



EXPRESSION OF INTEREST FOR RESIDENTIAL AGED CARE

This form must be completed by people wishing to be considered for Permanent and Respite Residential Aged Care

Are you applying for Respite or Permanent Placement?

Has ACAS been completed Yes No (circle correct answer)

If Yes, please provide a copy of the Services Australia letter with the individual's approval codes

Has an Income and Assets Assessment been completed? Yes No

If No, please see Unit Manager

Personal Details:

Title (Mr, Mrs, Miss etc.)

Last Name

First Name(s) (Legal)

Preferred Name

Gender Male Female Other Indeterminate

Do you identify as an Aboriginal or Torres Strait Islander? Yes No

Date of Birth

Marital Status

Home Address

Postcode

Admitted From: Hospital Home: Other:

Do you receive Full Pension or Part Pension?

Name on Pension Card

Pension Card Number Expiry

Name on Medicare Card

Medicare Number Expiry



Name on DVA Card

DVA Number

Expiry

Private Health Fund

Expiry

Medical Practitioner of choice

Name:

Clinic Address:

Please list Allergies:

Medications:

Food:

Others:

Does the individual have any prescribed medication?

Yes:

No:

NB: Cohuna District Hospital Residential Aged Care utilises an electronic medication management system and multi dose sachets. These incur a small fee each week, which is added to the Pharmacy Account.

Religion:

Country of Birth:

Main Language:

Contact Details

1st Contact

Last Name

First Name

Address

2nd Contact

Last Name

First Name

Address

Contact Numbers

AH

BH

Mobile

Email

Contact Numbers

AH

BH

Mobile

Email

Relationship

Relationship



Person Responsible for Fees and Charges:

Name: Relationship:

Address:

Post Code:

Contact Numbers

AH BH

Mobile

Email

Has the individual appointed any of the following alternative decision makers?

Power of Attorney –Enduring Financial? Yes No If Yes Please attach

Name of Power of Attorney:

Address:

Phone:

Medical Treatment Decision Maker? Yes No If Yes Please attach

Name of Medical Treatment Decision Maker:

Address:

Phone:

Restrictive Practices Substitute Decision Maker (RPSDM) Yes No

(this person may be the Medical Treatment Decision Maker, but must be able to be contacted to make emergency decisions if required.)

Name of Restrictive Practices Substitute Decision Maker:

Address:

Phone:

If **Yes** to any of the above, please attach a copy If **No** please see staff for information on how to complete one



Does the applicant have an Advanced care Directive **Yes**

No

If **No** please see staff for

information on how to complete one

Reason for application

Please give a brief description of reasons why you are seeking to be placed on the Residential Aged Care Waiting List

Signature of person completing the form

Date _____

Relationship to applicant

Please return form to
Michele Bibby
Unit Manager Cohuna District Hospital Residential Aged Care
PO Box 317 Cohuna 3568
mibibby@cdh.vic.gov.au



Admission Guidelines:

WAITING LIST		
DOCUMENT COMPLETION	Documents provided / uploaded - (sign)	NOTES:
Expression of Interest completed, including Full details of applicant – legal name/ preferred name/ gender/ ATSI identity/ home address/ marital status		Details provided to Finance Officer pre-admission NB: Aboriginal Liaison Officer – request to meet
ACAS document with admission referral codes – attach Services Australia letter		Details provided to Finance Officer pre-admission
Copies of Powers of Attorney, Medical Treatment Decision Maker		Details provided to Finance Officer pre-admission
Current situation (eg: hospital/ CHSP/ Home-care/ lives alone) Reason for application		
Residential Aged Care – Goals of Care/ Medical Treatment Orders		
Pension status – (full/ part/ nil) and Pension Card no. and Exp.		Details provided to Finance Officer pre-admission
Medicare Card – name/ number/ expiry		
DVA Card - name/ number/ expiry		
Medical Practitioner details		
Country of Birth/ Language spoken		
Private Health Insurance Details		
Ambulance Subscriptions details		
ACUTE BOOKING FORM TO BE COMPLETED IF CURRENT INPATIENT SEEKING TRANSFER		NUM/ ANUM to discuss and coordinate transfer/ admission date



Admission Guidelines:

