

**Application for a Licence to Operate an Approved Registration Body  
Under the *Child Care Act 2001*  
IHCC Use Only**

See the end of this form for the *Department of Education's Personal Information Protection Statement*

Name of the Approved Registration Body: \_\_\_\_\_

There are eight sections to this application form:

- |           |  |
|-----------|--|
| Section 1 | Outline of the licensee/licensee representatives               |
| Section 2 | Details about the operation of the approved registration body  |
| Section 3 | Details about the management of the approved registration body |
| Section 4 | Details about the Licence holder or representatives            |
| Section 5 | Details of the responsible persons                             |
| Section 6 | Details of the person(s) in charge                             |
| Section 7 | Fees   |
| Section 8 | Signature block  |

This application must be signed by either:

- one of the nominated licensee representatives (authorised to do so on behalf of the service operator) where the service operator is a government agency, community based management committee, company, partnership, and is the licence applicant; **OR**
- the owner of the service where there is only one owner/operator and this person is the licence applicant; **OR**
- the employee where that person is the licence applicant.

Contact person in relation to this application: _____ Position: _____ Telephone(s): _____ Email: _____
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Checked by AO (Please initial and date)	<input type="text"/>
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## Section 1 Name(s) of the Licensee/Licensee Representatives

### Who is/are the licensee or licensee representatives?

Under the *Child Care Act 2001*, a person may apply for a licence for an approved registration body. Usually this is the service operator but it may also be an employee of the service operator, authorised by the service operator to be the applicant.

#### 1.1 Where the service operator applies to hold the licence and is, for example, a company, government agency or community based incorporated organisation:

- it must nominate at least<sup>1</sup> two members to represent the service operator for the purposes of licensing. These licensee representatives are to be approved, by the Secretary of the Department of Education, as a fit and proper person(s) to hold a licence.

Name of the licence applicant:

\_\_\_\_\_

(name of the service operator)

Name of the licensee representatives:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> An exception to this is where there is only one member of the company. In this case, that person may be the only licensee representative nominated above.

**Go to section 2**

**Or**

#### 1.2 Where the service is owned by a private individual who applies to hold the licence:

- this individual is to be approved, by the Secretary of the Department of Education, as a fit and proper person to hold a licence.

Name of the licence applicant:

\_\_\_\_\_

(name of the individual owner/operator)

**Go to section 2**

**Or**

#### 1.3 Where the service operator requests an employee to apply for and hold a licence or one of the owners is to apply for and hold the licence:

- this person is to be approved by the Secretary of the Department of Education, as a fit and proper person to hold a licence.

Name of the licence applicant:

\_\_\_\_\_

(name of employee or the owner [company director])

Where the licence applicant is an employee, please provide the name and phone number of a contact person for the Service Operator who may be contacted for licensing purposes.

Name of the contact person:

\_\_\_\_\_

Phone Number(s):

\_\_\_\_\_

Contact details are required as an alternative to the Licensee.

**Go to section 2**

## Section 2 Details of Operation

### 2.1 General Details

#### What programs are provided?

Please

Name of program



In-home Child Care (within Family Day Care approved CCB)

In-home Child Care (with In-home care approved CCB)

Other, please describe \_\_\_\_\_

Expected Number of Registered:

Expected Number of Occupied Places\* in:

IHCC providers

IHCC

\* It is understood that the number of occupied places may change on a regular basis.

