



Residential Aged Care Facility Worker Access Directions Exemption Application Form

Temporary Exemption – Paragraph 16(a)(ii)

Name of applicant:

Name and address of residential aged care facility:

Contact details for applicant:

Phone number: _____

Email address: _____

Address: _____

Temporary 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 Temporary Exemption:

I am a residential aged care facility worker and –

- I have not been able to access a COVID-19 vaccine.
- I have been vaccinated against COVID-19 outside Australia with a vaccine that is not registered by the Therapeutic Goods Administration.

I am a visiting specialist and there is no other available vaccinated specialist.

Other, please specify _____

I am the owner or operator of a residential aged care facility applying on behalf of residential aged care facility workers and –

The residential aged care facility is in an aged care planning region to which there is limited or no supply of COVID-19 vaccine.

The residential aged care facility is ensuring residential aged care facility workers are vaccinated but has not yet achieved this.

The residential aged care facility can demonstrate compliance with mandatory vaccination requirement will undermine the quality of care available to residents of the residential aged care facility (e.g. where staff are unable to attend work and an immediate deployment of an alternative workforce is required in order to provide care to residents).

Other, please specify _____

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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