



Department for Communities

Child Care Licensing and Standards Unit

Licence No. [ ] [ ] [ ] [ ] [ ]

File No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

# Licence application

—Body corporate or public authority—  
Child Care Services Act 2007  
Child Care Services (Child Care) Regulations 2006

1<sup>st</sup> Floor, 111 Wellington Street, East Perth WA 6004

Tel. (08) 6210 3333 (Metro) Tel. 1800 199 383 (Freecall STD) Fax. (08) 6210 3300

- Use this licence application if you wish to apply for:
  - a **new licence** for a child care service for children predominately below school age up to the commencement of a secondary school programme, and
  - the licence applicant is a **body corporate or public authority**
- **All relevant details and attachments must be completed and received** by the Department for Communities before this application will be lodged and then assessed.
- A licence application will be assessed according to the minimum standards set out in the *Child Care Services Act 2007* (the Act) and *Child Care Services (Child Care) Regulations 2006* (the Regulations).  
It is important, that all licence applicants are familiar with the minimum standards prescribed by the Act and Regulations. Failure to comply with the Act and Regulations may result in a licence application being refused, or the cancellation or suspension of an existing licence, and/or pecuniary penalties.
- To help you complete this application more easily and accurately, please use the accompanying *Help Guide: How to apply for a child care licence*.
- You must answer every section of this application. Where a box is provided, please indicate your answer with either a tick (☑) or a cross (☒).

## SECTION 1: Contact details

### Contact person

1.1 Name of contact person for this licence application

.....  
Given name \_\_\_\_\_ Surname \_\_\_\_\_

1.2 Business phone or mobile number

[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Phone number

1.3 Email address

.....

## SECTION 2: Child care service details

2.1 Are you purchasing an existing child care service?

Yes → Go to 2.2                       No → Go to 2.3

2.2 Please give the current name of this service

.....

2.3 Please give the proposed name for the new child care service

Not applicable

*If you are buying an existing service and the name is not to change, you may write 'As above'. Note, a licence may only be issued as at the date the existing licensee surrenders.*

.....

2.4 Street address of the proposed service

.....  
Address \_\_\_\_\_ Suburb/Town \_\_\_\_\_  
[ ] [ ] [ ] [ ]  
Post code

2.4 Postal address of the proposed service

.....  
Address \_\_\_\_\_ Suburb/Town \_\_\_\_\_  
[ ] [ ] [ ] [ ]  
Post code



**SECTION 3: Licence applicant details (cont.)**

2

..... <i>Title</i>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>
..... <i>Position title</i>	..... <i>Residential address</i>	
..... <i>Suburb/Town</i>	..... <i>Postcode</i>	
..... <i>Email address</i>	..... <i>Home phone</i>	
..... <i>Business phone</i>	..... <i>Fax number</i>	

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..... <i>Title</i>	..... <i>Given &amp; middle names</i>	..... <i>Surname</i>
..... <i>Position title</i>	..... <i>Residential address</i>	
..... <i>Suburb/Town</i>	..... <i>Postcode</i>	
..... <i>Email address</i>	..... <i>Home phone</i>	
..... <i>Business phone</i>	..... <i>Fax number</i>	

**Licence or equivalent authority cancelled**

- 3.9 Has the legal entity named above been issued a licence or equivalent authority that has been cancelled in the 5 years before the date of this application?
- 3.10 Give the details of the licence or equivalent authority cancelled.

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

- Yes → Go to 3.10
- No → Go to 3.11

..... <i>Title of licence or equivalent authority</i>	..... <i>Licence or equivalent authority number</i>
...../...../..... <i>Date of cancellation</i>	

**Financial viability assessment**

- 3.11 Please attach the Financial certification statement including attachments if required. (*Help guide*, p17)

- Document attached

**SECTION 4: Details of place, hours of operation & staffing**

**Certification of place**

- 4.1 Please attach any current Certificate of Classification (*Help guide*, p18).

- Document attached
- Not applicable

**Site and floor plans**

- 4.2 Please attach a site plan, and a plan showing the use of each part of each building (*Help guide*, p18).
- 4.3 Does your proposed service have a staff room that complies with the Regulations? (*Help guide*, p19)
- 4.4 Please attach a site and floor plan showing the proposed new staff room? (*Help guide*, p19)

- Documents attached
- Yes → Go to 4.6
- No → Go to 4.5
- Documents attached

## SECTION 4: Details of place, hours of operation & staffing (cont.)

### Staffing details

4.5 Will the child care service require support staff for providing food prepared at the proposed place the service will be provided? (*Help guide*, p20)

Yes

No

4.6 Please give details of the days and hours of operation of the proposed child care service (*Help guide*, p20). Print 'Closed' next to any day(s) the child care service would be closed.

Print '24 hours' next to any day(s) the child care service would be open for the full 24 hour period.

Days	Hours		*Three (3) hour lunch period	
	Open	Closed	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

4.7 What is the proposed total maximum number of children that would attend the service?

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4.8 What is the proposed maximum number of children up to 24 months of age that will attend the service?

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### Minimum contact staff

4.9 Please fill in the maximum number of children you wish to attend your service for each age range and tick () or cross () the relevant box for the number and qualifications of staff for your elected number of children.

1. Age Group	2. Staff:children ratio	3. Number of children		4. Number & qualification of staff (CCA – child care assistant)
		Number range	Print your maximum number of children	
0 – 24 months	1:4	• 1 – 4	.....	<input type="checkbox"/> 1A*/B*/C
		• 5 – 8	.....	<input type="checkbox"/> 1A*/B*/C + 1CCA
		• 9 – 12	.....	<input type="checkbox"/> 1A*/B*/C + 2CCA
		• 13 – 16	.....	<input type="checkbox"/> 2A*/B*/C + 2CCA
		• 17 – 20	.....	<input type="checkbox"/> 2A*/B*/C + 3CCA
		• 21 – 24	.....	<input type="checkbox"/> 2A*/B*/C + 4CCA
		• 25 or more	.....	<input type="checkbox"/> __A*/B*/C + __CCA
24 – 36 months	1:5	• 1 – 5	.....	<input type="checkbox"/> 1CCA
		• 6 – 10	.....	<input type="checkbox"/> 1A/B/C + 1CCA
		• 11 – 15	.....	<input type="checkbox"/> 1A/B/C + 2CCA
		• 16 – 20	.....	<input type="checkbox"/> 1A/B/C + 3CCA
		• 21 – 25	.....	<input type="checkbox"/> 2A/B/C + 3CCA
		• 26 – 30	.....	<input type="checkbox"/> 2A/B/C + 4CCA
		• 31 or more	.....	<input type="checkbox"/> __A/B/C + __CCA
36 months or older	1:10	• 1 – 10	.....	<input type="checkbox"/> 1CCA
		• 11 – 20	.....	<input type="checkbox"/> 1A/B/C + 1CCA
		• 21 – 30	.....	<input type="checkbox"/> 1A/B/C + 2CCA
		• 31 – 40	.....	<input type="checkbox"/> 1A/B/C + 3CCA
		• 41 – 50	.....	<input type="checkbox"/> 2A/B/C + 3CCA
		• 51 – 60	.....	<input type="checkbox"/> 2A/B/C + 4CCA
		• 61 or more	.....	<input type="checkbox"/> __A/B/C + __CCA

