



# Community Care Services Worker (Restrictions on Access) Directions (No 2)

## Temporary Exemption Application Form

### Temporary Exemption – Paragraph 27(a)(ii)

Name of applicant:

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Name and address of the:

☐ Community Care Services Facility \_\_\_\_\_  
(Note: this includes a critical support facility)

☐ Service Provider of the community care services that are provided at the Community Care Services Accommodation \_\_\_\_\_  
(Note: the name and address of the recipient of the community care services is not required)

Contact details for applicant:

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

### Temporary Exemption sought by:

- ☐ Individual community care services worker
- ☐ Individual community care critical services worker
- ☐ Employer, person in charge of a community care services facility or community care services accommodation, or service provider of community care services applying on behalf of community care services worker(s) or community care critical services worker(s)
- ☐ Other, please specify: \_\_\_\_\_

## Reason for applying for Temporary Exemption:

I am a community care services worker or community care critical services 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 in the process of applying for a medical exemption, but the process is not yet complete.
- ☐ Other, please specify: \_\_\_\_\_

I am an employer or person in charge of a community care services facility or community care services accommodation, or service provider of community care services applying on behalf of community care services worker(s) or community care critical services worker(s) and –

- ☐ The employer or person in charge of a community care services facility or community care services accommodation, or service provider of community care services is ensuring community care services workers or community care critical services workers are vaccinated but has not yet achieved this.
- ☐ Other, please specify \_\_\_\_\_

## Information and evidence provided to support application for Temporary Exemption:

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(please explain the basis for your Temporary 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 Temporary Exemption Application Form is accurate to the best of my knowledge.

Signed \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Please submit form by email to: [COVIDVaccinationExemption@health.wa.gov.au](mailto:COVIDVaccinationExemption@health.wa.gov.au)

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

**Dated 1 December 2021**

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