

SECTION 3: Individual applicant details (cont.)

3.13 Contact details

–

Home phone

–

Business number (if applicable)

–

Fax number

Mobile number

.....
Email address

Experience and qualifications of individual applicant

3.14 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, p16*)

Document attached

3.15 Please attach a copy of your child care or equivalent training qualification(s) (*Help guide, p16*).

Document(s) attached

3.16 Please attach a copy of current First aid qualification.

Document(s) attached

3.17 Please attach your Applicant assessment receipt (*Help guide, p16*).

Document attached

Health of individual applicant

3.18 Have you got any medical condition(s), disability and/or dependency on any medication or substance that may affect your ability to effectively supervise a child care service? (*Help guide, p17*)

Yes → Go to 3.18

No → Go to 3.19

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 this service?

.....
.....
.....
.....
.....
.....
.....
.....
.....

3.20 Please attach your 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.

.....
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.

SECTION 3: Individual applicant details (cont.)

Supervising officer for another service

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

Yes → Please read page 16 of the Help guide

No → Go to 3.24

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

3.24 Referee who has experience in children's services (*Help guide, p18*)

1

Name of referee

.....
Given names *Surname*

Residential address and contact details

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

--	--	--	--

Postcode

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

Home phone

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

Business phone

.....
Email address

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

2

.....
Given names *Surname*

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

--	--	--	--

Postcode

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

Home phone

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

Business phone

.....
Email address

Criminal record check of individual applicant

3.26 Please attach your National Police Certificate. (*Help guide, p10& 19*).

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, p19*).

Yes → Go to 3.28

No → Go to 3.29

3.28 If yes, please give details

.....

SECTION 3: Individual applicant details (cont.)

3.29 Please attach a copy of your Working with Children card and record the WWC card number and expiry date. (*Help guide*, p11 & 19)

Document attached

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

Current assessment notice number

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

3.30 Please attach your Departmental record check consent form (*Signed by an authorised person with supporting documents attached*) (*Help guide*, p11)

Document attached

General business details of individual applicant

3.31 ABN (Australian Business Number)

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

Do not have an ABN

3.32 Please attach the Financial Certification Statement (*Help guide*, p20)

Document attached

SECTION 4: Details of place, hours of operation & staffing

Certification of place

4.1 Please attach a current Certificate of Classification (*Help guide*, p20).

Document attached

Not applicable

Site and floor plans

4.2 Please attach a site plan, and a floor plan showing the use of each part of each building (*Help guide*, p21).

Documents attached

4.3 Does your proposed service have a staff room that complies with the Regulations? (*Help guide*, p21)

Yes → Go to 4.5

No → Go to 4.4

4.4 Please attach a site and floor plan showing the proposed new staff room? (*Help guide*, p22)

Documents attached

Staffing details

4.5 Will your child care service require support staff for providing food prepared at the proposed place the service will be provided? (*Help guide*, p22)

Yes

No

4.6 Please give details of the days and hours of operation of your proposed child care service (*Help guide*, p22).

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

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

Days	Hours		*Three (3) hour lunch period	
	Open	Closed	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

4.7 What is the proposed total maximum number of children that would attend the service?

--	--	--

4.8 What is the proposed maximum number of children up to 24 months of age that will attend the service?

--	--	--

SECTION 4: Details of place, hours of operation & staffing (cont.)

Minimum contact staff

4.9 Please fill in the maximum number of children you wish to attend your service for each age range and tick (☑) or cross (☒) the relevant box for the number and qualifications of staff for your elected number of children.

