

SECTION 1: Individual applicant details (cont.)

Supervising officer for another service

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

Yes → Please read page 14 of your Help guide

No → Go to 1.24

IMPORTANT— The Child Care Services Act 2007 prevents you from being the supervising officer for more than one service at the same time.

.....
Name of child care service

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Licence number

Referees for the individual applicant

1.24 Referee who has had experience in children's services (Help guide, p17-18)

1

Name of referee

.....
Given names *Surname*

Residential address and contact details

.....
Street address *Suburb*

--	--	--	--

.....
Post code *Email address*

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

.....
Home phone

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

.....
Business phone

1.25 Referee who is a prior employer or who has worked with you in a paid or unpaid capacity (Help guide, p17-18)

2

Name of referee

.....
Given names *Surname*

Residential address and contact details

.....
Street address *Suburb*

--	--	--	--

.....
Post code *Email address*

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

.....
Home phone

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

.....
Business phone

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?

Yes → Go to 1.28

No → Go to 1.29

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 your WWC card (Help guide, p19)

Document attached

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.....
WWC current assessment notice number

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

1.30 Please attach your Departmental record check consent form signed by an authorised person (Help guide, p10 & 22)

Document attached

SECTION 1: Individual applicant details (cont.)

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 your Financial certification statement (*Help guide*, p19)

Document attached

Emergency contact details

1.34 Please provide emergency contact details (*Help guide*, p19)

These details would only be used to alert licensees of an emergency such as an influenza outbreak or other disaster.

.....
Email address

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.....
Fax number

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 at your residence when the service will be provided? (*Help guide*, p20)

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

1	..... <i>Given & middle names</i>	..... <i>Surname</i>	...../...../..... <i>Date of birth</i>
2	..... <i>Given & middle names</i>	..... <i>Surname</i>	...../...../..... <i>Date of birth</i>
3	..... <i>Given & middle names</i>	..... <i>Surname</i>	...../...../..... <i>Date of birth</i>
4	..... <i>Given & middle names</i>	..... <i>Surname</i>	...../...../..... <i>Date of birth</i>
5	..... <i>Given & middle names</i>	..... <i>Surname</i>	...../...../..... <i>Date of birth</i>
6	..... <i>Given & middle names</i>	..... <i>Surname</i>	...../...../..... <i>Date of birth</i>
7	..... <i>Given & middle names</i>	..... <i>Surname</i>	...../...../..... <i>Date of birth</i>

2.2 For each adult listed above, please attach a copy of a current National Police Certificate (*Help guide*, p20)

Document(s) attached

2.3 For each adult household resident listed above, please attach a Departmental record check consent form (*Help guide*, p11 & 20)

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*, p 20).

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*, p21).

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 proposed family day care service (*Help guide*, p21).

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

Print '24 hours' next to any day(s) your family day care service would be open for the full 24 hour period

Days	Hours	
	Open	Closed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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)
- a copy of medical certificate (Q1.20)
- a copy of National Police Certificate (Q1.26)
- a copy of Working with Children card (Q1.29)

- | | | |
|------------------------------|-----------------------------------|---|
| <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 4: Checklist (cont.)

- my Departmental record check consent form (Q1.30) *(Signed by an authorised person)* Yes No Not applicable
Reason
 - financial certification statement(Q1.32) Yes No Not applicable
Reason
 - site and floor plans (Q3.1) Yes No Not applicable
Reason
 - 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) Yes No Not applicable
Reason
- Usual occupants**
- one copy of National Police Certificate) for each adult usual occupant (Q2.2) Yes No Not applicable
Reason
 - one Departmental record check consent form for each adult resident (Q2.3) Yes No Not applicable
Reason
- 4.2 Please prepare your Notice of application for licence to be published in *The West Australian* after this application has been made (lodged)* (*Definition of made (lodged) in *Help guide*, p12). Document prepared
Note — this advertisement must be published AFTER you receive written notice your application is made (lodged)*.

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.

.....
Print full name

..... / /
Signature of applicant *Date*

Privacy statement

The Department for Communities needs the information you provide in your licence application to help assess your suitability and capability to operate a 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.

Signed in the presence of —

.....
Print name of authorised witness

Agreement – Emergency contact

I/We provide approval that the emergency contact details I/We have provided may be passed onto other government agencies with responsibilities under the *State Emergency Management Act 2005 (WA)*, the *Public Health Act 1911 (WA)* and the Australian Government *Quarantine Act 1908 (Commonwealth)* to respond to state and national emergencies and disasters.

.....
Signature of authorised witness

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

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