Australian Government | myagedcare

Instructions

Print

My Aged Care
Registration of a Supporter Form

When to use this form

This form is to register a supporter to help you find and access aged care services, including My Aged Care.

If you want to access government subsidised aged care services, you need to register with My Aged Care. To do this, you can either call My Aged Care yourself or someone else can talk to My Aged Care with you.

You can also register online as part of the assessment application process at: **https://myagedcare.gov.au/registering-supporter**

Using this form, a supporter can be registered to help you make and communicate your aged care decisions, including requesting and accessing your information. The supporter relationship does not extend to means testing, or representative or nominee relationships with other Australian Government agencies.

Protecting you and your information

Your personal information, and your registered supporter's, is protected by law, including the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles.

Your personal information is collected by My Aged Care and the Department of Health, Disability and Ageing to enable access to aged care or related services for you or someone you support.

Please read our privacy notices on the My Aged Care website for more information about how we handle your personal information: **https://www.myagedcare.gov.au/privacy**

Your personal information may also be collected by Australian Government-funded aged care providers and assessment organisations for the assessment and provision of aged care services.

For more information

To talk to someone from My Aged Care about this form:

- Call My Aged Care on **1800 200 422** Monday to Friday, between 8:00am and 8:00pm, and Saturday, between 10:00am and 2:00pm.
- In person with an Aged Care Specialist Officer (ACSO). Make an appointment by calling 1800 227 475 on weekdays from 8am to 8pm. You can visit the Services Australia website for more information on the latest ACSO locations.

You may also visit the My Aged Care website for more information at: **https://www.myagedcare.gov.au/registering-supporter**

What is a Registered Supporter in My Aged Care?

Registered supporters help older people to make and communicate their own decisions about aged care. This includes accessing My Aged Care and any other daily aged care decisions. Registered supporters can request, access and receive information about an older person. They can also communicate information for the older person, in line with the older person's known will and preferences.

Some registered supporters also have guardianship, enduring power of attorney or similar legal authority. These people are appointed decision makers for the older person and can make decisions on behalf of the older person under Commonwealth, state or territory arrangements. An appointed decision maker can only make decisions on the older person's behalf in line with their active, legal authority.

These people may have legal decision-making authority recognised by the *Aged Care Act 2024 (Cth)* under an:

- enduring power of attorney
- enduring guardianship
- advance health directive, where that directive grants enduring decision-making authority
- Advance Personal Plan (in the Northern Territory)
- arrangement for restrictive practices substitute decision-making under a law of the Commonwealth, State or Territory, or
- order of appointment granting decision-making authority from a court, tribunal, board or panel, made under the law of the Commonwealth, a State or a Territory.

Becoming a registered supporter does not provide a person with decision-making authority for the older person. A registered supporter's role is to support the older person to make their own decisions.

How to complete this form

You can complete this form on your computer or print and sign.

PART A – your (the client's) details.

PART B – the prospective supporter's details.

PART C or D – the relationship details, your (the client's) consent and the prospective supporter's consent to the relationship. Complete one of parts C or D only, according to the supporter relationship being created.

PART E – Conflict of Interest Declaration to be completed by the prospective supporter, in consultation with you (the client).

How to submit this form

After completing and signing the form according to the instructions above, send it to My Aged Care using one of the following methods:

1. Upload to your Online Account (more information on how to access your Online Account is available on the My Aged Care website at: **https://www.myagedcare.gov.au/access-your-online-account#mygov-login**) or
2. Send a digital copy via the My Aged Care online form available at: **https://www.healthdirect.gov.au/myagedcareupload** or
3. Mail to:
   My Aged Care,
   PO Box 1237,
   Runaway Bay,
   Queensland, 4216 or
4. In person by visiting a Services Australia centre where a General Service Officer can help you submit documents to My Aged Care or book an appointment with an Aged Care Specialist Officer who can upload the documents to My Aged Care. You can call Services Australia on 1800 227 475 to book a face-to-face appointment or
5. In person with an assessor, if you (the client) or prospective supporter have an assessment appointment coming up.

For prospective supporters, who are also appointed decision makers, please make sure you have attached proof of your valid and active legal authority to make decisions for the client before returning this form. This is likely to be legal documentation. Medical evidence about the client may also be required to show your authority is active.