PREADMISSION (1-7 DAYS)		
DOCUMENT COMPLETION	Documents provided / uploaded - (sign)	NOTES:
Commence pre-admission assessment - MANAD		
Inform medical practitioner to request: <ul style="list-style-type: none"> • Health Summary • Main health concerns • Medication Chart Dietary or Fluid restrictions		
Goals of Care – Medical Treatment		
Advance Care Directive (Information provided to complete once in care) Does the individual have a nominated Funeral Director		
Allergies: <ul style="list-style-type: none"> • Medication • Food • Other Please provide details		
My Health Record application/ in place (IHI No.) and consented		
Medication Chart provided and prescriptions where required. (see BestMed)		
Names, Addresses and contact details of Primary and Secondary Contacts and relationship to individual		Note any person(s) the individual requests to be involved in care discussion Note any persons NOT to be contacted
Medical Treatment Decision Maker details		
Name and contact details of person responsible for Fees and Charges		Details provided to Finance Officer
Services Australia – Means Assessment completed or in progress		Details provided to Finance Officer
Make appointment with Finance Officer to discuss fees and contracts if desired		
Provide legislative information: <ol style="list-style-type: none"> 1. CDH Residential Aged Care Orientation Booklet 2. Statement of Rights Poster_2025 3. Charter of Aged Care Rights 4. Charter of rights document 5. code-of-conduct-for-aged-care-consumer-guidance 6. Registration as a General Postal Voter 		Obtain signed copy of Charter of Rights and forward to Finance Officer
Privacy Dignity and Choice Authority completed and signed (MANAD)		NB: Discussion regarding preferred Allied Health professionals and Foot Care Nurses.
Monthly Care Statement discussion and consent		NB person to whom MCS will be provided – email address?



Admission Guidelines:

Room allocation and discussion regarding process of any room changes if required.		NB: information in Orientation Booklet
Check preferred pharmacy – if not local TWC will need to set up process for obtaining medications.		Check/ ensure Account is set up at pharmacy of choice
Check and collate all documentation. Ensure upload to MANAD completed.		
Set up Admission Folder (Green)		
Request Acute Transfer Form (if required) – ensure all sections completed		
Check any specific Equipment requests are actioned – eg: Air Mattress, Movement Sensor Alarms		
Print Resident Labels		
<p>Inform the resident and representative how to access the following:</p> <ul style="list-style-type: none"> • Kitchen facilities (access outside meal service times) • Laundry facilities – onsite, labelling of clothing • Newspaper delivery, mail re-direction, visiting hairdresser 		



Admission Guidelines:

ADMISSION —tasks to be complete by anyone from admin officer/ NUM/ Clinical Team		
DOCUMENT COMPLETION	Documents provided / uploaded - (sign)	NOTES:
Orientate the new individual to the facility and co-residents		
Provide Orientation Booklet if not already received		
Take resident photo and upload to MANAD		
Provide Access Code to representatives (RN to discuss resident access with representative)		
Add photo to BestMed for new medication chart	RN/ Pharmacist	
Admit resident from Waiting List in MANAD and check B2B to Medicare	NUM/ RN	
Check MHR for recent Discharge or Health summaries and immunisation status.	NUM/ ANUM	
Commence <i>New Aged Care Resident Assessment Checklist.</i>		
Photocopy and upload Medicare and Pension Cards		
Update Doctors list in <u>Doctors Communication Folder</u> Add to Dr Review /Request Form in Folder		Check if completed by clinical team – assist as directed
Internal Notifications (email): <ul style="list-style-type: none"> • Finance Officer • Lifestyle Team • Catering Team • Reception • DCS and CEO • Corporate Services/ Support Services 		Check if completed by clinical team – assist as directed
Update Emergency Evacuation List, Diary, Daily events Folder		Check if completed by clinical team – assist as directed
External Notifications (according to resident preference): <ul style="list-style-type: none"> • Ochre Medical Clinic – 03 5456 2609 • Terry White Chemist – 03 5456 2223 		
Take photos of any valuables or personal belongings and add to Valuables List in MANAD		Check if completed by clinical team – assist as directed
Put items requiring “Test & Tag” in Maintenance Work Order register		Check if completed by clinical team – assist as directed
Ask if resident requires phone in room and organise provision		Check if completed by clinical team – assist as directed



Po Box 317, Cohuna 3568
 Phone: 54 565 300
 Fax: 54 562 627

AFFIX PATIENT LABEL HERE

U.R. NUMBER: _____
 SURNAME: _____
 GIVEN NAME: _____
 DATE OF BIRTH: ____/____/____ SEX: _____

**RESIDENTIAL AGED CARE
 GOALS OF CARE
 MEDICAL TREATMENT ORDERS**

Facility

TO BE COMPLETED BY DOCTORS ONLY

Main health problems:

Advance Care Directive / Advance Care Planning document for this Resident No Yes
(ensure a copy is in the Resident's file)

Medical Treatment Decision Make (MTDM) if patient lacks capacity to make medical decisions.

Name: Relationship to Resident:

Contact Phone Number:

Has the MTDM been appointed by the Resident? No Yes *(ensure a copy of document in Resident's file)*

Identify the appointment: MTDM MEPOA Enduring Guardian EPO Personal VCAT Guardian

Choose ONE option from A, B, C, or D – Add further comments when required.
 If UNSURE about goals, or treatment decision, contact the GP for advice.