### 2.2 Location Details

Name of the ARB		
Name of the outlet/ premises from which the ARB operates (if different to above)		
Address of ARB	Street address:	
	Town/Suburb:	Postcode:
Postal address (if different from street address)		
	Town/Suburb:	Postcode:
Telephone		
Facsimile		
Email		
Office hours		

### 2.3 Person in charge

Name of person(s) in charge	Name of program

**Go to section 3**

## Section 3 Service Operator Details

### 3.1 General Details

Name of the service operator	
Operator address	Street address:
	Town/Suburb: Postcode:
Postal address (if different from street address)	
	Town/Suburb: Postcode:
Telephone (business hours)	
Telephone (after business hours)	
Facsimile	
Email	

### 3.2 Description of the service operator

- Private not for profit community managed (e.g. management committees)
- Private not for profit other organisation
- State/Territory and Local Government managed
- Private for profit
- State/Territory government schools
- Independent schools
- Catholic schools

**Please complete remainder of relevant parts of Section 3.**

### 3.3.1 Government Agency (Service Operator)

Position in the Company/Registered Business/Partnership (as applicable)

Position on the Committee (as applicable)	Full Name	Previous Name(s)	Contact phone number	Contact Address
				*
(General Manager or equivalent)				
(Primary Contact Person)				

\* only required if the General Manager is directly involved in the management of the child care service.

#### Either

- The Licensee function is to be held by the Government Agency  
Please tick the box and go to section 4.1

#### Or

- The Licensee function is to be held by an employee  
Please tick the box and complete the information below.  
NB: This section is to be signed by an authorised representative of the government agency who is signing for and on behalf of and with the authority of the whole service operator.

The \_\_\_\_\_ authorises

(name of government agency)

\_\_\_\_\_ to apply for an Approved Registration Body licence for

(name of employee)

\_\_\_\_\_ (name of the approved registration body)

\_\_\_\_\_ (name of authorised representative from government agency)

\_\_\_\_\_ (signature of authorised representative from government agency)

Date: \_\_\_\_\_

**Go to section 4.2**

**3.3.2 Community Based Management Committee (Service Operator)**

The following individuals are all of the elected members of the Committee of Management for the approved registration body referred to in this application.

Position on the Committee (as applicable)	Full Name	Previous Name(s)	Contact Phone Number	Contact Address	Identification number and expiry date of current Working with Children Check	Expiry date of valid safety screening clearance

**Note:** Members of the Committee of Management are required to hold a current Working with Children Check (WWCC) or valid safety screening clearance. An expiry date for either will be considered sufficient.

**Additional details in relation to the primary contact person for the committee:**

As this individual may need to be contacted outside of the service’s normal operational hours, including in an emergency situation, please ensure the details are current for both within and outside of the service’s opening hours. (Contact details for the primary contact are required as an alternative to the Licensee).

Which person is to be the primary contact person for the committee? \_\_\_\_\_  
Name (please print)

Contact details (BH): \_\_\_\_\_ Contact details (AH): \_\_\_\_\_

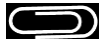
Alternative mailing address: \_\_\_\_\_

**Please continue 3.3.2 on the next page**

## Incorporation Details

Date of Incorporation: \_\_\_\_\_ Number of Incorporation: \_\_\_\_\_

End of Financial Year Date: \_\_\_\_\_ AGM Date: \_\_\_\_\_



Please attach a copy of the extract for Incorporation from Corporate Affairs

### Either

The Licensee function is to be held by the incorporated body  
Please tick the box and go to section 4.1

### Or

The Licensee function is to be held by an **employee** or a **director** of the company or partnership  
Please tick the box and complete the information below.

NB: This section is to be signed by an authorised representative of the management committee who is signing for and on behalf of and with the authority of the whole service operator.

The \_\_\_\_\_ authorises  
(name of management committee)

\_\_\_\_\_ to apply for an Approved Registration Body licence for  
(name of employee)

\_\_\_\_\_  
(name of the approved registration body)

\_\_\_\_\_  
(name of authorised representative from management committee)

\_\_\_\_\_  
(signature of authorised representative from management committee)

Date: \_\_\_\_\_

**Go to section 4.2**

### 3.3.3 Company/Registered Business/Partnership (Service Operator)

The following individuals are directors of the company, owners of the business or members of the partnership for the approved registration body referred to in this application.

