

SECTION 2: Nominated supervising officer details (cont'd)

2.8 Please give the language you speak at home

.....

2.9 Current residential address

Address

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Postcode

Suburb/Town

2.10 Print your postal address, if different to the address given above

Address

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Postcode

Suburb/Town

2.11 How long have you lived at this address for?

..... Years Months

2.12 If you have lived at the above address for less than 12 months, please give your previous residential address.

Street address

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Postcode

Suburb/Town

Not applicable

2.13 Current contact details

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Home phone

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Business phone (if applicable)

Email address

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Fax number

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Mobile number

Experience and qualifications of nominated supervising officer

2.14 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, p22*)

Document attached

2.15 Please attach a copy of your child care or equivalent training qualification(s) prescribed by the Regulations (*Help guide, p22*).

Document(s) attached

2.16 Please attach a copy of your first aid certificate (*Help guide, p22*)

Document(s) attached

2.17 Please attach your Applicant assessment receipt (*Help guide, p22*).

Document attached

Health of nominated supervising officer

2.18 Have you got any medical condition(s), disability and/or dependency on any medication or substance that may affect your ability to effectively supervise this child care service? (*Help guide, p23*)

Yes → Go to 2.19

No → Go to 2.20

2.19 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 the service?

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SECTION 2: Nominated supervising officer details (cont'd)

2.20 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

2.21 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 2.22

No → Go to 2.23

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

.....
Title of licence or equivalent authority

..... / /
Date of cancellation

.....
Licence or equivalent authority number

Supervising officer for another service

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

Yes → Please read pages 7 & 21 of the Help guide

No → Go to 2.24

IMPORTANT — Sections 16 & 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

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Licence number

Criminal record check of the nominated supervising officer

2.24 Please attach your National Police Certificate. (*Help guide, p24*).

Document attached

2.25 Since the issue of the above certificate, have you been charged with or convicted of any prescribed offence listed in the Regulations? (*Help guide, p24*)

Yes → Go to 2.28

No → Go to 2.29

2.26 If yes, please give details

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2.27 Please attach a copy of your Working with Children card and record the number and expiry date of the WWC card. (*Help guide, p24*)

Document attached

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Working with Children card number

..... / /
Expiry date

2.28 Please attach your Departmental record check consent form (*Signed by an authorised person with signed copies of identification documents attached*) (*Help guide, p12*)

Document attached

SECTION 2: Nominated supervising officer details (cont'd)

Referees for the nominated supervising officer

2.29 Referee who has had experience in children's services (*Help guide, p25*)

Name of referee

Residential address and contact details

1

.....

Given names Surname

.....

Street address Suburb/Town

□□□□ - □□□□□□□□□□

Postcode Home phone

□□ - □□□□□□□□□□

Business phone Email address

.....

2.30 Referee who is a prior employer or who has worked with you in a paid or unpaid capacity (*Help guide, p24*)

Name of referee

Residential address and contact details

2

.....

Given names Surname

.....

Street address Suburb/Town

□□□□ - □□□□□□□□□□

Postcode Home phone

□□ - □□□□□□□□□□

Business phone Email address

.....

SECTION 3: 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*).

3.1 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 (Q2.14)
- copy of training qualification(s) (Q2.15)
- copy of first aid certificate (Q2.16)
- my Applicant assessment receipt (Q2.17)
- copy of medical certificate (Q2.20)
- copy of National Police Certificate (Q2.24)
- copy of WWC card (Q2.27)
- my Departmental record check consent form (Q2.28) (*Signed by an authorised person with copies of supporting documents attached.*)

<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: Declaration & privacy statement

*Your signature must be witnessed by an authorised witness * (* Help guide, p26)*

Declaration

I declare that:

- all the information given in this Nominated supervising officer 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.

Privacy statement

The Department for Communities needs the information you provide in your application to help assess your suitability and capability to supervise and control 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.

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

.....
Print name

..... / /
Signature *Date*

Signed in the presence of —

.....
Print name

.....
Qualification as an authorised witness

..... / /
Signature of authorised witness *Date*