GOAL A: FOR TREATMENT OF ALL REVERSIBLE ILLNESS

For CPR and appropriate life-sustaining treatments → FOR TRANSFER TO HOSPITAL IF required treatment cannot be provided in the facility

GOAL B: FOR TREATMENT OF REVERSIBLE ILLNESS WITH FOLLOWING LIMITATIONS

NOT FOR CPR or INTUBATION – but is for other appropriate life-sustaining treatments

GOAL C: FOR TREATMENT OF REVERSIBLE ILLNESS WITH SIMPLE, NON-BURDENSOME TREATMENT. FOR GOOD SYMPTOM MANAGEMENT. NOT FOR CPR OR INTUBATION

FOR TRIAL OF TREATMENT AT THE FACILITY, if this can be done without Causing excessive distress. If deteriorates Despite this, for comfort measures only → NOT FOR TRANSFER TO HOSPITAL UNLESS symptoms cannot be managed in the facility e.g. fracture

OR

NOT FOR LIFE-PROLONGING TREATMENT of new illness / deterioration. All treatment is aimed at comfort and Relieving symptoms → NOT FOR TRANSFER TO HOSPITAL UNLESS Symptoms cannot be managed in the facility. e.g. fracture → Commence Palliative Care Plan

GOAL D: COMFORT DURING DYING – TERMINAL CARE (prognosis assessed as hours / days)

All treatment is aimed at relieving symptoms and supporting the Resident and their family and important others → NOT FOR TRANSFER TO HOSPITAL UNLESS symptoms cannot be managed in the facility e.g. fracture → Commence Palliative Care Plan

I have discussed above Goals of Care with Resident MTDM (named above)

Others involved in discussion:

Doctors Name (print): Doctors Signature:

Date:/...../.....

DEFIINTIONS

CPR = Cardiopulmonary Resuscitation

MEPOA = Medical Enduring Power of Attorney

MTDM = the person who is the legal medical treatment decision-maker for the Resident who lacks capacity to do this for themselves

EPOA Personal = Enduring Power of Attorney Personal Matters

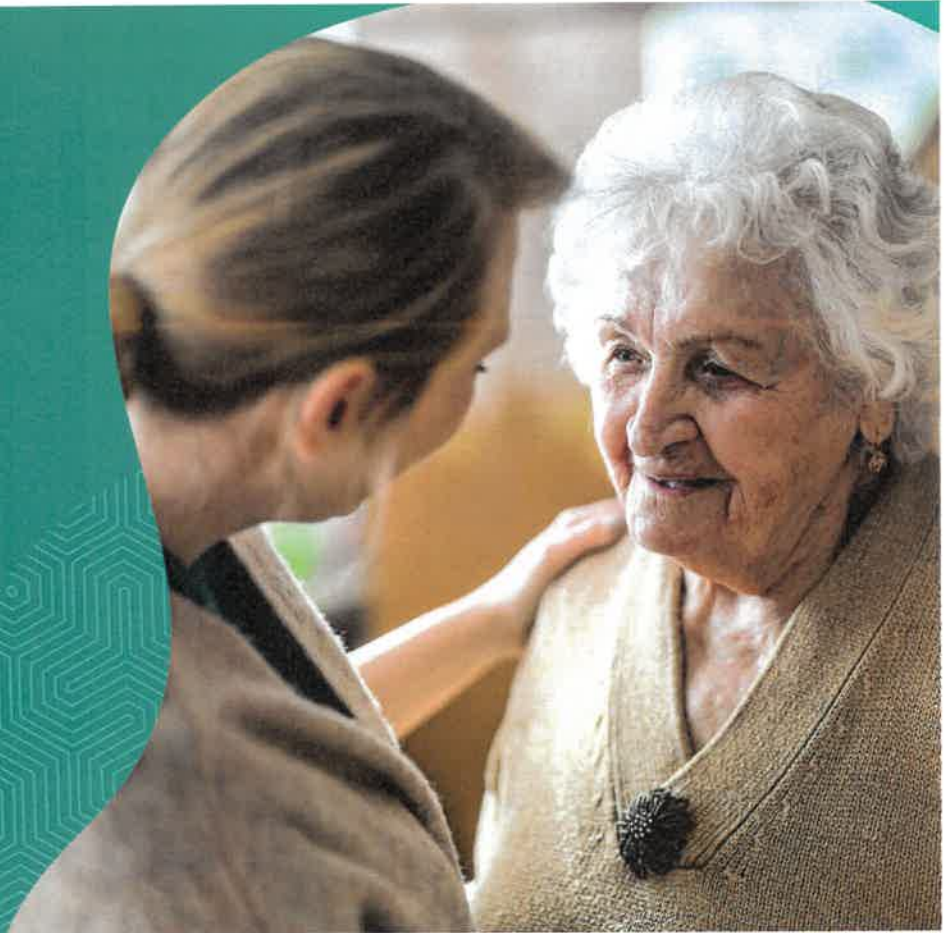
RESIDENTIAL AGED CARE—GOALS OF CARE MEDICAL TREATMENT ORDERS



Code of Conduct for Aged Care

A resource for aged
care consumers

1800 951 822
agedcarequality.gov.au



Everyone has
the right to
receive safe
and quality
aged care
services.

