here.

- 2** Contact person or representative.

*This is the person responsible for **receiving correspondence** and **paying your accounts**, if you prefer it to be someone other than yourself. It may be one of the people that you have recorded as your contacts in Part A, Application.*

The aged care home will also record the people you listed in Part A as contacts for you.

Name

Organisation (if applicable)

Position in organisation (if applicable)

Postal address

Postcode

Phone (day) ()

Phone (night) ()

Fax ()

Mobile phone

Email address

If this person has authority to make decisions for you, write the kind of authority they have, here (e.g. power of attorney, guardian).

- 3** Department of Veterans' Affairs Gold Repatriation Health Care Card.

If you have this card, write the number here.

- 4** Medicare number.

Write your Medicare number here.

Expiry date / /

Write the number to the left of your name on your Medicare Card here (e.g. 1, 2).

- 5** If you have private health insurance, please complete the following:

Name of fund

Membership number

Level of cover

- 6** If you have ambulance cover, please complete the following:

Name of fund

Membership number

Further information, needed at the time you enter care

- 7 To advise the aged care home of contact details for the people who provide your health care, complete the following:

Applicant's name

Your general practitioner

Name

Address

Postcode

Work phone number ()

Fax ()

Mobile phone

Email address

Your other health professionals

Name

Field (e.g. audiologist, heart specialist)

Address

Postcode

Work phone number ()

Fax ()

Mobile phone

Email address



Please attach additional pages if needed.

- 8 If you have a person you would like to have recorded as your religious, spiritual and/or cultural support person, please complete the following:

Name

Position/occupation

Organisation

Postal address

Postcode

Phone (day) ()

Phone (night) ()

Fax ()

Mobile phone

Email address



Please attach additional pages if needed.

Applicant's name

Important

Many people have preferences about their treatment during a serious illness, their funerals and wills that are important to them and their family, for example for cultural or spiritual reasons. This section enables you to record your preferences so that information is easily available if needed. If you wish, you may have a family member, carer or friend fill this in for you.

- 9** If you have made a will, please provide details of the person/organisation holding your will.

If necessary, the aged care home may use this information to help finalise business matters, e.g. refunding money owing.

Family name

First names

Business name
(if applicable)

Address

Postcode

Phone (day)

Phone (night)

Fax

Mobile phone

Email address

- 10** If you have made a Living Will, Advance Health Directive or similar, tick here.

Please bring a copy with you when you enter the aged care home.

- 11** If you already have an arrangement with a funeral home, please provide details.

Name of funeral home

Address

Postcode


Phone

If you have preferences you would like to have followed, you can record them here.

Cremation Burial

Other preferences

Signature of applicant



Date

Calculation of Net Value of Assessable Assets

Applicant's name

Financial assets

This section will help you calculate the figure needed at **Question 18**, Part A, Financial Asset Declaration, of your application form.

If you and/or your spouse or de facto partner own your home, write the current market value here. (e.g. valuation by a real estate agent)

YOUR ASSETS	SPOUSE/DE FACTO PARTNER'S ASSETS	JOINT ASSETS	TOTAL ASSETS
-------------	----------------------------------	--------------	--------------

Write \$0 if your home is 'protected'. See Part A, Question 17.

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

If you and/or your spouse/de facto partner own any other real estate, write the current market value here.

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

If you and/or your spouse/de facto partner own a business, write the current market value here.

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

If you and/or your spouse/de facto partner own a farm, write the current market value here.

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

If you and/or your spouse/de facto partner have the following accounts, write the amount of money that you have in the accounts here.

Include building society and credit union accounts

Savings account

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

Cheque account

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

Interest bearing or fixed term deposit

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

Other accounts

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

If you and/or your spouse/de facto partner have life insurance, write the surrender value of life insurance policies here.

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

If you and/or your spouse/de facto partner have superannuation from which lump sums can be withdrawn, write the amount of allowable lump sums here.

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

Add the **Total assets** column for the total of the assets listed on this page. **Write the answer here.**

\$

Copy this amount to the top of the next page.

Calculation of Net Value of Assessable Assets

Applicant's name

Financial assets *continued*

YOUR ASSETS	SPOUSE/DE FACTO PARTNER'S ASSETS	JOINT ASSETS	TOTAL ASSETS
-------------	----------------------------------	--------------	--------------

Copy the **Total of assets** from the **previous page**, here. \$

If you and/or your spouse/de facto partner own a motor vehicle, boat or caravan, write the estimated sale value here.

Motor vehicle

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

Boat

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

Caravan

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

If you and/or your spouse/de facto partner own a special collection such as art, stamps or antiques, write the estimated value here.

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

If you and/or your spouse/de facto partner have any other household contents and personal effects, write the total estimated value here.

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

If you and/or your spouse/de facto partner have any money owed to you, write the amount here.

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

If you and/or your spouse/de facto partner have any other financial investments, write the amount here.