Position in the Company/Registered Business/Partnership (as applicable)	Full Name	Previous Name(s)	Contact Phone Number	Contact Address	Identification number and expiry date of current Working with Children Check	Expiry date of valid safety screening clearance

Note: All persons listed are required to hold a current Working with Children Check **or** valid safety screening clearance. An expiry date for either will be considered sufficient.

#### Additional details in relation to the primary contact person for the company

As this individual may need to be contacted outside of the service's normal operational hours, including in an emergency situation, please ensure the details are current for both within and outside of the service's opening hours. Contact details for the primary contact are required as an alternative to the Licensee.

Which person is to be the primary contact person for the company? \_\_\_\_\_  
Name (please print)

Phone Number (BH): \_\_\_\_\_ Phone number (AH): \_\_\_\_\_

Alternative mailing address: \_\_\_\_\_

If the service operator is a:

#### Company



Please attach a copy of the company's current corporation extract from the Australian Securities and Investments Commission (ASIC)

#### Registered Business



Please attach a copy of your business' extract from the Australian Business Register

**Please continue 3.3.3 on the next page**



**Either**

The Licensee function is to be held by the company/partnership  
Please tick the box and go to section 4.1

**Or**

The Licensee function is to be held by an employee  
Please tick the box and complete the information below.  
NB: This section is to be signed by an authorised representative of the company/partnership who is signing for and on behalf of and with the authority of the whole service operator.

The \_\_\_\_\_ authorises  
(name of company/partnership)

\_\_\_\_\_ to apply for an Approved Registration Body licence  
(name of employee/company director)

for \_\_\_\_\_  
(name of the approved registration body)

\_\_\_\_\_  
(name of authorised representative from company/partnership)

\_\_\_\_\_  
(signature of authorised representative from company/partnership)

Date: \_\_\_\_\_

**Go to section 4.2**

**Or**

The Licensee function is to be held in the name of the **owner** of the service.

Name of owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Go to section 4.2**

### 3.3.4 Individual Owner Operator, where there is no company (Service Operator)

**Either**

- The Licensee function is to be held by the individual owner operator  
Please tick the box and go to section 4.2

**Or**

- The Licensee function is to be held by an employee  
Please tick the box and complete the information below.  
NB: This section is to be signed by the individual owner/operator.

I \_\_\_\_\_ authorise  
(name of individual/s Service Operator)

\_\_\_\_\_ to apply for an Approved Registration Body licence  
(name of employee)

for \_\_\_\_\_  
(name of the approved registration body)

\_\_\_\_\_  
(signature of individual service operator)

Date: \_\_\_\_\_

**Go to section 4.2**

## Section 4 Licence Holder details

### 4.1.1 Licensee Information

Where the service operator is a community based management committee, company, partnership or government agency and is applying for the licence, at least two licensee representatives must complete the following information. An exception to this is where there is only one member of the company and this person is the only licensee representative. Where there are more than two licensee representatives, please photocopy Sections 4.1.1 - 4.1.5, and attach it with the details of the additional person(s).

	Licensee representative 1
Position in organisation	
Title (e.g. Mr/Mrs/Ms)	
Given Name(s)	
Family Name	
Residential Street Address	
Town/Suburb	
Postcode	
Postal Address (if different from above)	
Telephone (work)	
Telephone (home)	
Mobile	
Facsimile	
Email	

Please tick relevant boxes

### 4.1.2 Fitness and Propriety Check

<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a current Tasmanian Working with Children Check (WWCC); or
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a valid safety screening clearance, issued by the Department of Education.

**Note:** If you **do not** hold either a current WWCC or valid safety screening clearance, before progressing you must apply for and hold a current WWCC.

### 4.1.3 Tasmanian Working with Children Check

Identification Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### OR Safety Screening Clearance

<input type="checkbox"/>	is attached; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit; and
<input type="checkbox"/>	I declare that no changes have occurred since my safety screening application form was submitted; or
<input type="checkbox"/>	Changes have occurred since my safety screening clearance was submitted and I have contacted Conduct and Investigations.