Why was the Code introduced?

The Code aims to:

- support your **rights** to **personal choice, dignity** and respect
- promote **kind, honest** and **respectful** behaviour
- keep you **safe from harm**.

What is the Code?

The Code:

- sets out how providers and the people providing your care **must behave and treat you**
- **strengthens powers to protect you** from services or workers that make you feel unsafe, taken advantage of or disrespected.

Who is covered by the Code?

The Code applies to

- Approved providers of residential, home care and flexible care services
- Governing persons of approved providers (e.g. board members and Chief Executive Officers)
- Aged care workers of approved providers (includes volunteers, contractors and subcontractors of the provider)

Note: Flexible care includes the Transition Care Program, Multi-Purpose Services Program and Short-Term Restorative Care Program.

The Code does not apply to

- Commonwealth Home Support Programme (CHSP) providers
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) providers

These providers are still required to provide care and services that are safe and respectful and behave in a way that aligns with the Code. If you have concerns regarding a CHSP or NATSIFACP provider, you can contact the Commission to discuss.

What should you expect under the Code?

You should always be treated well and feel safe. Your aged care provider and the people who provide your care must act in a way that is respectful, kind and consistent with the behaviours set out in the Code.

Your provider must also manage and respond to the behaviour of their workers and governing persons that do not meet the Code.

Contact






For more information, you can access the [Code of Conduct for Aged Care – Consumer Guidance](#) available on the Commission website.

If you have questions or concerns about the Code, you can contact:

- your aged care provider
- the **Older Persons Advocacy Network** (OPAN) on 1800 700 600
- the **Aged Care Quality and Safety Commission** by:
 - completing our [online contact form](#)
 - 1800 951 822 (free call)
 - info@agedcarequality.gov.au
 - Aged Care Quality and Safety Commission GPO Box 9819, in your capital city.

The 8 elements of the Code – Summary for aged care consumers

This table outlines the 8 elements of the Code and provides examples of how the people providing your care and services should behave.

Elements of expected behaviour	Examples of how people should behave Your provider and the people who provide your care should...
 <p>Act with respect for people's rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.</p>	<ul style="list-style-type: none"> • Ask and listen to what you need and want • Talk to you in a way that is easy to understand • Help when you need support to make decisions about the care and services you receive
 <p>Act in a way that treats people with dignity and respect and values their diversity.</p>	<ul style="list-style-type: none"> • Respect your social, cultural, religious and ethnic background • Talk in a way that makes you feel comfortable and respected • Respect your individual needs and wants
 <p>Act with respect for the privacy of people.</p>	<ul style="list-style-type: none"> • Keep your personal information safe in line with privacy policies • Ask first before providing care or services to make sure you feel comfortable and safe
 <p>Provide care, supports and services in a safe and competent manner, with care and skill.</p>	<ul style="list-style-type: none"> • Use equipment safely • Have the right skills, experience and qualifications for the job • Follow policies about safe and up to date work practices
 <p>Act with integrity, honesty and transparency.</p>	<ul style="list-style-type: none"> • Treat you fairly and not take advantage of you • Be honest about their qualifications, skills and experience • Help you understand more about your care and services

Elements of expected behaviour

Examples of how people should behave

Your provider and the people who provide your care should...



Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care, supports and services.

- Know how and what to do if something happens
- Speak up and report concerns to providers to reduce risk of harm
- Support you to feel safe to give feedback or make a complaint



Provide care, supports and services free from:
i. all forms of violence, discrimination, exploitation, neglect and abuse, and
ii. sexual misconduct.

- Be alert to situations that may hurt, upset or take advantage of you and others receiving care or services
- Know what violent, abusive and neglectful practices look like
- Not commit or participate in any form of violence, discrimination, neglect and abuse or sexual misconduct



Take all reasonable steps to prevent and respond to:
i. all forms of violence, discrimination, exploitation, neglect and abuse, and
ii. sexual misconduct.

- Follow processes to help prevent harm to you and others receiving care and services
- Take action about a safety risk or concern in line with your provider's systems and processes
- Cooperate with any investigation or enquiry



Code of Conduct for Aged Care – consumer guidance
agedcarequality.gov.au/resources/code-conduct-aged-care-guidance-consumers



Aged Care Quality and Safety Commission online contact form
agedcarequality.gov.au/contact-us

December 2022



Phone

1800 951 822



Web

agedcarequality.gov.au



Write

Aged Care Quality and Safety Commission
GPO Box 9819, in your capital city



Registration as a general postal voter in Victoria



I2

Office use only –
Date received

SC **G** ACK **N** RVI NIN

Approved Not approved Signature Title Date / /

1 Your name

If completing by hand use a where appropriate.
Use black or blue pen and
BLOCK LETTERS

Mr Mrs Miss Ms Other

Family name

Given name(s)

