



Residential Aged Care Facility Worker Access Directions (No 2) Exemption Application Form

Please use Temporary Exemption – Paragraph 17(a)(ii) to apply for a Temporary Exemption

Exemption – Paragraph 17(d)

Name of applicant:

Name and address of residential aged care facility:

Contact details for applicant:

Phone number: _____

Email address: _____

Address: _____

Exemption sought for:

- Individual residential aged care facility worker
- Owner or operator of a residential aged care facility applying on behalf of residential aged care facility workers
- Other, please specify: _____

Reason for applying for exemption:

Information and evidence provided to support application for exemption:

(please explain the basis for your exemption application and attach copies of all relevant evidence in support of your application)

I declare that the information provided in and attached to this exemption application form is accurate to the best of my knowledge

Signed _____ Dated this _____ day of _____ 20 _____

This document can be made available in alternative formats on request for a person with disability.

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