



Department for Communities

Child Care Licensing and Standards Unit

# Exemption application

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 exemption application to apply for an exemption from the *Child Care Services (Child Care) Regulations 2006* (the Regulations).
- All relevant details and attachments must be completed and received by the Department for Communities before this application will be assessed.
- An exemption application will be assessed according to the minimum standards set out in the Regulations. It is important, as the licensee you are familiar with the minimum standards prescribed by the Regulations. Failure to comply with the Regulations may result in an exemption 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 exemption*.
- The licensee must answer every section of this application. Where a box is provided, please indicate the answer with either a tick (☑) or a cross (☒).

## SECTION 1: Application summary

### Contact person

1.1 Name of contact person for this application

.....

|                   |                |
|-------------------|----------------|
| <i>Given name</i> | <i>Surname</i> |
|                   |                |

1.2 Business phone or mobile number

1.3 Email address

.....

### Service details

1.4 Licence number

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

1.5 Name of child care service

.....

1.6 Location of child care service

.....

|                       |                    |
|-----------------------|--------------------|
| <i>Street address</i> | <i>Suburb/Town</i> |
|-----------------------|--------------------|

## SECTION 2: Exemption details

2.1 Please indicate which regulation(s) you are seeking an exemption from

Regulation: .....  
*Please print the regulation number and title*

Regulation: .....  
*Please print the regulation number and title*

Regulation: .....  
*Please print the regulation number and title*

Are you applying only for a service exemption?

Yes → Attach Staffing plan, go to Section 4

Are you applying only for a staff exemption?

Yes → Go to 3.2





### SECTION 3: Staff exemption

- 3.1 Is this an application for a staff exemption?
- 3.2 Please give the name of the staff member to be exempted.
- 3.3 Please give the date of birth of the staff member to be exempted.
- 3.4 Please give details of the number of children in each age range and the names of the qualified and unqualified staff for each staff range.

*\* Please indicate with the letter "E", if any staff members are currently operating under an exemption.*

Yes → Go to 3.2                       No → Go to Section 4

.....  
Given name

.....  
Surname

..... / ..... / .....

| Age range                   | Current number of children | Name of qualified* | Name of unqualified |
|-----------------------------|----------------------------|--------------------|---------------------|
| 0 – 24 months               |                            |                    |                     |
|                             |                            |                    |                     |
|                             |                            |                    |                     |
| 24 – 36 months              |                            |                    |                     |
|                             |                            |                    |                     |
|                             |                            |                    |                     |
| 36 months or older          |                            |                    |                     |
|                             |                            |                    |                     |
|                             |                            |                    |                     |
| Primary school age children |                            |                    |                     |
|                             |                            |                    |                     |
|                             |                            |                    |                     |
| TOTAL                       |                            |                    |                     |

### SECTION 4: Exemption duration

- 4.1 Please give the dates when the exemption is needed (*Help guide*, p13)
- 4.2 Please give details of what time(s) the exemption is needed (*Help guide*, p13)

..... / ..... / ..... to ..... / ..... / .....

| Days         | Session times 1 |    | Session times 2 |    |
|--------------|-----------------|----|-----------------|----|
|              | From            | To | From            | To |
| Monday(s)    |                 |    |                 |    |
| Tuesday(s)   |                 |    |                 |    |
| Wednesday(s) |                 |    |                 |    |
| Thursday(s)  |                 |    |                 |    |
| Friday(s)    |                 |    |                 |    |
| Saturday(s)  |                 |    |                 |    |
| Sunday(s)    |                 |    |                 |    |

**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*, p13).

No documents attached

- .....
- .....
- .....

**SECTION 6: Declaration**

**Declaration**

I /We declare that:

- all the information given in this 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 child 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, p13).*

..... / ..... / .....  
*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*