2 Date of birth (dd/mm/yyyy)

/ / Gender

3 Your enrolled address

State **VIC** Postcode

4 Postal address

Leave blank if the same as
your residential address

c/o Unit Manager Cohuna Aged Care

PO Box 317 Cohuna 3568 State **Vic** Postcode **3568**

5 Phone numbers

Mobile Daytime (**03**) **54565360**

Email address

6 I am currently enrolled and seek registration as a general postal voter because I am:

(Mark appropriate box)

GD an elector whose principal place of residence is not within 20 kilometres, by the shortest practicable route, of a polling place

GD a patient at a hospital or nursing home (that is not a polling place) and because of serious illness or infirmity I am unable to travel to a polling place

Name and address of the hospital or nursing home

Cohuna Aged Care
144 -158 King George St
Cohuna 3568

GN unable to travel from the place I live to a polling place because of serious illness or infirmity

GX unable to attend a polling place to vote because I am caring for a seriously ill or infirm person who is not in hospital

GS registered as an elector whose address does not appear on the electoral rolls in accordance with s.104 of the *Commonwealth Electoral Act 1918* and s.31 of the *Victorian Electoral Act 2002*

GR an elector whose religious beliefs, or membership of a religious order, preclude me from attending a polling place for all, or the greater part of, the polling day

GH unable to sign due to a physical incapacity (you must provide a medical certificate stating that you are so physically incapacitated that you are unable to sign your name, unless one has already been provided for enrolment purposes)

GE an elector who is registered as an overseas elector

Federal elections only

GC serving a prison sentence of less than 3 years, on remand or in periodic detention

GV • a member of the defence force, or a defence civilian who is serving outside Australia
• an Australian Federal Police officer or staff member who is serving outside Australia

Date of departure Date of return

Provisions applying to Victorian state and local government elections only

an elector has attained 70 years of age
 an elector is serving a prison sentence of less than 5 years

7 Your signature or mark

Note: Giving false or misleading information is a serious offence

or

Signature of person signing on behalf of the elector where the elector has provided a medical certificate as per option GH above

Returning your form – see information page for instructions

Registration as a general postal voter

in Victoria

**AEC**

Australian Electoral Commission

Who can use this form?

You are eligible to register as a general postal voter if you are already on the electoral roll and you are unable to attend a polling place for one of the reasons listed at Question 6.

General postal voting at federal elections

Electors who are registered as general postal voters will be sent ballot papers as soon as practicable after the declaration of nominations for a federal election, or the issue of writs for a federal referendum.

General postal voting at Victorian state and local government elections

If you are registered as a general postal voter you will be sent ballot papers for a Victorian state election as soon as practicable after the close of nominations, or at least 15 days before election day for a local government election.

Who has access to your enrolment information?

The Commonwealth register of general postal voters, listing the names and addresses of people registered, is available for public inspection in AEC divisional offices during normal office hours.

Notification

Within three weeks of receiving your form the AEC will confirm your registration. We may seek further information from you and confirm your registration using any of the contact details you provide.

In the case of applications for electors who are 70 years or over, the Victorian Electoral Commission notifies the elector of the result of their application.

For more information

Australian Electoral Commission
www.aec.gov.au or **13 23 26**

Victorian Electoral Commission
www.vec.vic.gov.au or **1300 805 478**

Returning your form

Post Australian Electoral Commission
Reply paid 9867
MELBOURNE VIC 3001
(No stamp is needed if posted in Australia)

Fax 02 6293 7604

Upload Upload your scanned signed form at
www.aec.gov.au/return

In person To any AEC office

Help in other languages

عربي	1300 720 132	Arabic	Język polski	1300 720 143	Polish
中文	1300 720 135	Cantonese	Português	1300 720 145	Portuguese
Hrvatski	1300 720 136	Croatian	Русский язык	1300 720 146	Russian
Ελληνικά	1300 720 137	Greek	Српски	1300 720 147	Serbian
Italiano	1300 720 138	Italian	Español	1300 720 148	Spanish
ខ្មែរ	1300 720 134	Khmer	Türkçe	1300 720 149	Turkish
한국어	1300 720 468	Korean	Tiếng Việt	1300 720 152	Vietnamese
Македонски	1300 720 139	Macedonian	Other languages	1300 720 153	
中文	1300 720 142	Mandarin			

If you are deaf, or have a hearing or speech impairment

Contact the AEC through the National Relay Service (NRS):

- TTY – 133 677 then ask for 13 23 26
- Speak and Listen – 1300 555 727 then ask for 13 23 26
- Internet relay – connect to the NRS then ask for 13 23 26



Victorian Electoral Commission



28/08/25

Dear Resident and Family,

As part of our continuous quality improvement program, Cohuna District Hospital Residential Aged Care will be implementing a new electronic medication management system (eMMs) – BESTmed.