If you want to check that My Aged Care has received your form, please wait before calling (two business days for upload, six business days for mail).

Next Steps after submitting to My Aged Care

When My Aged Care receives your completed form, they can register both you and your prospective supporter with My Aged Care if required, and contact either of you if they need extra information to progress your request to register a supporter relationship.

Once your supporter relationship has been registered, your registered supporter can contact My Aged Care on **1800 200 422** about your aged care services and needs, including any assessments. Your registered supporter can only act in line with your will and preferences.

PART A - Aged Care Client Details (Your details)

You must complete all fields marked with an asterisk (*)

Title (select one):*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms
☐ Dr ☐ Other

Last name*

First name*

Middle name

Preferred name

Gender (select one):*

☐ Male ☐ Female
☐ Indeterminate/Intersex/Unspecified
☐ Not Specified

Date of Birth* **Phone Number***

Home address Line 1*

Home address Line 2

State/Territory* **Postcode***

Medicare Card # (including Individual Reference Number) or DVA card #*

Aged Care (AC) ID (if known)

What best describes your proposed supporter relationship (select one)?*

☐ Registered supporter, where you and the registered supporter are consenting to the relationship

Complete **PART B** and **PART C**. Complete **PART E** if your prospective supporter has a conflict of interest to declare

☐ Registered supporter, who is also an appointed decision maker with active, legal authority for you

Complete **PART B** and **PART D**. Complete **PART E** if you have a conflict of interest to declare

PART B – Prospective Supporter's Details

You must complete all fields marked with an asterisk (*)

Title (select one):*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms
☐ Dr ☐ Other

Last name*

First name*

Middle name

Preferred name

Gender (select one):*

☐ Male ☐ Female
☐ Indeterminate/Intersex/Unspecified
☐ Not Specified

Date of Birth* **Phone number***

Home address 1*

Home address 2

State/Territory* **Postcode***

Medicare Card # (including Individual Reference Number) or DVA card # (optional)

Relationship to Client (select from the drop down menu):

Please select one

PART C – Registering a supporter with your and the prospective supporter's consent

Please complete all fields if you are registering a supporter without reliance on legal decision-making authority for the client

Client to complete

Aged Care Client's Consent to register relationship and Declaration

I consent to registering the person named in this form as my supporter under the *Aged Care Act 2024.* I understand that my supporter may request, access and receive information and documents, and communicate information, in line with my will and preferences, to support me to do a thing under, or for the purposes of, the *Aged Care Act 2024* (other than for the purposes of means testing). I consent to the Department collecting my personal information from my supporter and using it for aged care purposes. I understand that the Australian Privacy Principles may not apply to my supporter if they receive any information or document, provided to them in their capacity as my supporter.

☐ Yes ☐ No

Consent to sharing information with your supporter

I consent to any information or document that may or must be given to me under the *Aged Care Act 2024* to also be given to my supporter. I understand this will include historical information and documents that exist on my client record in My Aged Care.

☐ Yes ☐ No

I declare that:

- I am voluntarily registering a supporter.
- The information I provide to My Aged Care is accurate, complete and correct.

I understand and have read:

- The duties of a registered supporter as outlined on page 7 within this form.
- The terms and conditions of registering in My Aged Care as outlined on page 7 within this form.

When will the relationship start (DD/MM/YYYY)?

When will this relationship end (DD/MM/YYYY or leave blank if no end date)?

Aged Care Client's full name

Aged Care Client's signature

Date Signed

Supporter to complete

Supporter's Consent and Declaration

I consent to being registered as a supporter under the *Aged Care Act 2024* for the client named in this form. I understand that I may request, access and receive information and documents, and communicate information, in line with the client's will and preferences, to support them to do a thing under, or for the purposes of, the *Aged Care Act 2024* (other than for the purposes of means testing). I consent to the Department disclosing my name, contact details, role and status (current, suspended or cancelled) as a supporter to the client and any other supporters that are registered for the client. I understand that the Australian Privacy Principles may not apply to the client or another supporter if they receive any information or document containing my personal information. I acknowledge that as a supporter, I must comply with the duties imposed on me by the *Aged Care Act 2024*, including to respect the client's right to privacy and to have their personal information protected. If my circumstances change in a way that affects my ability or capacity to act as a supporter, I will contact My Aged Care.