### 4.1.4 Declaration Form

Licensee representative I	
<input type="checkbox"/>	is attached; or
<input type="checkbox"/>	has been sent under separate cover to the Education and Care Unit; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit <input type="checkbox"/> I have received a letter from the Education and Care Unit confirming that I am fit and proper for the role within the service that I specified in the submitted Declaration Form. (Note: If the role has changed, you will need to submit a new Declaration Form). <input type="checkbox"/> I declare that no changes have occurred that may impact on my fitness and propriety assessment for that role. (Note: If changes have occurred, you will need to submit a new Declaration Form).

4.1.5 I declare that the above information is complete, true and correct to the best of my knowledge.

#### Licensee representative I

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Go to Section 5**

#### 4.1.6

Licensee Representative 2	
Title (e.g. Mr/Mrs/Ms)	
Given name(s)	
Family name	
Residential street address	
Town/suburb	
Postcode	
Postal address (if different from above)	
Telephone (work) Telephone (home)	
Facsimile Mobile	
Email	

Please tick relevant boxes

#### 4.1.7 Fitness and Propriety Check

Licensee representative 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a current Tasmanian Working with Children Check (WWCC); or
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a valid safety screening clearance, issued by the Department of Education.

**Note:** If you **do not** hold either a current WWCC or valid safety screening clearance, before progressing you must apply for and hold a current WWCC.

#### 4.1.8 Tasmanian Working with Children Check

Identification Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

#### OR Safety Screening Clearance

<input type="checkbox"/>	is attached; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit; and
<input type="checkbox"/>	I declare that no changes have occurred since my safety screening application form was submitted; or
<input type="checkbox"/>	Changes have occurred since my safety screening clearance was submitted and I have notified the Conduct and Investigations Unit.

**4.1.9 Declaration Form**

<input type="checkbox"/>	is attached; or
<input type="checkbox"/>	has been sent under separate cover to the Education and Care Unit; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit, and <input type="checkbox"/> I have received a letter from the Education and Care Unit confirming that I am fit and proper for the role within the service that I specified in the submitted Declaration Form. (Note: If the role has changed, you will need to submit a new Declaration Form). <input type="checkbox"/> I declare that no changes have occurred that may impact on my fitness and propriety assessment for that role. (Note: If changes have occurred, you will need to submit a new Declaration Form).

**4.1.10** I declare that the above information is complete, true and correct to the best of my knowledge.

**Licensee representative 2**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

#### 4.2.1 Details of the Individual Licensee

Where the individual applying for the licence is an employee of the service operation or is an owner/operator, this person must complete the information below.

Position in organisation	
Title (e.g. Mr/Mrs/Ms)	
Given Name(s)	
Family Name	
Residential Street Address	
Town/Suburb	
Postcode	
Postal Address (if different from above)	
Telephone (work)	
Telephone (home)	
Mobile	
Facsimile	
Email	

Please tick relevant boxes

#### 4.2.2 Fitness and Propriety Check

<input type="checkbox"/> Yes	I hold a current Tasmanian Working with Children Check (WWCC); or
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	I hold a valid safety screening clearance, issued by the Department of Education.
<input type="checkbox"/> No	

**Note:** If you **do not** hold either a current WWCC or valid safety screening clearance, before progressing you must apply for and hold a current WWCC.

#### 4.2.3 Tasmanian Working with Children Check

Identification Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

#### OR Safety screening clearance

<input type="checkbox"/>	Is attached
<input type="checkbox"/>	has already been provided to the Education and Care Unit
<input type="checkbox"/>	I declare that no changes have occurred since my safety screening application was submitted.
<input type="checkbox"/>	Changes have occurred since my safety screening clearance was submitted and I will contact/have contacted the Conduct and Investigations Unit.