This new system will commence at Cohuna District Hospital Residential Aged Care on **Wednesday 24 September** and is supported by Terry White Chemmart Cohuna.

The BESTmed system supports Cohuna District Hospital Residential Aged Care to streamline and automate medication management processes, reducing administrative activities and enhancing the personalised time spent with the residents, supporting their health and wellbeing. The BESTmed System was developed after extensive consultation with key stakeholders including Aged Care Consultants, Doctors, Registered Nurses, Care Staff and Pharmacy Staff. The system was designed after reviewing many other medication systems and receiving feedback about existing systems and suggestions for improvement.

The system offers many benefits including:

- Automated Sachet Packaging (BESTsachet)
- Electronic Charting (BESTdoctor)
- Electronic Administration & Ordering (BESTdose)
- Simplicity and flexibility
- Minimal Manual Handling of Medication
- Time Saving for Nursing Staff
- Time Saving for Doctors
- A System That is User Friendly

The BESTmed System offers a complete Medication Management System for Residential Care Facilities offering consistency and peace of mind. There will be a small fee of **\$6.50 per resident per week**, which will be invoiced monthly directly by the pharmacy. This fee covers the cost of the sachet packing and system integration, usual standard prescription costs will also apply.

If you have any questions about the BESTmed system or the associated fee, please don't hesitate to contact Acting Nurse Unit Manager- Michele Bibby at 03 5456 5361. We are happy to assist with any enquiries and ensure a smooth transition.

Thank you for your understanding and ongoing support.

Warm regards,

Wendy Lunghusen,
Director of Clinical Services
Cohuna District Hospital

03 5456 5300
DCS@cdh.vic.gov.au



The new Statement of Rights

The *Aged Care Act 2024*, which starts from 1 November 2025, will include a Statement of Rights. This explains the rights you have when accessing aged care services funded by the Australian Government.

Independence, autonomy, empowerment and freedom of choice

You will have the right to make your own decisions and have control over:

- which funded aged care services you use
- how you access funded aged care services and who provides them
- your money and belongings
- how you live, even if there is some personal risk.

You will have the right to get support to make these decisions if you need to.

Equitable access

You will have the right to a fair and accurate assessment to find out what funded aged care services you need.

This assessment should be done in a way that suits you. It should respect your:

- culture and background
- personal experience and the impact of any trauma you may have experienced
- cognitive conditions, such as dementia.

You will also have the right to get the kind of care you need, when you need it.

Quality and safe funded aged care services

You will have the right to safe, quality and fair funded aged care services that treat you with dignity and respect.

This includes the right to access funded aged care services that:

- value and support your identity, culture and background
- respect your experience, including any trauma
- are accessible and meet your needs
- are free from violence, abuse and neglect.

You will have the right to access funded aged care services from:

- workers with the right training, skills and experience
- providers that meet all the conditions under the aged care laws.

Respect for privacy and information

Your provider must:

- respect your personal privacy
- protect your personal information, such as information about your health and finances.

You will have the right to get records and information about your rights and the funded aged care services you use. This includes how much they cost.

Person-centred communication and ability to raise issues without reprisal

You will have the right to:

- get information in a way you understand
- give feedback.

You will have the right to communicate in the language or method you prefer. This includes using interpreters or communication aids if you need them.

You will also have the right to meet with your provider and your supporters in a way that suits you.

When there are issues with your funded aged care services, you will have the right to:

- get support from your provider
- complain without fear or being punished
- get a quick and fair response to your complaints.

Advocates, significant persons and social connections

You may need support to understand your rights, make decisions or make a complaint. You will have the right to get this support from an independent advocate or someone else you choose.

Providers should respect the role of the people who are important to you.

You will have the right to stay connected with:

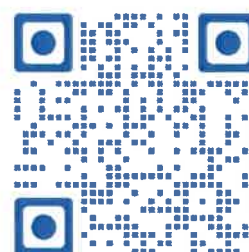
- the people who are important to you
- your community, including by taking part in leisure or cultural activities
- your pets.

Aboriginal and Torres Strait Islander peoples will have a right to stay connected with their community, Country and Island Home.

More information

Read the full Statement of Rights, including how you can make sure your rights are upheld:

www.health.gov.au/our-work/aged-care-act/about



The Statement of Rights

The Statement of Rights clearly identifies your rights when seeking or receiving aged care services. Under the new Aged Care Act, which comes into effect on 1 July 2025, your provider is legally obliged to deliver services in line with these rights.



Autonomy and freedom of choice

I have the right to make my own choices – about my care, relationships, lifestyle and taking risks – with support if I want it.



Equitable access

I have the right to have my needs assessed in a way that works for me including having my cultural background, past trauma or cognitive conditions, such as dementia, respected.



Safe, quality care

I have the right to be treated with dignity and respect by experienced aged care workers who value my identity, culture, spirituality and diversity.



Privacy and confidentiality

I must have my privacy respected and my personal information kept confidential, and be in control of who this information is shared with.



