



# Residential Aged Care Facility Worker Access Directions Exemption Application Form

Please use Temporary Exemption – Paragraph 16(a)(ii) to apply for a Temporary Exemption

## Exemption – Paragraph 16(d)

Name of applicant:

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Name and address of residential aged care facility:

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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:

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**Information and evidence provided to support application for exemption:**

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(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.**

**Last updated 7 October 2021**

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