1. Age Group	2. Staff:children ratio	3. Number of children		4. Number & qualification of staff (CCA – child care assistant)
		Number range	Print your maximum number of children	
0 – 24 months	1:4	• 1 – 4	_____	<input type="checkbox"/> 1A*/B*/C
		• 5 – 8	_____	<input type="checkbox"/> 1A*/B*/C + 1CCA
		• 9 – 12	_____	<input type="checkbox"/> 1A*/B*/C + 2CCA
		• 13 – 16	_____	<input type="checkbox"/> 2A*/B*/C + 2CCA
		• 17 – 20	_____	<input type="checkbox"/> 2A*/B*/C + 3CCA
		• 21 – 24	_____	<input type="checkbox"/> 2A*/B*/C + 4CCA
		• 25 or more	_____	<input type="checkbox"/> ___A*/B*/C + ___CCA
24 – 36 months	1:5	• 1 – 5	_____	<input type="checkbox"/> 1CCA
		• 6 – 10	_____	<input type="checkbox"/> 1A/B/C + 1CCA
		• 11 – 15	_____	<input type="checkbox"/> 1A/B/C + 2CCA
		• 16 – 20	_____	<input type="checkbox"/> 1A/B/C + 3CCA
		• 21 – 25	_____	<input type="checkbox"/> 2A/B/C + 3CCA
		• 26 – 30	_____	<input type="checkbox"/> 2A/B/C + 4CCA
		• 31 or more	_____	<input type="checkbox"/> ___A/B/C + ___CCA
36 months or older	1:10	• 1 – 10	_____	<input type="checkbox"/> 1CCA
		• 11 – 20	_____	<input type="checkbox"/> 1A/B/C + 1CCA
		• 21 – 30	_____	<input type="checkbox"/> 1A/B/C + 2CCA
		• 31 – 40	_____	<input type="checkbox"/> 1A/B/C + 3CCA
		• 41 – 50	_____	<input type="checkbox"/> 2A/B/C + 3CCA
		• 51 – 60	_____	<input type="checkbox"/> 2A/B/C + 4CCA
		• 61 or more	_____	<input type="checkbox"/> ___A/B/C + ___CCA

SECTION 5: Checklist

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

5.1 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 (Q3.14) | <input type="checkbox"/> Yes | <input type="checkbox"/> No
<i>Reason</i> | <input type="checkbox"/> Not applicable |
| • copy of training qualification(s) (Q3.15) | <input type="checkbox"/> Yes | <input type="checkbox"/> No
<i>Reason</i> | <input type="checkbox"/> Not applicable |
| • copy of First aid qualification (Q3.16) | <input type="checkbox"/> Yes | <input type="checkbox"/> No
<i>Reason</i> | <input type="checkbox"/> Not applicable |
| • my Applicant assessment receipt (Q3.17) | <input type="checkbox"/> Yes | <input type="checkbox"/> No
<i>Reason</i> | <input type="checkbox"/> Not applicable |
| • copy of medical certificate (Q3.20) | <input type="checkbox"/> Yes | <input type="checkbox"/> No
<i>Reason</i> | <input type="checkbox"/> Not applicable |
| • copy of National Police Certificate (Q3.26) | <input type="checkbox"/> Yes | <input type="checkbox"/> No
<i>Reason</i> | <input type="checkbox"/> Not applicable |
| • copy of Working with Children card (Q3.29) | <input type="checkbox"/> Yes | <input type="checkbox"/> No
<i>Reason</i> | <input type="checkbox"/> Not applicable |
| • my Departmental record check consent form (Q3.30) (<i>signed by an authorised person</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No
<i>Reason</i> | <input type="checkbox"/> Not applicable |
| • Financial certification statement(Q3.32) | <input type="checkbox"/> Yes | <input type="checkbox"/> No
<i>Reason</i> | <input type="checkbox"/> Not applicable |

SECTION 5: Checklist (cont.)

- copy of Certificate of classification (Q4.1)
 - appropriate site and floor plans, and in the case of a proposed new staff room all other relevant documentation (Q4.2 to Q4.4)
- 5.2 Please prepare your Notice of application for licence to be published in *The West Australian* after this application has been made (lodged)*
*Definition of lodged in *Help guide*, p12.

Yes No Reason Not applicable

Yes No Reason Not applicable

Document prepared

Note — this advertisement must be published AFTER you receive written notice your application is made (lodged)*.

SECTION 6: 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 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 Child Care Licensing and Standards Unit after my application is officially lodged.

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

Signed in the presence of —

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

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 child care service in Western Australia. Your personal information will be handled with care and will only be used for the above stated purpose.

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

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.

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