Communication and complaints

I have the right to be informed in a way I understand and to raise concerns without fear of reprisal. My feedback must be dealt with fairly and promptly.



Support and social connections

I can stay connected to important people, pets and culture including independent advocates. As an Aboriginal or Torres Strait Islander I can stay connected to Country and Island Home.



For free, confidential and independent support call the Aged Care Advocacy Line 1800 700 600

Rights in real life



Autonomy and freedom of choice

Jack's* aged care home has a blanket non-smoking policy. Staff are permitted to smoke at a nearby reserve. Jack felt this was an appropriate alternative for him. Jack's aged care provider initially disagreed, citing health risks and their duty of care. With the support of an aged care advocate, Jack successfully reminded the provider of his right to exercise choice, including when that choice involved personal risk.



Safe, quality care

Eleni* lives with dementia. As the condition has progressed, she has reverted to her first language – Greek. Eleni's daughter and representative (registered supporter under the new Act), Kay*, called OPAN because she felt Eleni's inability to communicate had caused her to become socially isolated and withdrawn. With Eleni and Kay's consent, the advocate arranged a meeting to review Eleni's care plan with support from Dementia Australia. As a result, the aged care home amended their roster to ensure greater consistency in staffing. Greek communication cards were provided to help overcome language barriers. Eleni was also referred to the Aged Care Volunteer Visitors Scheme to enable regular visits from someone from her cultural background.



Respect for privacy and information

When Rosemary first moved to an aged care home, she noticed that questions about her health care (e.g. vaccination permission) and her finances (e.g. monthly statements) were being referred to her family. She reminded management of her right to make decisions about her financial affairs, her right to have her personal information protected, and her right to be provided with information about the aged care services she receives, including the costs of those services. The provider agreed to redirect all of Rosemary's correspondence directly to her.



Support and social connections

Cecily belongs to a tightknit social group that meets regularly for coffee. When Cecily moved into residential aged care, her friends gathered in the home's courtyard or common area for their weekly catch-up. Cecily's daughter, Sue, felt the visits were too tiring for her mother and asked the manager to stop them. The friends approached OPAN for assistance. An advocate visited Cecily at the aged care home after her friends gained Cecily's consent. She was missing her friends, who brought joy, laughter and cake. The advocate supported Cecily to have the visits reinstated.

**Names have been changed for privacy reasons*



Scan the QR code to read the Statement of Rights



Charter of Aged Care Rights

I have the right to:

1. safe and high quality care and services;
2. be treated with dignity and respect;
3. have my identity, culture and diversity valued and supported;
4. live without abuse and neglect;
5. be informed about my care and services in a way I understand;
6. access all information about myself, including information about my rights, care and services;
7. have control over and make choices about my care, and personal and social life, including where the choices involve personal risk;
8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions;
9. my independence;
10. be listened to and understood;
11. have a person of my choice, including an aged care advocate, support me or speak on my behalf;
12. complain free from reprisal, and to have my complaints dealt with fairly and promptly;
13. personal privacy and to have my personal information protected;
14. exercise my rights without it adversely affecting the way I am treated.

Consumer

Provider

Consumer (or authorised person)'s signature (if choosing to sign)

Signature and full name of provider's staff member

Full name of consumer

Name of provider
/ /

Full name of authorised person (if applicable)

Date on which the consumer was given a copy of the Charter
/ /

Date on which the consumer (or authorised person) was given the opportunity to sign the Charter

Charter of Aged Care Rights

Consumers

Consumers have the option of signing the Charter of Aged Care Rights (the Charter). Consumers can receive care and services even if they choose not to sign.

If a consumer decides to sign the Charter, they are acknowledging that their provider has given them a copy of the Charter, and assisted them to understand:

- information about consumer rights in relation to the aged care service; and
- information about consumer rights under the Charter.

Providers

Under the aged care law, providers are required to assist consumers to understand their rights and give each consumer a reasonable opportunity to sign the Charter. Providers must give consumers a copy of the Charter that sets out:

- signature of provider's staff member;
- the date on which the provider gave the consumer a copy of the Charter; and
- the date on which the provider gave the consumer (or their authorised person) the opportunity to sign the Charter;
- the consumer (or authorised person)'s signature (if they choose to sign); and
- the full name of the consumer (and authorised person, if applicable).

The provider will need to retain a copy of the signed Charter for their records.



Po Box 317, Cohuna 3568
Phone: 54 565 361

AFFIX PATIENT LABEL HERE

U.R. NUMBER: _____

SURNAME: _____

GIVEN NAME: _____

DATE OF BIRTH: ____/____/____ SEX: _____

**TRANSFER FROM COHUNA
DISTRICT HOSPITAL TO
COHUNA AGED CARE**

**BEFORE COMMENCING TRANSFER ARRANGEMENTS
ALL ITEMS MUST BE SIGNED AND DATED BELOW**

	Nurse Signature	Date
ACAS printed and given to RAC NUM		
Expression of Interest Form given to family		
Finance Meeting arranged with Finance Department		
Transfer discussed and approved by RAC NUM		

Date Bed Available:/...../.....

