

**Application for a Licence to Operate a Centre Based Child Care Service
Under the *Child Care Act 2001*
CBC5 Use Only**

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

Name of the child care centre: _____

There are seven sections to this application form:

- Section 1 Outline of the licensee/licensee representatives
- Section 2 Details about the operation of the child care service
- Section 3 Details about the management of the child care service
- Section 4 Details about the Licence holder or representatives
- Section 5 Details of the responsible person
- Section 6 Details of the person(s) in charge
- Section 7 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 company, partnership, government agency or community based management committee 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): (Bus) _____ (Mobile): _____

Email: _____

Checked by AO (Please initial
and date)

Section I Names of Licensee/Licensee representatives

Under the *Child Care Act 2001*, a person may apply for a licence. 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.

I.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 least¹ 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: _____

¹ 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

I.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

I.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.

Name of the licence applicant: _____

(name of employee or owner (company director))

Please provide the name and phone number of a *contact person* for the Service Operator.

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 about the operation of the Centre Based Child Care Centre

2.1 General Details

Please provide the operating times, age range and maximum number of children for each program for each day it will be provided. An example is shown.

Mon	Tues	Wed	Thurs	Fri	Sat/Sun	Age range	Max N° of children*	N° of weeks per year	Period of operation	Name of program
9am-12noon		9am-12noon		9am-12noon		3-5yrs	20	46	School terms	occasional care

*This refers to the maximum number of children that the service is applying for, i.e. the licensed capacity which will appear on the licence.

2.2 Location Details

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

2.3 Person in charge

Name of person(s) in charge	Name of program

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 Community Based Management Committee (Service Operator)

The following individuals are all of the elected members of the Committee of Management for the child care service 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.

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)

Phone Number (BH): _____ Phone number (AH): _____

Alternative mailing address: _____

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 4.2

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 an authorised representative of the service operator 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 a Centre Based Child Care licence

_____ (name of employee)

for

_____ (name of the child care centre)

(name of authorised representative from service operator)

(signature of authorised representative from service operator)

Date _____

Go to section 4.1

3.3.2 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 child care service referred to in this application.

Position on the Committee/ 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: Members of the company 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 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

Either

- The Licensee function is to be held by the company/partnership.
Please tick the box and go to section 4.2

Or

- The Licensee function is to be held in the name of 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 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 a Centre Based Child Care licence

(name of employee/company director)

for

(name of the child care centre)

(name of authorised representative from service operator)

(signature of authorised representative from service operator)

Date: _____

Go to section 4.1

Or

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

Name of owner: _____ Date: _____

Go to section 4.1

3.3.3 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 4.1

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 the individual owner/operator.

I _____ authorise
(name of individual service operator)

_____ to apply for a Centre Based Child Care licence
(name of employee)

for _____
(name of the child care centre)

(signature of individual service operator)

Date: _____

Go to section 4.1

3.3.4 Government Agency (Service Operator)

Position on the Committee (as applicable)	Full Name	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 4.2

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 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 a Centre Based Child Care licence
(name of employee)

for _____
(name of the child care centre)

(name of authorised representative from government agency)

(signature of authorised representative from government agency)

Date: _____

Go to section 4.1

Section 4 Licence Holder details

4.1 Details of the Individual Licensee

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

4.1.1

	Licensee
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)	
Facsimile Mobile	
Email	

Please tick relevant boxes

4.1.2 Fitness and Propriety Check

Licensee	
<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 notified the Conduct and Investigations Unit.

4.1.4 Declaration Form

Licensee	
<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 <i>no</i> 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).

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

Licensee

Name (please print)

Signature

Date: _____

Go to Section 5

4.2 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 the relevant pages of Section 4.2 and attach it with the details of the additional person.

4.2.1

	Licensee Representative 1
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

4.2.2 Fitness and Propriety Check

Licensee representative 1	
<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.

4.2.3 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 notified the Conduct and Investigations Unit.

4.2.4 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 has the role within the service that I specified in the submitted Declaration Form. (Note: If the role 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).

4.2.5 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

4.3.1

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

4.3.2 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.

4.3.3 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 notified the Conduct and Investigations Unit.

4.3.4 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).

4.3.5 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

Section 5 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.

It does not include people who are acting in the position of Person in Charge.

Please discuss with the Education and Care Unit if you are unsure.

5.1 Each responsible person is to complete the information below. If there's more than one responsible person, please photocopy the section 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 notified the Conduct and Investigations Unit.

5.4 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).

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

Name (please print)

Signature

Date: _____

Go to section 7

Section 6 Persons In Charge

6.1 Where there is more than one person in charge of the service, e.g. for different program areas, 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; 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 notified the Conduct and Investigations Unit

6.4 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).

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

Name (please print)	Signature
Date: _____	

Go to section 7

Section 7 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 employee (where this employee 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

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 Policy at 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.