



Licence No.				
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File No.							
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Change of supervising officer/ 'Person to act in place of' application

*Child Care Services Act 2007
Child Care Services (Child Care) Regulations 2006
Child Care Services (Outside School Hours Care) Regulations 2006*

1st Floor, 111 Wellington Street, East Perth WA 6004
Tel. (08) 6210 3333 (Metro) Tel. 1800 199 383 (Freecall STD) Fax. (08) 6210 3300

- Use this application to apply for either —
 - a **change of supervising officer** or
 - a **person to act in place of** a supervising officer or individual licensee.
- **All relevant details and attachments in this application must be completed and received** by the Department for Communities before it will be lodged and then assessed.
- To help you complete this application more easily and accurately, please use the accompanying *Help Guide: Change of supervising officer/Person to act in place of*.
- You must answer every section of this application. Where a box is provided, please indicate your answer with either a tick (☑) or a cross (☒).

SECTION 1: Application details

1.1 Full legal name of the licensee

.....
Name of body corporate/public authority OR Given name and surname

1.2 Licence number

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1.3 The name of the child care or outside school hours care service in this application

.....

1.4 Street address of the child care or outside school hours care service in this application

.....
Address *Suburb/Town*

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Postcode

SECTION 2: Notification of supervising officer/PAPO ceasing appointment

2.1 Do you wish to cease the appointment of your currently approved supervising officer/PAPO?

Yes ➔ Go to 2.2

No ➔ Go to Section 3

2.2 What is the name of the supervising officer/PAPO who will stop or has stopped being responsible for your child care service(s)?

.....
Given names

.....
Surname

2.3 From what date will this or did this take effect?

...../...../.....

SECTION 3: Personal details of applicant

The person applying to become (1) the new supervising officer or (2) a person to act in place of must complete this section personally.

3.1 Please indicate which application type this is

Change of Supervising officer Person to act in place of

Personal details of applicant

3.2 Please indicate your title

Ms Mrs Miss Mr Other

SECTION 3: Personal details of applicant (cont'd)

3.17 Please attach your Applicant assessment receipt
(*Help guide*, p12).

Document attached

Health of applicant

3.18 Have you got any medical condition(s), disability and/or dependency on any medication or substance that may affect your ability to effectively supervise this service?
(*Help guide*, p13)

Yes → Go to 3.19

No → Go to 3.20

3.19 If yes, please give details on how you propose to manage your medical condition(s), disability and/or dependency on any medication or substance so as to be able to effectively supervise the service?

.....

3.20 Please attach your medical certificate
Ensure you give the information sheet included in this kit to your General Practitioner

Document attached

Licence or equivalent authority cancelled

3.21 Have you been issued a licence or equivalent authority that has been cancelled in the 5 years before the date of this application?

Yes → Go to 3.22

No → Go to 3.23

3.22 Give the details of the licence or equivalent authority cancelled.

.....
Title of licence or equivalent authority
 / /
Date of cancellation *Licence or equivalent authority number*

IMPORTANT — *'Equivalent authority' is defined in section 3 of the Child Care Services Act 2007*

Supervising officer/PAPO for another service

3.23 Are you currently the supervising officer/PAPO for another child care service at the times this child care service would be operating?

Yes → Please read pages 5 and 12 of the Help guide

No → Go to 3.24

IMPORTANT — *Sections 16 & 17 of the Child Care Services Act 2007 prevent you from being the supervising officer for more than one service at the same time.*

.....
Child care service name
Licence number

Referees for the applicant

3.24 Referee who has had experience in children's services (CCC) or children's, educational, recreational or human services (OSHC) (*Help guide*, p14)

1

Name of referee

.....
Given names *Surname*

Residential address and contact details

.....
Street address

.....
Suburb/Town
Past code

Home phone
Business phone

.....
Email address

SECTION 3: Personal details of applicant (cont'd)

3.25 Referee who is a prior employer or who has worked with you in a paid or unpaid capacity (*Help guide*, p14)

2

Name of referee

.....

Given names

Surname

Residential address and contact details

.....

Street address

.....

Suburb/Town

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Post code

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Home phone

--	--	--	--	--	--	--	--	--	--

Business phone

.....

Email address

Criminal record check of the applicant

3.26 Please attach your National Police Certificate. (*Help guide*, p 6 & 15).

Document attached

3.27 Since the issue of the above certificate, have you been charged with or convicted of any prescribed offence as defined by the Regulations? (*Help guide*, p15)

Yes → Go to 3.28

No → Go to 3.29

3.28 If yes, please give details

.....

.....

.....

.....

3.29 Please attach a copy of your *Working with Children* current assessment notice. Please record the WWC Card number and the expiry date. (*Help guide*, p 5&15).

Document attached

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WWC Current assessment notice number

..... / /

Expiry date

3.30 Please attach your Departmental record check consent form (*Help guide*, p 6&15)

Document attached

SECTION 4: Checklist

Please use the checklist below to ensure your application is complete. **Incomplete applications will be returned to the licence applicant.** Attach copies of supporting documents. Please **DO NOT SEND ORIGINAL** documents (see the *Help guide*).

4.1 I confirm I have attached the following documents that this application told me to provide:

- curriculum vitae, including any details on operating child care services in the past (Q3.15)
- copy of training qualification(s) and first aid certificate (Q3.16)
- my Applicant assessment receipt (Q3.17)
- copy of medical certificate (Q3.20)
- copy of National Police Certificate (Q3.26)
- copy of WWC card (Q3.29)
- my Departmental record check consent form (Q3.30) (*signed by an authorised person*)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	<i>Reason</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	<i>Reason</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	<i>Reason</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	<i>Reason</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	<i>Reason</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	<i>Reason</i>	

