

**Application for a Licence to Operate a Centre Based Child Care Service (Class 4)  
Under the *Child Care Act 2001*  
CBC4 Use Only**

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

Centre Based Care Class 4 is the short term care of children and is provided in conjunction with a meeting, function, or activity endorsed by the management of the service that involves the parent/s of the children, or a person who would otherwise have care of the child/ren during the period that child care occurs and who are not on site for part or all of the period that child care occurs. This class of care would usually occur in a Community/Neighbourhood House.

**Name of the child care service:** \_\_\_\_\_

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 community based management committee where that committee is the licence applicant; OR
- the employee where that person is the licence applicant.

Contact person in relation to this application:

\_\_\_\_\_

Position: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Email: \_\_\_\_\_

Checked by AO (Please initial  
and date)

|  |
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|  |
|  |

## Section I Names of Licensee/Licensee representatives

Under the *Child Care Act 2001*, a person may apply for a licence. Usually, this is the community based incorporated association, eg management committee but it may also be an employee of the association, authorised by that association, to be the applicant.

### I.1 The Licensee function is to be held by the community based incorporated association

Where the licence applicant is a community based incorporated association, it must nominate at least two members to represent the association 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 community based association)

Name of the licensee representatives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Go to section 2

Or

### I.2 The Licensee function is to be held by an individual employee of the community based incorporated association.

Where the community based incorporated association requests an employee to apply for and hold a licence this person is to be approved by the Secretary of the Department of Education, as a fit and proper person.

The \_\_\_\_\_ authorises  
(name of the community based association)

\_\_\_\_\_ to apply for a Centre Based Care Class 4 licence  
(name of employee)

For \_\_\_\_\_  
(name of the child care service)

\_\_\_\_\_  
(name of authorised representative from association)

\_\_\_\_\_  
(signature of authorised representative from association)

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

Please provide the name and phone number of a *contact person* for the community based incorporated association.

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 an overview of how often you think the program may operate

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**Maximum length of a session:** \_\_\_\_\_

**Expected age range of the children:** \_\_\_\_\_

**Expected maximum number of children:** \_\_\_\_\_

### 2.2 Address Details

|   |                        |
|---|------------------------|
| Name of the service<br>(this will be the name on the licence for the child care service). |                        |
| Name of the premises (if different to the name of the child care service)                 |                        |
| Centre address  | Street address:        |
|   | Town/Suburb: Postcode: |
| Postal address (if different from street address)   |                        |
|   | Town/Suburb: Postcode: |
| Telephone   |                        |
| Facsimile   |                        |
| Email   |                        |

## Section 3 Details of the incorporated association

### 3.1 General Details

|   |   |
|---|---|
| The incorporated association's legal name         |   |
| Address   | Street address:   |
|   | Town/Suburb: <span style="float: right;">Postcode:</span> |
| Postal address (if different from street address) |   |
|   | Town/Suburb: <span style="float: right;">Postcode:</span> |
| Telephone (business hours)                        |   |
| Telephone (after business hours)                  |   |
| Facsimile   |   |
| Email   |   |

The following individuals are all of the elected members of the incorporated association for the child care service referred to in this application.

| Position on the Committee (as applicable) | Full Name | Previous Name(s) | Date of Birth | Contact Phone Number | Contact Address |
|---|-----------|------------------|---------------|----------------------|-----------------|
|   |           |                  |               |                      |                 |
|   |           |                  |               |                      |                 |
|   |           |                  |               |                      |                 |
|   |           |                  |               |                      |                 |
|   |           |                  |               |                      |                 |
|   |           |                  |               |                      |                 |
|   |           |                  |               |                      |                 |
|   |           |                  |               |                      |                 |

Which person is to be the contact person for the association? \_\_\_\_\_

**Note:** As this individual may need to be contacted, including in an emergency, please ensure their details are current for both business hours and after hours contact.

#### 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

*Go to section 4*

## Section 4 Licence Holder details

### 4.1.1 Licensee Information – where the community based association is applying for the licence

At least two licensee representatives must complete the following information. Where there are more than two licensee representatives, please photocopy and complete Sections 4.1.1 – 4.1.4, and attach with the details of the additional person(s).

|  | Licensee representative 1 | Licensee representative 2 |
|--|---------------------------|---------------------------|
| Position in association                  |                           |                           |
| 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 & Propriety Check

| Licensee representative 1 |   | Licensee representative 2 |   |
|---------------------------|---|---------------------------|---|
| <input type="checkbox"/>  | I have been assessed as a fit and proper person under the <i>Education and Care Services National Law Act (Tasmania) 2011</i> , and the determination is current. | <input type="checkbox"/>  | I have been assessed as a fit and proper person under the <i>Education and Care Services National Law Act (Tasmania) 2011</i> , and the determination is current. |
| Yes                       |   | Yes                       |   |
| <input type="checkbox"/>  |   | No                        |   |

- If 'no', go to section 4.1.3
- If 'yes', and fulfilling the role of person in charge, staff member, volunteer, student or regular visitor, go to section 4.1.3
- If 'yes', and not fulfilling the above role(s), go to section 4.1.4