**4.2.4 Declaration Form**

<input type="checkbox"/>	Is attached; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit, and
<input type="checkbox"/>	<input type="checkbox"/> I have received a letter from the Education and Care Unit confirming that I am fit and proper for the role within the service that I specified in the submitted Declaration Form. (Note: If the role has changed, you will need to submit a new Declaration Form).
<input type="checkbox"/>	<input type="checkbox"/> I declare that no changes have occurred that may impact on my fitness and propriety assessment for that role. (Note: If changes have occurred, you will need to submit a new Declaration Form).

**4.2.5** I declare that the above information is complete, true and correct to the best of my knowledge.

**Individual Licensee**

\_\_\_\_\_  
Name (please print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**Go to Section 5**



## Section 5.1 Names of Responsible Persons

Under the *Child Care Act 2001*, responsible persons may be:

- An individual, other than the person in charge of the child care service, to whom is assigned by the licensee, the general responsibility for, and supervision of the operations of, the provision of the child care service under the licence; **OR**
- Any other body or individual, other than the person-in-charge of the child care service, who has the authority to give directions and make decisions in respect of the management of that child care service.

People fulfilling this role include:

- Co-ordinators who have responsibility across a number of services (but who are not the licensee, nor the person-in-charge), third party managers, franchisees/franchisors, etc.

Please contact the Education and Care Unit if you are unsure.

Each responsible person is to complete the information below. If there is more than one responsible person, please photocopy the sections below and attach.

Position in organisation	
Title (e.g. Mr/Mrs/Ms)	
Given Name(s)	
Family Name	
Residential Street Address	
Town/Suburb	
Postcode	
Postal Address (if different from above)	
Telephone (work)	
Telephone (home)	
Mobile	
Facsimile	
Email	

## 5.2 Fitness and Propriety Check

<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a current Tasmanian Working with Children Check (WWCC); or
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a valid safety screening clearance, issued by the Department of Education.

**Note:** If you **do not** hold either a current WWCC or valid safety screening clearance, before progressing you must apply for and hold a current WWCC.

### 5.3 Tasmanian Working with Children Check

Identification Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### OR Safety Screening Clearance

<input type="checkbox"/>	Is attached; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit; and
<input type="checkbox"/>	I declare that no changes have occurred since my safety screening application was submitted; or
<input type="checkbox"/>	Changes have occurred since my safety screening clearance was submitted and I have contacted the Conduct and Investigations Unit.

### 5.4 Declaration Form

<input type="checkbox"/>	is attached; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit; and
<input type="checkbox"/>	<input type="checkbox"/> I have received a letter from the Education and Care Unit confirming that I am fit and proper for the role within the service that I specified in the submitted Declaration Form. (Note: If the role has changed, you will need to submit a new Declaration Form).
	<input type="checkbox"/> I declare that no changes have occurred that may impact on my fitness and propriety assessment for that role. (Note: If changes have occurred, you will need to submit a new Declaration Form).

**5.5** I declare that the above information is complete, true and correct to the best of my knowledge.

\_\_\_\_\_  
Name of responsible person (please print)

\_\_\_\_\_  
Signature of responsible person

\_\_\_\_\_  
Date

**Go to section 6**

## Section 6.1 Persons in Charge

Where there is more than one person in charge of the service, e.g. in a job-share position, each person is to complete the information below. Please photocopy if you need more than this one page.

Title (e.g. Mr/Mrs/Ms)	
Given Name(s)	
Family Name	
Residential Street Address	
Town/Suburb	
Postcode	
Postal Address (if different from above)	
Telephone (work)	
Telephone (home)	
Mobile	
Facsimile	
Email	

## 6.2 Fitness and Propriety Check

<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a current Tasmanian Working with Children Check (WWCC); or
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a valid safety screening clearance, issued by the Department of Education.

**Note:** If you **do not** hold either a current WWCC or valid safety screening clearance, before progressing you must apply for and hold a current WWCC.

