

SECTION 3: Staff exemption

3.1 Are you making an application for a staff exemption? Yes → Go to 3.2 No → Go to Section 5

3.2 Please give the name of the staff member to be exempted.

Given name *Surname*

3.3 Please give the date of birth of the staff member to be exempted.
 / /

SECTION 4: Exemption duration

4.1 Please give details of what time(s) you need the exemption (*Help guide*, p11).

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

4.2 Please provide the date(s) you need your exemption.

4.3 Is the exemption required for a pupil free day? Yes → Go to 4.4 No → Go to Section 6

4.4 Please give the day and times you will need the exemption.

Day *Care session times*

SECTION 5: Supporting evidence

5.1 Please list any attachments such as plans; sketches; resués; staffing plans; copies of qualifications and/or parental support, and advertisements that will help illustrate and/or support your application (*Help guide*, p11).

No documents attached

-
-
-
-
-
-
-
-

SECTION 6: Declaration

Declaration

I /We declare that:

- all the information given in this OSHC exemption application, including any attachments provided is true and correct
- I am /We are 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 made in connection with this application

Privacy statement

The Department for Communities needs the information provided in this application to help assess the licensee's capability to operate the outside school hours 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 —

Space for common seal
where applicable

Supervising officer (including individual licensee) — Signature

Your signature must be witnessed by an authorised witness* (*Help guide, p12).

..... / /
Signature Print name Date

Signed in the presence of —

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

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

Body corporate or public authority — Signature

To be signed by the signatory (-ies) of the body corporate or public authority who can legally execute this document. In some instances a common seal may be sufficient.

I/We declare that I/we have been authorised by the body corporate or public authority named below to make this application for and on behalf of —

.....
Name of body corporate or public authority (print)

1

.....
Name of signatory (print) Position of signatory (print)

..... / /
Signature Date

2

.....
Name of signatory (print) Position of signatory (print)

..... / /
Signature Date