

SECTION 3: Individual applicant details (cont'd)

Experience and qualifications of individual applicant

- 3.12 Please attach a copy of any child care or equivalent training qualification(s) you may have completed since you last applied for your licence/licence renewal (*Help guide*, p10). Document(s) attached
- 3.13 Please attach a copy of your approved current first aid qualification. (*Help guide*, p10) Document(s) attached
- 3.14 Please attach your Applicant assessment receipt (*Help guide*, p5). Document attached

Health of individual applicant

- 3.15 Have you developed any medical condition(s), disability and/or dependency on any medication or substance since you last applied for your licence/licence renewal that may affect your ability to effectively supervise a child care service? (*Help guide*, p10) Yes → Go to 3.17 No → Go to 3.18

3.16 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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- 3.17 Please attach your medical certificate. Document attached

Licence or equivalent authority cancelled

- 3.18 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 3.20 No → Go to 3.21

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

.....

Title of licence or equivalent authority

IMPORTANT — ‘Equivalent authority’ is defined in section 3 of the Child Care Services Act 2007.

..... / /

Date of cancellation *Licence or equivalent authority number*

SECTION 3: Individual applicant details (cont'd)

Referees for the individual applicant

3.20 Referee who has had experience in children's, educational, recreational or human services (*Help guide, p11*)

Name of referee

Residential address and contact details

1

.....

Given names Surname

.....

Street address

.....

Suburb/Town	Post code																				
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Home phone Business phone

.....

Email address

3.21 Referee who is a prior employer or who has worked with you in a paid or unpaid capacity (*Help guide, p11*)

Name of referee

Residential address and contact details

2

.....

Given names Surname

.....

Street address

.....

Suburb/Town	Post code																				
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Home phone Business phone

.....

Email address

Criminal record check of individual applicant

3.22 Please attach your National Police Certificate. (*Help guide, p12*).

Document attached

3.23 Since the issue of the above certificate, have you been charged with or convicted of any prescribed offence listed in the Regulations? (*Help guide, p12*).

Yes → Go to 3.25 No → Go to 3.26

3.24 If yes, please give details

Attach a separate piece of paper if necessary.

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3.25 Please attach a copy of your Working with Children card. Please provide your WWC card number and expiry date. (*Help guide, p12*).

Document attached

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3.26 Please attach your Departmental record check consent form. Signed by an authorised person. (*Help guide, p6*)

Document attached

General business details of individual applicant

3.27 ABN (Australian Business Number)

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3.28 Please attach completed Financial certification statement – including required attachments (*Help guide, p12*)

Documents attached

SECTION 4: Details of place

Exemptions

- 4.1 Does the service have any current exemptions in place?
- 4.2 Please provide the exemption number?
- 4.3 When does the exemption expire?

Yes → Go to 4.2

No → Go to Section 5

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..... / /
Date

IMPORTANT — current exemptions do not automatically carry forward. If special circumstances exist, you must re-apply for an exemption 60 days prior to the licence expiry date.

SECTION 5: Checklist

Please use the checklist below to ensure your application is complete. Incomplete applications will be returned. Attach copies of all supporting documents. Please **DO NOT SEND ORIGINAL** documents (see Help guide).

I confirm I have attached the following documents that this application told me to provide:

- copy of child care or equivalent training qualification(s) (Q3.12)
- copy of an approved, current first aid qualification (Q3.13)
- my Applicant assessment receipt (Q3.14)
- copy of medical certificate (Q3.17)
- copy of National Police Certificate (Q3.22)
- copy of Working with Children card (Q3.25)
- Departmental record check consent form – certified copies of identification documents (signed by authorised person) (Q3.26)
- completed Financial certification statement (Q3.28)
 - Credit search
 - Audit opinion OR notification that audit not performed
 - Summary profit and loss statement if required

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

SECTION 6: Declaration & privacy statement

Your signature must be witnessed by an authorised witness

Declaration – Renewal of licence

I declare that:

- all the information given in this Licence renewal 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 renewal application

.....
Signature of applicant

..... / /
Print name Date

Privacy statement

The Department for Communities needs the information you provide in your licence renewal application to help assess your suitability and capability to operate 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.

Signed in the presence of —

.....
Signature of authorised witness

Declaration – Non-Renewal of licence

I declare that:

- I do not wish to renew my licence, and understand that upon the expiry of my licence I cannot operate the child care service specified in my licence.
- I am aware it is an offence, in accordance with section 9 of the *Child Care Services Act 2007*, to operate a child care service without a valid licence

..... / /
Print name of authorised witness Date

.....
Qualification as an authorised witness

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 —