## 6.3 Tasmanian Working with Children Check

Identification Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## OR Safety screening clearance

<input type="checkbox"/>	Is attached
<input type="checkbox"/>	has already been provided to the Education and Care Unit
<input type="checkbox"/>	I declare that no changes have occurred since my safety screening application was submitted.
<input type="checkbox"/>	Changes have occurred since my safety screening clearance was submitted and I will contact/have contacted the Conduct and Investigations Unit.

**6.4 Declaration Form**

<input type="checkbox"/>	is attached; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit; and
<input type="checkbox"/>	<input type="checkbox"/> I have received a letter from the Education and Care Unit confirming that I am fit and proper for the role within the service that I specified in the submitted Declaration Form. (Note: If the role has changed, you will need to submit a new Declaration Form).
<input type="checkbox"/>	<input type="checkbox"/> I declare that no changes have occurred that may impact on my fitness and propriety assessment for that role. (Note: If changes have occurred, you will need to submit a new Declaration Form).

**6.5** I declare that the above information is complete, true and correct to the best of my knowledge.

Signature of person in charge: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person in charge: \_\_\_\_\_  
(please print)

**Go to section 7**

**Section 7 Fees**

The payment for the licence fee has been sent to the Finance section of the Department of Education.

Yes  Date sent: \_\_\_\_\_

No  Reason why not sent to Finance \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Go to section 8**

## Section 8 Signatures

This section is to be signed by **either**\*:

- an authorised representative of the service operator/organisation (where the service operator is to hold the licence) who is signing for and on behalf of and with the authority of the whole organisation; **OR**
- the owner of the service where there is only one owner/operator and this person is the licence applicant; **OR**
- the individual employee (where this person is to hold the licence).

I declare that to the best of my knowledge, the information provided in this application is correct.

	Affix common seal here where applicable (see accompanying guidelines)
Name: _____	
Position: _____	
Signature: _____	
For: _____	
<i>(name of service operator where applicable)</i>	
Date: _____	
Witness Name: _____	The Common Seal of
Signature: _____	(Name)
Date: _____	is affixed by the authority of its committee/organisation.

\*This section is to be completed by a person who is an authorised representative of the applicant, that is, has the authority to sign for and on behalf of the applicant. This would generally be a director, committee members etc. It is expected that an individual service operator will sign this document themselves.

- For initial applications, the common seal must be used in accordance with the service operator's constitution etc. Incorporated Associations are required to have one under legislation. However, if they do not have a seal or are not able to use it easily, the service operator may write to the Education and Care Unit confirming this and that they are prepared to take responsibility for signing forms without the seal.
- For renewal applications, the common seal is not required.

Please ensure that you have enclosed:

- Copy of Incorporation Extract (where applicable)
- Copy of the Corporation Extract (where applicable)
- Copy of the Business Name from the Australian Business Register (where applicable)

**Department of Education  
Personal Information Protection Statement**

Education and Care Unit, GPO Box 169, Hobart Tas 7001  
Phone: 6165 5425 or 1300 135 513, Fax: 6233 6042  
Email: [ecu.comment@education.tas.gov.au](mailto:ecu.comment@education.tas.gov.au)

All personal information (collected at any time) relating to management, staff and children will be collected from you for the purpose of obtaining and verifying details required under the *Child Care Act 2001*, Licensing Standards and related State and Australian Government Acts and Regulations, and will be used by the Department of Education to support the licensing process and for reporting on children's services at a state and national level.

Failure to provide this information may result in:

- the service being unable to be licensed, or
- approval not being granted for a person(s) to hold a licence or be a licensee representative(s).

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Department and other authorised agencies. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*.

You can obtain a copy of the Department's Personal Information Protection at [www.education.tas.gov.au](http://www.education.tas.gov.au) (Search for TASED 4-1239). If you wish to access your personal information, please make application as stated in the Personal Information Protection Policy.