







### SECTION 3: Exemption duration

3.1 Please give the dates when the exemption is needed (*Help guide*, p10)

...../...../..... to ...../...../.....

3.2 Please give details of what time(s) the exemption is needed (*Help guide*, p10)

Days	Session times 1		Session times 2	
	From	To	From	To
Monday(s)				
Tuesday(s)				
Wednesday(s)				
Thursday(s)				
Friday(s)				
Saturday(s)				
Sunday(s)				

### SECTION 4: Supporting evidence

4.1 Please list any attachments such as plans; sketches; scheme and/or parental support, that will help illustrate and/or support your application (*Help guide*, p10).

No documents attached

- .....
- .....
- .....
- .....

### SECTION 5: Declaration

Your signature must be witnessed by an authorised witness\* (\**Help guide*, p10).

#### Declaration

I declare that:

- all the information given in this Exemption 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 licensee*                      *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 provided in this application to help assess your capability to operate your family day care service with the requested exemption. Any 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 —

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