

Section A: ORGANISATION DETAILS

Organisation Head Office or Main Facility

Name of organisation		ABN
Trading name (If different)		
Phone	Email	
Website		
Street address		
Suburb/town	State	Postcode
Postal (If different) Street address		
Suburb/town	State	Postcode

Location of Services

Number of services/Offices States/Territories where services are provided ACT NSW NT QLD SA TAS VIC WA

Total Staff

Member Classification

Not for Profit Community Based Not for Profit Faith Based Private State Government/Council Other

Are you a Registered Charity? Are you a public benevolent institution (PBI)? Are you an indigenous Aged Care Provider?

Are you registered with the Office of the Registrar of Indigenous Corporations? Do you have independent members on your board?

Services Provided

Residential Care Number of Residential Beds Do you offer Respite beds? YES NO Number of NDIS recipients in residential care places

Retirement Living/ Seniors' Housing No. of Retirement Living Units Retirement Living Accreditation YES NO If YES name?

Home & Community Care Disability services for older Australians State based disability Community Care Provided Other

Which type of home care services do you currently provide?

CHSP Home Care Packages Full fee for service DVA VHC (Veteran Home Care)

Other Government funding (please specify) Other Non Government funding (please specify) Other (please specify)

What size of home care service do you provide?

New (no clients) Small (between 1-50 clients) Medium (between 51-250 clients) Large (between 251-1000 clients) Very Large (1001 or more clients)

INTEREST AREAS

LASA conducts various member engagement mechanisms and forums. Please indicate your area(s) of interest below.

<input type="checkbox"/> Residential Aged Care	<input type="checkbox"/> Home and Community Care	<input type="checkbox"/> Clinical Governance
<input type="checkbox"/> Funding and Finance	<input type="checkbox"/> Rural, Regional and Remote	<input type="checkbox"/> Aged Care Reform
<input type="checkbox"/> Workplace Relations/Health & Safety	<input type="checkbox"/> Corporate Governance	<input type="checkbox"/> Innovation, Design & Technology
<input type="checkbox"/> Employee Relations and Migration	<input type="checkbox"/> Procurement	<input type="checkbox"/> Dementia
<input type="checkbox"/> Diversity	<input type="checkbox"/> Retirement or Independent Living	<input type="checkbox"/> Palliative Care
<input type="checkbox"/> Quality & Risk	<input type="checkbox"/> Seniors Housing	<input type="checkbox"/> Special Interest (Please list below)
<input type="checkbox"/> Professional development & learning	<input type="checkbox"/> Age Services/Disability Interface	<input type="text"/>

Section B: ORGANISATION CONTACT DETAILS

All key contacts listed will be subscribed to LASA's e-communication service

CEO or equivalent (eg Managing Director)

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Nominated Voting Representative

(This person will be the voting representative for your organisation and will be eligible to vote on key Company decisions including Director elections)

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Primary LASA Executive Contact/Liaison (If different to CEO)

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Disaster Management Contact (if different to CEO/Primary Contact)

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

EA to the CEO or equivalent

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Communication/Marketing Contact

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Residential Care Manager or equivalent

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Home Care Manager or equivalent

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Retirement Living Manager or equivalent

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Training/Education Manager or equivalent

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Section B: ORGANISATION CONTACT DETAILS Cont.

Quality Assurance & Compliance Manager or equivalent

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Workforce, People & Culture Manager or equivalent

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Procurement Manager

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

CFO/Financial Manager

Name	Job title	
Email	Phone	Mobile
Postal address (if different to head office details above)		

Section C: Declaration

- I declare the information provided in this Membership Application Form is true and correct.
- I understand that in the event of this application being accepted by LASA, we have the responsibility to promptly inform LASA of any changes of details, including expansion/contraction of services and/or facilities.
- I hereby apply for Membership of LASA and, if accepted, agree to be bound by the LASA Constitution and Membership Charter.
- I agree that the details provided in this form are collected by LASA for inclusion on a list to receive regular e-newsletters and other electronic communications. In dealing with personal information, LASA complies with the National Privacy Principles as set out in the *Privacy Act 1988* (Commonwealth). LASA's Privacy Policy may be viewed on the LASA website at www.lasa.asn.au/privacy-statement

Printed Name of Applicant	
Signature of Applicant	Date signed

Applicants should note that information will be sought from you regarding your organisation's facilities/services if there is more than one site/location. Please note that at a future point in time, all LASA memberships will be transferred to Aged & Community Care Providers Association consistent with the resolution passed at the General Meeting of LASA Members held on 29 April 2022.

CONTACT

If you have any questions or queries please contact the LASA Membership Support Team by calling **1300 222 721** or via email members@lasa.asn.au

