

SECTION 1: Individual applicant details (cont.)

Licence or equivalent authority cancelled

1.21 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 1.22

No → Go to 1.23

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

IMPORTANT — 'Equivalent authority' is defined in section 197 of the Child Care Services Act 2007

.....
Title of licence or equivalent authority

...../...../.....
Date of cancellation

.....
Licence or equivalent authority number

Supervising officer for another service

1.23 Are you currently the supervising officer for another child care service at the times this outside school hours family day care service would be operating?

Yes → Please read page 17 of the Help guide

No → Go to 1.24

IMPORTANT— Sections 16 and 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

--	--	--	--

Licence number

Referees for the individual applicant

1.24 Referee who has had experience in children's, educational, recreational or human services (Help guide, p17)

Name of referee

1

.....
Given names

.....
Surname

.....
Street address

--	--	--	--

.....
Suburb/Town

.....
Postcode

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

.....
Home phone

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

.....
Business number (if applicable)

.....
Email address

1.25 Referee who is a prior employer or person who has worked with you in a paid or unpaid capacity (Help guide, p18)

Name of referee

2

.....
Given names

.....
Surname

.....
Street address

--	--	--	--

.....
Suburb/Town

.....
Postcode

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

.....
Home phone

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

.....
Business number (if applicable)

.....
Email address

Criminal record check of individual applicant

1.26 Please attach your National Police Certificate. (Help guide, p18).

Document attached

1.27 Since the issue of the above certificate, have you been charged with or convicted of any prescribed offence listed in the Regulations? (Help guide, p18)

Yes → Go to 1.28

No → Go to 1.29

SECTION 1: Individual applicant details (cont.)

1.28 If yes, please give details

If you need more space, please attach a separate piece of paper.

1.29 Please attach a copy of your Working with Children card and record the number and expiry date of the WWC card. (*Help Guide*, p19)

Document attached

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Current assessment notice number

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

1.30 Please attach your Departmental record check consent form (*Signed by an authorised person with copies of supporting documents attached.*) (*Help guide*, p10)

Document attached

1.31 Have you ever been, or are you currently, a foster carer?

Yes

No

General business details of individual applicant

1.32 ABN (Australian Business Number)

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Do not have an ABN

1.33 Please attach the Financial certification statement (*Help guide*, p19)

Document attached

SECTION 2: Details of usual occupants

2.1 Please provide the names and birth dates of all the adults and children who usually live, or are likely to be present when the service will be provided, at your residence? (*Help guide*, p19)

If you need more space, please attach a separate piece of paper with your extra names and birth dates.

1

...../...../.....
Given & middle names Surname Date of birth

2

...../...../.....
Given & middle names Surname Date of birth

3

...../...../.....
Given & middle names Surname Date of birth

4

...../...../.....
Given & middle names Surname Date of birth

5

...../...../.....
Given & middle names Surname Date of birth

6

...../...../.....
Given & middle names Surname Date of birth

7

...../...../.....
Given & middle names Surname Date of birth

2.2 For each adult listed above, please attach a copy of a current National Police Certificate (*Help guide*, p19)

Document(s) attached

2.3 For each adult resident listed above, please attach a Departmental record check consent form (*Help guide*, p20)

Document(s) attached

SECTION 3: General details of service

Site and floor plans

3.1 Please attach a site plan, and a plan showing the use of each part of each building (*Help guide*, p20).

Documents attached

Swimming pool at the place

3.2 Do you have a swimming pool where you live?

Yes → Go to 3.3

No → Go to 3.4

3.3 Please attach your statement (or report) that the swimming pool complies with the requirements of the *Building Regulations 1989 Part 10* and photo of the pool area (*Help guide*, p20).

Document and photo attached

Family day care scheme

3.4 Do you propose to become a member of a family day care scheme?

Yes → Go to 3.5

No → Go to 3.6

3.5 Please give the name of the scheme

Hours of operation

3.6 Please give details of the days and hours of operation of your service (*Help guide*, p21).

Write your opening times in the top box and your closing times in the bottom box.

Print 'Closed' next to any day(s) the service will be closed.

	Days				
	Monday	Tuesday	Wednesday	Thursday	Friday
Before school care	OPEN	OPEN	OPEN	OPEN	OPEN
	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
After school care	OPEN	OPEN	OPEN	OPEN	OPEN
	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Vacation care	OPEN	OPEN	OPEN	OPEN	OPEN
	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED

3.7 Will you be providing child care on the weekend?

Yes → Go to 3.8

No → Go to 3.9

3.8 Please provide your proposed hours of operation

Saturday Sunday

3.9 Will you be providing care on pupil free days?

Yes → Go to 3.10

No → Go to Section 4

3.10 Please provide your hours of operation

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 (Q1.14)
- a copy of an approved, current First aid certificate (Q1.15)
- a copy of any child care or equivalent training qualification(s) (Q1.16)
- my Applicant assessment receipt (Q1.17)
- copy of medical certificate (Q1.20)

Yes

No
Reason

Not applicable

Yes

No
Reason

Not applicable

Yes

No
Reason

Not applicable

Yes

No
Reason

Not applicable

Yes

No
Reason

Not applicable

SECTION 4: Checklist (cont.)

<ul style="list-style-type: none"> • a copy of National Police Certificate (Q1.26) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Reason</i>	<input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> • my Working with Children card receipt (Q1.29) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Reason</i>	<input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> • my Departmental record check consent form (<i>signed by an authorised person</i>) (Q1.30) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Reason</i>	<input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> • Financial certification statement(Q1.33) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Reason</i>	<input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> • site and floor plans (Q3.1) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Reason</i>	<input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> • statement (or report) regarding a swimming pool at the place and a current, clear photo of pool area, including the date the photo was taken (Q3.3) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Reason</i>	<input type="checkbox"/> Not applicable
Usual occupants		
<ul style="list-style-type: none"> • one copy of National Police Certificate for each usual occupant (Q2.2) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Reason</i>	<input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> • one Departmental record check consent form for each adult resident (<i>Signed by an authorised person</i>) (Q2.3) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Reason</i>	<input type="checkbox"/> Not applicable
<p>4.2 Please prepare your Notice of application for licence to be published in <i>The West Australian</i> after this application has been made (lodged)* (*Definition of made (lodged) in <i>Help guide</i>, p11).</p>	<input type="checkbox"/> Document prepared	<p>Note — this advertisement must be published AFTER you receive written notice your application is made (lodged)*.</p>

SECTION 5: Declaration & privacy statement Your signature must be witnessed by an authorised witness (Help Guide, p18)

Declaration

I declare that:

- all the information given in this Licence 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
- I am aware of my responsibility to post evidence of my *Notice of application for a licence* to the Department for Communities after my application is officially lodged.

Privacy statement

The Department for Communities needs the information you provide in your licence application to help assess your suitability and capability to operate an outside school hours family day care service in Western Australia. Your personal information will be handled with care and will only be used for the above stated purpose.

..... / /
Signature of applicant *Print name* *Date*

Signed in the presence of —

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

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

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