☐ Yes ☐ No

Conflict of Interest

If you have a conflict of interest (either real, potential or perceived) acting as a supporter for the client named in this form, please complete the Conflict of Interest Declaration in PART E, including how this conflict will be avoided or managed. Prospective supporters should discuss any Conflict of Interest, including how this conflict will be avoided or managed, with the client named in this form that they want to support. For more information regarding what a Conflict of Interest is please visit: **https://www.health.gov.au/our-work/aged-care-act/about/supported-decision-making-under-the-new-aged-care-act/registered-supporter-resources**

I have a conflict of interest (either real, potential or perceived) acting as a supporter for the client named in this form.

☐ Yes (provide details in Part E) ☐ No (do not fill in PART E)

I declare that:

- I am voluntarily registering as a supporter.
- The information I provide to My Aged Care is accurate, complete and correct.

I understand and have read:

- The duties of a registered supporter as outlined on page 7 within this form.
- The terms and conditions of registering in My Aged Care as outlined on page 7 within this form.

Prospective supporter's full name

Prospective supporter's signature

Date Signed

PART D – Registering as a supporter, who is also an appointed decision maker with active, legal authority

Please complete all fields if you have legal authority to act on the client's behalf recognised by the *Aged Care Act 2024 (Cth).*

Supporter's Consent and Declaration

I confirm that I am a legally appointed decision maker for the client named in this form. I understand that my legal authority for my appointment must be active when I am acting on behalf the client, and that I must act in line with the Commonwealth, state or territory arrangements for that appointment, including within the scope of my decision-making authority.

I consent to being registered as a supporter under the *Aged Care Act 2024* for the client. I understand that I may request, access and receive information and documents, and communicate information, in line with the client's will and preferences, to support them to do a thing under, or for the purposes of, the *Aged Care Act 2024* (other than for the purposes of means testing).

I consent to the Department disclosing my name, contact details, role and status (current, suspended or cancelled) as a supporter to the client and any other supporters that are registered for the client.

I understand that the Australian Privacy Principles may not apply to the client or another supporter if they receive any information or document containing my personal information.

I acknowledge that as a supporter, I must comply with the duties imposed on me by the *Aged Care Act 2024*, including to respect the client's right to privacy and to have their personal information protected. If my circumstances change in a way that affects my ability or capacity to act as a supporter, I will contact My Aged Care.

☐ Yes ☐ No

Supporting Document/s

Attach a copy of your legal document and, if required, medical evidence about the client to show your authority is active.

For more information regarding active, appointed decision makers please visit the My Aged Care website at: **https://www.myagedcare.gov.au/registering-supporter/appointed-decision-makers**

When will the relationship start (DD/MM/YYYY)?

When will this relationship end (DD/MM/YYYY or leave blank if no end date)?

Conflict of Interest

If you have a conflict of interest (either real, potential or perceived) acting as a supporter for the client named in this form, please complete the Conflict of Interest Declaration in PART E, including how this conflict will be avoided or managed.

Prospective supporters should discuss any Conflict of Interest, including how this conflict will be avoided or managed, with the client named in this form that they want to support.

For more information regarding what a Conflict of Interest is please visit: **https://www.health.gov.au/our-work/aged-care-act/about/supported-decision-making-under-the-new-aged-care-act/registered-supporter-resources**

I have a conflict of interest (either real, potential or perceived) acting as a supporter for the client named in this form.

☐ Yes (provide details in Part E) ☐ No (do not fill in PART E)

I declare that:

- I am voluntarily registering as a supporter.
- The information I provide to My Aged Care is accurate, complete and correct.

I understand and have read:

- The duties of a registered supporter as outlined on page 7 within this form.
- The terms and conditions of registering in My Aged Care as outlined on page 7 within this form.

Prospective supporter's full name

Prospective supporter's signature

Date Signed

PART E – Conflict of Interest Declaration

Conflict of Interest
If you have a conflict of interest (either real, potential or perceived) acting as a registered supporter for the client named in this form, please advise below, including how this conflict will be avoided or managed. Prospective supporters should discuss any conflict of interest, including how this conflict will be avoided or managed, with the client named in this form that they want to support.

