



Licence No.				
-------------	--	--	--	--

File No.								
----------	--	--	--	--	--	--	--	--

Supervising officer / 'Person to act in place of' renewal application

—For body corporate or public authority renewal applications—

Child Care Services Act 2007
Child Care Services (Child Care) Regulations 2006

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

- Use this supervising officer/'person to act in place of' renewal application in conjunction with a licence renewal application for a licence for a child care centre.
- **Separate renewal application forms must be lodged** for the current supervising officer and the approved 'person to act in place of' the supervising officer (if applicable) as part of the licence renewal process.
- This application form can also be used for a new nominated supervising officer should the current supervising officer not be continuing.
- **All relevant details and attachments in this renewal application must be completed and received** by the Department for Communities **with** the main licence renewal application before it will be lodged and then assessed.
- To help you complete this application more easily and accurately, please use the accompanying *Help Guide: How to apply to renew a child care licence*.
- 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 body corporate or public authority applying for a licence renewal
- 1.2 ABN (Australian Business Number) for the above entity
- 1.3 The name for the child care service the licence renewal application relates
- 1.4 Street address of the child care centre

.....

	<input type="checkbox"/> No ABN available
--	---

.....

Address	Suburb/Town
<table border="1" style="width: 100%; height: 20px;"></table>	
Postcode	

SECTION 2: Notification of supervising officer ceasing appointment

- 2.1 Do you wish to cease the appointment of your currently approved supervising officer?
 Yes → Go to 2.2
 No → Go to Section 3
- 2.2 What is the name of the supervising officer who will stop being responsible for your child care centre?

.....
Given & middle names	Surname
- 2.3 From what date will this take effect?

..... / /
Date

SECTION 2: Personal details of applicant (cont'd)

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

Document attached

Health of applicant

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

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 a copy of your current 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.

IMPORTANT — 'Equivalent authority' is defined in section 3 of the Child Care Services Act 200

.....
Title of licence or equivalent authority

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

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

Yes → Read 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 experience in children's services (*Help guide*)

1

Name of referee

.....
Given names *Surname*

Residential address and contact details

.....
Street address

.....
Suburb/Town *Post code*

.....
Home phone

.....
Business phone

.....
Email address

SECTION 2: Supervising officer details (cont'd)

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

Name of referee

1

.....
Given names

.....
Surname

Residential address and contact details

.....
Street address

.....
Suburb/Town

.....
Post code

-

Home phone

-

Business phone

.....
Email address

Criminal record check

3.26 Please attach your National Police Certificate (*Help guide*).

Document attached

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

Yes → Go to 3.28

No → Go to 3.29

3.28 If yes, please give details. Attach a separate piece of paper if necessary.

.....
 Document attached

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*).

Current assessment notice number

...../...../.....
Expiry date

3.30 Please attach your Departmental record check consent form. Signed by authorised person (*Help guide*)

Document attached

SECTION 4: Checklist

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

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

- curriculum vitae, including details of past experience in operating a child care service (Q 3.14)
- a copy of any child care or equivalent training qualification(s) (Q3.15)
- copy of 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 *Working with Children* card (Q3.29)
- my Departmental criminal 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> | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| | <i>Reason</i> | |

SECTION 5: Declaration & privacy statement

