**Introduction**

This form is for certified providers to submit an annual declaration to their Designated Auditing Agency **in any calendar year in which a certification-related audit does not occur** (certification or surveillance).

Service providers shall undertake regular monitoring processes with sufficient scope and depth to verify that it is conforming to certification requirements before completing this form. Monitoring records must be available for review by the DAA on request.

The DAA shall review all declarations and retain these as a record contributing to the monitoring activities that occur between certification-related audits.

Where a provider does not make a declaration or significant concerns are identified, the DAA shall advise the Ministry, who shall determine what action is taken.

If you have any questions, please contact your Designated Auditing Agency.

Please return this form to your Designated Auditing Agency.

**Provider Details**

Please identify the provider this declaration relates to.

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| Legal Entity Name | Please enter your organisation’s name. |

**Annual Declaration Details**

For each statement below, please indicate whether it applies to your service. For statement 1, add the date on which any system-wide monitoring was undertaken.

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| 1 | A system-wide monitoring process (eg, internal audit or self-audit) had been undertaken in the last calendar year (or series of monitoring activities that have been evaluated taking a whole system approach) | Please choose Yes or No. |
| Click here to enter a date. |
| 2 | Monitoring has been implemented in accordance with the quality management system policy and schedule for monitoring performance (eg, internal audit schedule). | Please choose Yes or No. |
| 3 | Staffing of the service has been consistently met in accordance with the staff skill mix and/or rostering policy. | Please choose Yes or No. |
| 4 | Staff administering medicines have completed competence-based training. | Please choose Yes or No. |
| 5 | A quality and risk management plan has been developed for the coming year. | Please choose Yes or No. |
| 6 | For aged care providers, where there has been a change of manager, the Ministry of Health has been notified. | Please choose Yes or No. |
| 7 | There have been legislative compliance issues (eg, health and safety, employment, local body) affecting the service in the current year. | Please choose Yes or No. |
| 8 | All findings have been successfully addressed and resolved since the last certification audit and there is an auditable record of this. | Please choose Yes or No. |

For statements 1-6 and 8, if you have answered ‘No’, then please provide further information below, or attach further information to this form.

For statement 7, if you have answered ‘Yes’, then please provide further information below , or attach further information to this form.

**Further Information**

Click here to enter text.

**Declaration**

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| I declare that the information provided is true and correct and that I have the designated authority to make this notification on behalf of the applicant. | Please choose an item. |

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| Name | Please enter the name of the person making the notification. |
| Occupation | Please enter the occupation of the person making the notification. |