For more information regarding what a Conflict of Interest is please visit: **https://www.health.gov.au/our-work/aged-care-act/about/supported-decision-making-under-the-new-aged-care-act/registered-supporter-resources**

Already a registered supporter?
If you are already registered as a supporter and you are declaring a conflict of interest related to your existing relationship, please also provide the below identification details. If you are **already** registered, you can submit Part E to the System Governor via the online submission form on the Registered Supporters in Aged Care webpage at: **https://www.health.gov.au/our-work/aged-care-act/about/registered-supporters-in-aged-care**

Aged Care Client's Details	**Supporter's Details**
Last name	**Last name**
First name	**First name**
Date of birth	**Date of birth**
Aged Care (AC) ID (if known)	**Aged Care (AC) ID** (if known)

Details of the conflict/s, including your proposed strategies for managing or avoiding it:

Prospective/Registered Supporter to complete:

I agree that:
My conflict of interest may also need to be shared with the client named in this form, or their active, appointed decision maker.

Prospective Supporter or Supporter's Signature **Date Signed**

My Aged Care and the Department of Health, Disability and Ageing collect your personal information to enable access to aged care or related services for you or someone you support. Please read our privacy notices on the My Aged Care website for more information about how we handle your personal information: **https://www.myagedcare.gov.au/privacy**

Registered Supporter Duties under the Aged Care Act 2024

All registered supporters have duties under the Act that they must comply with. Registered supporters must act honestly, diligently, and in good faith when undertaking these duties. These duties are intended to promote an older person's safety, rights and will and preferences.

Registered supporters must:

- Act in a way that promotes the will and preferences, and personal, cultural, and social wellbeing of the older person they are supporting.
- Support the older person only to the extent necessary for the older person to make their own decisions.
- Apply their best endeavours to maintain the ability of the older person to make their own decisions.
- Avoid or manage any conflict of interest they have in their role as a supporter (either real, potential or perceived) and notify the System Governor of conflicts if they arise.

Additionally, a registered supporter must notify the System Governor of any circumstances that will or may affect their ability to:

- act as a registered supporter
- comply with their duties or any requirements or notices given to them by the System Governor, or
- be contacted by the System Governor.

Information a registered supporter requests, receives or communicates in their capacity as a registered supporter cannot be misused.

Some registered supporters also have guardianship, enduring power of attorney or similar legal authority. These people are appointed decision makers for the older person and can make decisions on behalf of the older person under Commonwealth, state or territory arrangements. An appointed decision maker can only make decisions on the older person's behalf in line with their active legal authority.

Terms and Conditions of My Aged Care

General (all parties)

I understand:

- Making this request to be or have a registered supporter will create a My Aged Care record for the parties to the supporter relationship, if either I or the other party do not already have one. The supporter relationship if registered comes under the Aged Care Act 2024 (Cth).
- I must inform My Aged Care of any changes to my address and contact details, and changes in the circumstances of the person registering to supporting me or the person I am registering to support.
- Giving false or misleading information is a serious offence
- I can request to cancel this registration at any time by calling My Aged Care on 1800 200 422, through my Online Account or with an Aged Care Specialist Officer or assessor.

Client

I understand My Aged Care may:

- Collect information about me from my registered supporter.
- Provide information or documents to my registered supporter, including my progress in My Aged Care.
- Take action in response to information my registered supporter has communicated for me.

My Aged Care may do the above in line with my known will and preferences, or otherwise as authorised by law.

Registered supporter

I understand:

- Any information I obtain from My Aged Care must be kept confidential, and will not be used or disclosed to any unauthorised person without the permission of the client I am registering to support, unless such use or disclosure is otherwise authorised by law.
- Any action I take as a registered supporter must be in line with the will and preferences of the person I support.
- My personal information is collected by My Aged Care and may be shared with any assessors, service providers, organisations, medical professionals, the Aged Care Quality and Safety Commission, and other registered supporters that are supporting the person I support.
- My name and telephone number will be shared with all other registered supporters and organisations, for the purpose of enabling me to assist the person I support.
- If I am the nominated Primary Contact, I will be the first point of telephone contact for My Aged Care for the person I am registered to support.