	Nurse Signature	Date
Residential Aged Care Admission forms given to family (Booklet available from Aged Care - see NUM or ANUM)		

Nurse who completed above tasks and transfer

Signature:.....

Please Print Name:

Date:...../...../.....

After the above tasks are checked, staff can then commence the Transfer paperwork following

TRANSFER FROM COHUNA DISTRICT HOSPITAL TO COHUNA AGED CARE



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AFFIX PATIENT LABEL HERE

U.R. NUMBER: _____
SURNAME: _____
GIVEN NAME: _____
DATE OF BIRTH: ____/____/____ SEX: _____

**TRANSFER FROM COHUNA
DISTRICT HOSPITAL TO
COHUNA AGED CARE**

Next of Kin Notified YES NO

NEXT OF KIN DETAILS

MTDM / MPOA Details

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
RELATIONSHIP:	RELATIONSHIP:

PENSION No: MEDICARE No:

DOCTOR:..... RELIGION:

REASON FOR ADMISSION AND PLAN OF CARE

DIAGNOSIS _____

ALLERGIES _____

TO BE COMPLETED PRIOR TO TRANSFER

Medications, Long term medication chart to be sent on admission

Scripts been written and sent with patient

Has a copy of the most recent Pathology Results been sent? (if applicable)

Are there any Medical Appointments or relevant Doctor's orders?

(If so please specify)

When was the last Influenza and Pneumococcal vaccination? (If date known) ____/____/____

Was a copy of the ACAS assessment sent with transfer? YES NO

Copy of Master Problem List sent over if available YES NO

Has the Advance Care Planning Information been given to patient prior to admission to Aged Care YES NO

Has an Advanced Care Plan or Goals of Care Medical Treatment Orders been completed? YES NO

If YES PLEASE send a copy

Are there any Allied Health orders? YES NO

NURSE TO SIGN:

Date:...../...../..... Designation:.....



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**TRANSFER FROM COHUNA
DISTRICT HOSPITAL TO
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<p>Communication</p> <p>Hearing: Good / Decreased / Poor /Hearing aide</p> <p>Speech: Clear / Uncleared</p> <p>Vision: Good / Decreased / Poor /Glasses</p> <p>Safety Restraint Yes / No</p> <p>Type: _____</p> <p>When to apply: _____</p>	<p>Toileting / Contenance</p> <p>Continent/Incontinent: Urine / Faeces</p> <p>Contenance program: Yes / No</p> <p>Toileting Time: _____</p> <p>Bowels last opened _____</p> <p>Assistance: Required full assistance / supervision / set-up / independent: _____</p>
<p>Behaviours</p> <p>Physically aggressive: Yes / No (specify)</p> <p>Verbal aggression; Yes /No</p> <p>Other behaviours: _____</p>	<p>Sleep and Settling</p> <p>Preferred settling time: _____</p> <p>Settling routine: _____</p>
<p>Hygiene and Dressing</p> <p>Shower / Bath / Sponge</p> <p>Daily / Other: _____</p> <p>Preferred Time: _____</p> <p>Soap: _____</p> <p>Own Teeth / Dentures: top / bottom</p> <p>Assistance required: Full assistance / physical and verbal supervision and encouragement / independent</p> <p>Details of hygiene routine:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Nutrition</p> <p>Dislikes: _____</p> <p>Diet: Normal / Other _____</p> <p>Aids: _____</p> <p>Medication Crushed yes/no</p> <p>Assistance required: set-up / prompting only / some physical assistance / full physical assistance / 1:1 encouragement and prompting</p> <p>Preferred Drinks: _____</p> <p>Pain Management</p> <p>Pain: Yes / No Location: _____</p> <p>Pain management plan _____</p>
<p>Mobility</p> <p>Independent / dependent / Bed / Chairfast</p> <p>Aids: _____</p> <p>Assistance:</p> <p>Bed: _____</p> <p>Bed to chair: _____</p> <p>Chair to Chair: _____</p>	<p>Therapy</p> <p>Physiotherapy: _____</p> <p>Other Therapy: _____</p> <p>_____</p> <p>_____</p>
<p>Social / Religious and Cultural Needs</p> <p>Church: _____</p> <p>Regular Visitors:</p> <p>_____</p> <p>_____</p> <p>Activities and special needs (what and when): _____</p> <p>_____</p>	<p>Skin and Pressure areas care</p> <p>Repositioning: Yes / No</p> <p>Repositioning Times: _____</p> <p>Special skin care routine: _____</p> <p>_____</p> <p>Wounds Yes / No</p> <p>If YES please provide a copy of the Wound Management Plan</p>

TRANSFER FROM COHUNA DISTRICT HOSPITAL TO COHUNA AGED CARE