Bonds, debentures, shares

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

Property, mortgage trusts

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

Friendly societies

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

Equity and bonds, trusts

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

Other investments

<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
---	---	---	---	---	---	---

Add the **Total assets** column write the answer here.

A \$

This is the TOTAL OF YOUR ASSESSABLE ASSETS

Calculation of Net Value of Assessable Assets

Applicant's name

Loans and other debts

If you and/or your spouse or de facto partner have any debts or outstanding loans (*including mortgages, car loans etc*), write the amount of the debt or loan here.

	YOUR DEBTS	SPOUSE/DE FACTO PARTNER'S DEBTS	JOINT DEBTS	TOTAL DEBTS
Home mortgage amount left to repay	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
Other real estate mortgage amount left to repay	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
Business loan amount left to repay	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
Farm loan amount left to repay	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
Motor vehicle, boat, caravan loan amount left to repay	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
Credit cards amount left to repay	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
Other debts or loans amount left to repay	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>

Add the **Total debts** column write the answer here.

D \$

This is the **TOTAL OF YOUR DEBTS**

Net value of your assessable assets

Calculate the Net value of your assessable assets by completing the following:

Write the Total of all your assessable assets here (*from the bottom of the previous page*).

A \$

Write the Total of your debts here (*from the table immediately above*).

D - \$

Subtract your Debts from your Assets and write the answer here.

N \$

Single person (*e.g. widow/er, divorced*)

If you are a **single person**, this is the **Net value of your assessable assets**

Member of a couple

If you are a member of a couple, divide the number (**N**) above by two and write the answer here.

\$

If you are a **member of a couple**, this is the **Net value of your assessable Assets**

Now go to **Question 18**, Financial Asset Declaration in Part A of this application and write the Net value of your assessable assets in the space provided in Option 1 or Option 2.

Other information

Privacy of the information you are providing in this form

Following amendments to Australia's privacy laws, aged care homes are required to meet certain standards and do certain things with the information about yourself that you have supplied on the application form. At the time that the aged care home receives your application form they will give you a copy of their privacy statement.

If you have any queries you can either ask the aged care home for further clarification or the Commonwealth Office of the Privacy Commissioner (website www.privacy.gov.au) or by phoning **1300 363 992**.

At the Commonwealth level, privacy of personal information is regulated and protected in accordance with the *Privacy Act 1988*.

You are entitled to access the information that the aged care home collects from you (under the *Aged Care Act 1997* and the *Privacy Act 1988*). Please contact them directly if you wish to access the information.

If you have concerns about the way your privacy matters are handled, you can call the Aged Care Complaints Resolution Scheme on **1800 550 522** (freecall).

Statutory Declarations Regulations 1993

Schedule of Persons before whom a Statutory Declaration may be made (regulation 3)

Part 1 – Members of certain professions

Chiropractor
Dentist
Legal practitioner
Medical practitioner
Nurse
Patent attorney
Pharmacist
Physiotherapist
Psychologist
Veterinary surgeon

Part 2 – Other persons

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
Australian Consular Officer, or Australian Diplomatic Officer, (within the meaning of the *Consular Fees Act 1955*)
Bailiff
Bank officer with 5 or more continuous years of service
Building society officer with 5 or more years of continuous service
Chief executive officer of a Commonwealth court
Civil marriage celebrant
Clerk of a court
Commissioner for Affidavits
Commissioner for Declarations
Credit union officer with 5 or more years of continuous service
Employee of the Australian Trade Commission who is:
(a) in a country or place outside Australia; and
(b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
(c) exercising his or her function in that place
Employee of the Commonwealth who is:
(a) in a country or place outside Australia; and
(b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
(c) exercising his or her function in that place
Fellow of the National Tax Accountants' Association
Finance company officer with 5 or more years of continuous service
Holder of a statutory office not specified in another item in this Part
Judge of a court
Justice of the Peace
Magistrate

Master of a court
Member of the Association of Taxation and Management Accountants
Member of the Australian Defence Force who is:
(a) an officer; or
(b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
(c) warrant officer within the meaning of that Act.
Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
Member of the Institute of Corporate Managers, Secretaries and Administrators
Member of the Institution of Engineers, Australia, other than at the grade of student
Member of:
(a) the Parliament of the Commonwealth; or
(b) the Parliament of a State; or
(c) a Territory legislature; or
(d) a local government authority of a State or Territory
Minister of religion registered under Division 1 of Part IV of the *Marriage Act 1961*
Notary public
Permanent employee of:
(a) the Commonwealth or of a Commonwealth authority; or
(b) a State or Territory or of a State or Territory authority; or
(c) a local government authority; with 5 or more years of continuous service who is not specified in another item in this Part
Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
Police officer
Registrar, or Deputy Registrar, of a court
Senior Executive Service officer of the Commonwealth, or of a State or Territory, or of a Commonwealth, State or Territory authority
Sheriff
Sheriff's officer
Teacher employed on a full-time basis at a school or tertiary education institution.