



**SECTION 1: Individual applicant details cont.**

**Renewal or non-renewal of licence**

1.8 What service type are you operating

Family day care

Outside school hours  
Family day care

1.9 Please provide your family day care licence number

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1.10 Do you wish to renew your licence

Yes → Go to 1.11

No → Go to Section 5

**Emergency contact details**

1.11 Please confirm your emergency contact details  
(*Help guide, p13*)

A register of emergency contact details is used to alert licensees of an emergency such as an influenza outbreak or other disaster.

.....  
Email address

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Fax number

1.12 Birth details

..... / ..... / ..... Country of birth

1.13 Are you?

Aboriginal

Torres Strait Islander

Neither

1.14 Do you speak a language other than English at home?

Yes → Go to 1.15

No → Go to 1.16

1.15 Please give the language you speak at home

.....

**General business details of individual applicant**

1.16 Please provide your ABN (Australian Business Number)

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Do not have an ABN

1.17 Please attach your Financial certification statement

Document attached

**Experience and qualifications of individual applicant**

1.18 Please attach a copy of your approved, current first aid qualification (*Help guide, p13*).

Document attached

1.19 Please attach a copy of any child care or equivalent training qualification(s) you may have completed since you last applied for your licence/licence renewal (*Help guide, p14*).

Document(s) attached

1.20 Please attach your Applicant assessment receipt (*Help guide, p6*).

Document attached

**Previous licence or equivalent authority**

1.21 Have you been issued a licence or equivalent authority that has been cancelled in the 5 years up to the date of this application? (*Help guide, p. 14*)

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*

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**Health of individual applicant**

1.23 Have you developed any medical condition(s), disability and/or dependency on any medication or substance since you last applied for or renewed your licence that may affect your ability to effectively supervise a family day care service? (*Help guide, p. 14*)

Yes → Go to 1.24

No → Go to 1.25

1.24 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: 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, p16*)

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

<b>1</b>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>	..... / ..... / ..... <i>Date of birth</i>
<b>2</b>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>	..... / ..... / ..... <i>Date of birth</i>
<b>3</b>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>	..... / ..... / ..... <i>Date of birth</i>
<b>4</b>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>	..... / ..... / ..... <i>Date of birth</i>
<b>5</b>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>	..... / ..... / ..... <i>Date of birth</i>
<b>6</b>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>	..... / ..... / ..... <i>Date of birth</i>
<b>7</b>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>	..... / ..... / ..... <i>Date of birth</i>
<b>8</b>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>	..... / ..... / ..... <i>Date of birth</i>

2.2 For each adult listed above, please attach a copy of a National Police Certificate.

Document(s) attached

2.3 For each adult resident of your household, please attach a Department for Child Protection Record Check Consent Form (*Help guide, p16*)

Document(s) attached

## SECTION 3: General details of service

### Exemptions

3.1 Does the service have any current exemptions in place?

Yes → Go to 3.2

No → Go to 3.4

3.2 Please provide the exemption number?

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3.3 When does the exemption expire?

..... / ..... / .....  
*Date*

**IMPORTANT** — *current exemptions do not automatically carry forward. If special circumstances exist, you must re-apply for an exemption 60 days prior to the licence expiry date.*

### Family day care scheme

3.4 Are you a member of a family day care scheme?

Yes → Go to 3.5

No → Go to Section 4

3.5 Please give the name of the scheme.

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## SECTION 4: Checklist

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

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

- |   |                              |  |   |
|---|------------------------------|--|---|
| • financial certification statement(Q1.17)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |
| • copy of an approved, current First aid certificate (Q1.18)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |
| • a copy of any child care or equivalent training qualification(s) (Q1.19)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |
| • my Applicant assessment receipt (Q1.20) ( <i>Help guide, p 9</i> )  | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |
| • copy of medical certificate (Q1.23)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |
| • copy of National Police Certificate (Q1.26)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |
| • copy of Working with Children card or receipt of application (Q1.29)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |
| • my Department for Child Protection Record Check Consent Form with signed copies of identification documents (Q1.28) ( <i>signed by an authorised person</i> ) | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |

### Usual occupants

- |  |                              |  |   |
|--|------------------------------|--|---|
| • one copy of National Police Certificate for each adult usual occupant (Q2.2)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |
| • one Department for Child Protection Record Check Consent Form for each adult household resident (Q2.3) ( <i>signed by an authorised person</i> ) | <input type="checkbox"/> Yes | <input type="checkbox"/> No .....<br><i>Reason</i> | <input type="checkbox"/> Not applicable |

**SECTION 5: Declaration & privacy statement**

Your signature must be witnessed by an authorised witness

**Declaration - Renewal of licence**

I declare that:

- all the information given in this Licence renewal 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

...../...../.....  
*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*

**Privacy statement**

The Department for Communities needs the information you provide in your licence renewal 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.

**Declaration – Non-Renewal of licence**

I declare that:

- I do not wish to renew my licence, and understand that upon the expiry of my current licence I cannot operate my family day care service specified in the licence
- I am aware it is an offence, in accordance with section 9 of the *Child Care Services Act 2007*, to operate a family day care service without a valid licence

**Agreement – Emergency contact**

I 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

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