

SECTION 3: Individual applicant details (cont'd)

General business details of individual applicant

3.31 ABN (Australian Business Number)

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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

Site and floor plans

4.1 Please attach a plan showing the facilities to be provided on the place and include all the measurements of all indoor and outdoor spaces that form part of the place (Help guide, p20).

Documents attached

Contact staff requirements

4.2 Will the proposed service offer care to kindergarten children? (Help guide, p22)

Yes

No

4.3 Please state the maximum number of children you wish to attend your OSHC service? (Help guide, p22)

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4.4 Please state the number of qualified staff required for your maximum number of children? (Help guide, p22)

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Hours of operation

4.5 Please give details of the days and hours of operation of
Write your opening times in the top box and your closing times in the bottom box.
Print 'Closed' next to any day(s) the service will be closed

		Days				
		Monday	Tuesday	Wednesday	Thursday	Friday
Before school care	OPEN					
	CLOSED					
After school care	OPEN					
	CLOSED					
Vacation care	OPEN					
	CLOSED					

4.6 Will you be providing care on the weekend?

Yes → Go to 4.7

No → Go to 4.8

4.7 Please provide your hours of operation

Saturday Sunday

4.8 Will you be providing care on pupil free days?

Yes → Go to 4.9

No → Go to Section 5

4.9 Please provide your hours of operation

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SECTION 5: 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).

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)

Yes

No
Reason

Not applicable

SECTION 5: Checklist (cont.)

- copy of training qualification(s) (Q3.15)
- my Applicant assessment receipt (Q3.16)
- my current First aid certificate (Q3.17)
- medical certificate (Q3.20)
- current National Police Certificate (Q3.26)
- my Departmental record check consent form (Q3.30) *(signed by an authorised person)*
- Financial Certification Statement(Q3.32)
- plans of facilities (Q4.1)

<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>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	<i>Reason</i>	

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 (made) in *Help guide*, p12.

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 Department for Communities after my application is officially lodged.

..... / /

Signature of applicant *Print name* *Date*

Signed in the presence of —

.....

Signature of authorised witness (print) *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 application to help assess your suitability and capability to operate an outside school hours care service in Western Australia. Your personal information will be handled with care and will only be used for the above stated purpose.

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 —