# Care Needs Assessor Application Form

*This Application Form is to be* ***completed by the individual care needs assessor*** *nominated by the business.*

*If more than one care needs assessor is nominated, a separate Application Form must be completed by and submitted for* ***EACH of the individuals****.*

Care Needs Assessor Name (Individual): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant (Business) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(for sole traders, Case Manager & Applicant may be the same person/name)*

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| **1a) Please nominate which age groups you are nominating to complete care needs assessments for** | |
| **Adults** | **Children** |

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| **1b)** For each category you have nominated, please describe your relevant clinical experience and expertise relevant to the assessment of care need for this age group across at least a 5-year period (300 words each - any information past the 300 words count will be disregarded for evaluation purposes; concise responses preferred).  If you have nominated to complete care needs assessments with children, please describe any additional considerations for care needs assessment with this group. |
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| **1c)** Please describe your understanding of what an objective & comprehensive, person-centred care needs assessment involves in the context of serious injury.  Include what you would consider as part of a holistic assessment process and what information should be included in the report for each age group nominated.  Also include your experience in assessing risk and recommending safeguards. (400 words - any information past the 400 words count will be disregarded for evaluation purposes; concise responses preferred). |
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| **2)** Please describe your role as a care needs assessor in the context of working with a funder.  Include your role in applying scheme/funder guidelines into your process; managing situations where the client requests care services at a different level to your standard recommendation; your understanding of how your assessment/report would be used by Lifetime Care. (300 words - any information past the 300 words count will be disregarded for evaluation purposes; concise responses preferred). |
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| **3)** Excellent writing skills. Please attach a deidentified sample care needs assessment report to demonstrate your skills. |
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| **4a)** Please list the suburb the assessor will be travelling from to complete care needs assessments |
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| **4b)** Please identify in the table below, the areas you are willing to travel to, to undertake care needs assessments |
| Regions within NSW |
| Central West  Far West  Hunter  Illawarra  Mid North Coast  Murray  Murrumbidgee  Northern  Richmond Tweed  South Eastern  Sydney Inner and Outer  Sydney Surrounds |
| Regions outside NSW |
| ACT  QLD  VIC SA  Western Australia  Northern Territory |

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| **5)** Please provide details below of someone external to your business or your reporting line, willing to act as referee to your standard of performance in relation to your ability as a provider of the required Services. The nominated referees should be in the position to confirm claims made in relation to evaluation criteria (i.e. report writing, assessment review, etc.). | |
| Name |  |
| Position |  |
| Company |  |
| Best contact number |  |
| Email address |  |