### 4.1.3 Safety Screening Clearance

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

Please turn over

**Licensee Information - continued**

**Declaration Form**

| <b>Licensee representative 1</b> |   | <b>Licensee representative 2</b> |   |
|----------------------------------|---|----------------------------------|---|
| <input type="checkbox"/>         | is attached   | <input type="checkbox"/>         | is attached   |
| <input type="checkbox"/>         | has been sent under separate cover to the Education and Care Unit   | <input type="checkbox"/>         | has been sent under separate cover to the Education and Care Unit   |
| <input type="checkbox"/>         | has already been provided to the Education and Care Unit, and<br><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 <i>Declaration Form</i> . (Note, if the role has changed, you will need to submit a new <i>Declaration Form</i> ).<br><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 <i>Declaration Form</i> ). | <input type="checkbox"/>         | has already been provided to the Education and Care Unit, and<br><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 <i>Declaration Form</i> . (Note, if the role has changed, you will need to submit a new <i>Declaration Form</i> ).<br><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 <i>Declaration Form</i> ). |

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

**Licensee representative 1**

**Licensee representative 2**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

Go to Section 5

## 4.2 Details of the Individual Licensee

4.2.1 Where the individual applying for the licence is an employee of the service, this person must complete the information below.

|  |  |
|--|--|
| Position in association                  |  |
| 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 & Propriety Check

|                                 |   |
|---------------------------------|---|
| <input type="checkbox"/><br>Yes | I have been assessed as a fit and proper person under the <i>Education and Care Services National Law Act (Tasmania) 2011</i> , and the determination is current. |
| <input type="checkbox"/><br>No  |   |

- If 'no', go to section 4.2.3
- If 'yes', and fulfilling the role of person in charge, staff member, volunteer, student or regular visitor, go to section 4.2.3.
- If 'yes', and not fulfilling the above role(s), go to section 4.2.4

### 4.2.3 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 & I will contact/have contacted the Conduct and Investigations Unit |

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | is attached  |
| <input type="checkbox"/> | has been sent under separate cover to the Education and Care Unit  |
| <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 <i>Declaration Form</i> . (Note, if the role has changed, you will need to submit a new <i>Declaration Form</i> ). |
| <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 <i>Declaration Form</i> ).   |

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

\_\_\_\_\_  
*Name of licensee (please print)*

\_\_\_\_\_  
*Signature of licensee*

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

*Go to Section 5*



## 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 sections below and attach.

|  |  |                  |  |
|--|--|------------------|--|
| Position in association                  |  |                  |  |
| 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 & Propriety Check

|   |   |
|---|---|
| <input type="checkbox"/><br>Yes<br><input type="checkbox"/><br>No | I have been assessed as a fit and proper person under <i>the Education and Care Services National Law Act (Tasmania) 2011</i> , and the determination is current. |
|---|---|

- If 'no', go to section 5.3
- If 'yes', and fulfilling the role of person in charge, staff member, volunteer, student or regular visitor, go to section 5.3
- If 'yes', and not fulfilling the above role(s), go to section 5.4

### 5.3 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 & I will contact/have contacted the Conduct and Investigations Unit |

**Declaration Form**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | is attached  |
| <input type="checkbox"/> | has been sent under separate cover to the Education and Care Unit  |
| <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 <i>Declaration Form</i> . (Note, if the role has changed, you will need to submit a new <i>Declaration Form</i> ). |
| <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 <i>Declaration Form</i> ).   |

**5.4** 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 Person(s) in Charge

6.1 Where there is more than one person in charge of the child care service, each person is to complete the information below. Please photocopy if you need more than this one page.

|  |  |                  |  |
|--|--|------------------|--|
| Position in association                  |  |                  |  |
| 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 & Propriety Check

|                          |     |   |
|--------------------------|-----|---|
| <input type="checkbox"/> | Yes | I have been assessed as a fit and proper person under the <i>Education and Care Services National Law Act (Tasmania) 2011</i> , and the determination is current. |
| <input type="checkbox"/> | No  |   |

- If 'no', go to section 6.3
- If 'yes', and fulfilling the role of person in charge, staff member, volunteer, student or regular visitor, go to section 6.3
- If 'yes', and not fulfilling the above role(s), go to section 6.4

### 6.3 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 & I will contact/have contacted the Conduct and Investigations Unit |

### Declaration Form

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | is attached  |
| <input type="checkbox"/> | has been sent under separate cover to the Education and Care Unit  |
| <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 <i>Declaration Form</i> . (Note, if the role has changed, you will need to submit a new <i>Declaration Form</i> ). |
| <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 <i>Declaration Form</i> ).   |

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

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

\_\_\_\_\_  
Signature of Person in Charge

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

## Section 7 Signatures

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

- an authorised representative of the incorporated association (where the incorporated association is to hold the licence) who is signing for and on behalf of and with the authority of the whole incorporated association **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 guidelines below)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature \_\_\_\_\_

For: \_\_\_\_\_

*(name of association where applicable)*

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

Witness Name: \_\_\_\_\_

Signature \_\_\_\_\_

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

The Common Seal of

(Name)

is affixed by the authority of its incorporated association

\* 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 association will sign this document themselves.

- For initial applications, the common seal must be used in accordance with the association'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 association 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 Business Name from the Australian Business Register (where applicable)

Please note that an invoice for the new licence fee will be sent to you once the licence is issued.

### Department of Education Personal Information Protection Statement

Education and Care Unit, GPO Box 169, Hobart Tas 7001  
Phone: 6233 5676 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* and may be accessed by you on request to the Director, Early Years as per the details above.

You can obtain a copy of the Department's Personal Information protection Policy on request to the Unit or at <http://www.education.tas.gov.au/dept/legislation/pip/policy>