

SECTION 2: Personal details of applicant (cont'd)

2.8 Do you speak another language other than English at home?

Yes → Go to 2.9

No → Go to 2.10

2.9 Please give the language you speak at home

.....

2.10 Current residential address

Address

 Postcode

Suburb/Town

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

Address

 Postcode

Suburb/Town

2.12 How long have you lived at this address for?

..... Years Months

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

Street address

 Postcode

Suburb/Town

Not applicable

2.14 Current contact details

Home phone
 -

Business phone (if applicable)
 -

Email address
 -

Mobile number

Experience and qualifications of applicant

2.15 What service type are you applying for?

Family Day Care → Go to 2.16

OSHFDC → Go to 2.17

2.16 Please attach your curriculum vitae detailing the time you have spent engaged in children's, educational or human services (*Help guide, p12*) or

Document attached (FDC only)

2.17 Please attach your curriculum vitae detailing the time you have spent engaged in children's educational, recreational services or in child development (*Help guide, p12*)

Document attached (OSHFDC only)

2.18 Please attach a copy of your approved, current first aid qualification (*Help guide, p12*).

Document attached

2.19 Please attach a copy of any child care or equivalent training qualification(s) you may have (*Help guide, p12*).

Document(s) attached

2.20 Please attach your Applicant assessment receipt (*Help guide, p13*).

Document attached

Health of applicant

2.21 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 service? (*Help guide, p13*)

Yes → Go to 2.22

No → Go to 2.23

2.22 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? *Use a separate piece of paper if needed.*

.....

2.23 Please attach a copy of your medical certificate. *Give the information sheet included in this kit to your GP.*

Document attached

SECTION 2: Personal details of applicant (cont'd)

Licence or equivalent authority cancelled

2.24 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 2.25

No → Go to 2.26

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

IMPORTANT — 'Equivalent authority' is defined in section 197 of the Children and Community Services Act 2004

.....
Title of licence or equivalent authority

...../...../.....
Date of cancellation

.....
Licence or equivalent authority number

Supervising officer for another service

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

Yes → Please read pages 5 & 11 of the Help guide

No → Go to 2.27

IMPORTANT — 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

2.27 Referee who has had experience in children's services (FDC) OR experience in children's, educational, recreational or human services (OSHFDC) (Help guide, p14)

1

Name of referee

.....
Given names

.....
Surname

Residential address and contact details

.....
Street address

--	--	--	--

.....
Suburb/Town

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

.....
Postcode

--	--

.....
Home phone

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

.....
Business phone

.....
Email address

2.28 Referee who is a prior employer or who has worked with you in a paid or unpaid capacity (Help guide, p13)

2

Name of referee

.....
Given names

.....
Surname

Residential address and contact details

.....
Street address

--	--	--	--

.....
Suburb/Town

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

.....
Postcode

--	--

.....
Home phone

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

.....
Business phone

.....
Email address

Criminal record check

2.29 Please attach a copy of your National Police Certificate. (Help guide, p15).

Document attached

2.30 Since the issue of the above certificate, have you been charged with or convicted of any prescribed offence as defined by the Regulations? (Help guide, p15)

Yes → Go to 2.31

No → Go to 2.32

2.31 If yes, please give details

Use a separate piece of paper if needed.

2.32 Please attach a copy of your Working with Children current assessment notice. Please record the WWC Card number and the expiry date.

Document attached

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.....
WWC Card number

...../...../.....
Expiry date

SECTION 2: Personal details of applicant (cont'd)

2.33 Please attach your Departmental record check consent form signed by an authorised person (*Help guide*, p6) Document attached

SECTION 3: Person already approved to act in place of FDC licensee

3.1 What is the name of the licensee your approval is attached to?

.....
Full name of licensee *Surname*

3.2 Licence number of the above licensee

3.3 Since the issue of the above approval, have your contact details or any matter referred to in Section 2 changed? (*Help guide*, p16)

Yes → Complete the relevant question(s) in Section 2, then Section 5
 No → Go to Section 5

SECTION 4: 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, p16).

4.1 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 (Q2.16 or 2.17)
- copy of first aid qualification, and any other relevant training qualification(s) (Q2.18 & 2.19)
- my Applicant assessment receipt (Q2.20)
- copy of medical certificate (Q2.23)
- copy of National Police Certificate (Q2.29)
- copy of WWC card (Q2.32)
- my Departmental record check consent form (Q2.33)

<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>	

SECTION 5: Declaration

Declaration

I declare that:

- all the information given in this 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 to be involved in the provision of 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 —

Applicant signature — Person to act in place of FDC licensee

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

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

Signed in the presence of —

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

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

FDC licensee signature

.....
Signature of FDC licensee as detailed in Section 1

..... / /
Print name *Date*