

SECTION 2: Nominated supervising officer details (cont'd)

2.6 Are you?

Aboriginal Torres Strait Islander Neither

2.7 Do you speak another language other than English at home?

Yes → Go to 2.8 No → Go to 2.9

2.8 Please give the language you speak at home

.....

2.9 Current residential address

.....
Address *Suburb/Town*

Postcode

2.10 Print your postal address, if different to the address given above

.....
Address *Suburb/Town*

Postcode

2.11 How long have you lived at this address for?

..... Years Months

2.12 If you have lived at the above address for less than 12 months, please give your previous residential address.

.....
Street address *Suburb/Town*

Postcode Not applicable

2.13 Current contact details

-
Home phone *Business phone (if applicable)*

.....
Email address
 -
Fax number *Mobile number*

Experience and qualifications of nominated supervising officer

2.14 Please attach your curriculum vitae detailing the time you have spent engaged in children's or education services or in child development, administration and staff management (*Help guide, p22*)

Document attached

2.15 Please attach a copy of your child care or equivalent training qualification(s) prescribed by the Regulations (*Help guide, p22*).

Document(s) attached

2.16 Please attach a copy of your first aid certificate (*Help guide, p22*)

Document(s) attached

2.17 Please attach your Applicant assessment receipt (*Help guide, p23*).

Document attached

Health of nominated supervising officer

2.18 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 child care service? (*Help guide, p23*)

Yes → Go to 2.19 No → Go to 2.20

2.19 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?

.....

SECTION 2: Nominated supervising officer details (cont'd)

2.20 Please attach your medical certificate
Ensure you give the information sheet included in the Licence Application Kit to your General Practitioner

Document attached

Licence or equivalent authority cancelled

2.21 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 2.22

No → Go to 2.23

2.22 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 for another service

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

Yes → Please read pages 6, 7 & 20 of the Help guide

No → Go to 2.24

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

.....
Child care service name

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Licence number

Criminal record check of the nominated supervising officer

2.24 Please attach a copy of your current National Police Certificate. (*Help guide*, p24).

Document attached

2.25 Since the issue of the above certificate, have you been charged with or convicted of any prescribed offence listed in the Regulations? (*Help guide*, p24)

Yes → Go to 2.28

No → Go to 2.29

2.26 If yes, please give details

.....

.....

.....

.....

.....

2.27 Please attach a copy of your Working with Children card. Please record the number and expiry date of the WWC card. (*Help guide* p.24)

Document attached

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Current assessment notice number

..... / /
Current assessment notice expiry date

2.28 Please attach your Departmental record check consent form (*Signed by an authorised person with signed copies of identification documents attached*) (*Help guide*, p9)

Document attached

SECTION 4: Declaration & privacy statement

Your signature must be witnessed by an authorised witness* (*Help guide, p23).

Declaration

I declare that:

- all the information given in this Nominated supervising officer application, including any attachments, is true and correct
- I am aware penalties may be imposed in accordance with section 49 of the *Child Care Services Act 2007* for knowingly providing any false or misleading information in connection with this application.

Privacy statement

The Department for Communities needs the information you provide in your application to help assess your suitability and capability to supervise and control a child care service in Western Australia. Your personal information will be handled with care and will only be used for the above stated purpose.

— PLEASE KEEP A PHOTOCOPY OF THIS APPLICATION —
— FOR YOUR RECORDS —

...../...../.....
Signature *Print name* *Date*

Signed in the presence of —

.....
Signature of authorised witness *Print name of authorised witness*

...../...../.....
Qualification as an authorised witness *Date*