

Licensing of Care Services Under the *Child Protection Act 1999* – LCS Form 4A

Application to amend a care service licence under s.137

This form is used to apply to amend details that are recorded on the licence:

- The nominee for the licence; or
- The organisation named on the licence; or
- The licence function; or
- The care service delivery sites listed on the licence.

The department will decide your application within 28 days and notify you within 10 days of the decision.

Return completed form and attachments by email to CS_Licensing@cyjma.qld.gov.au

Section 1: Organisation and Application Summary	
Licence number as stated on the licence (OLL):	OLL
Name of organisation as stated on the licence:	
Is this an application to amend: <i>Note tick any that apply and complete relevant sections</i>	<input type="checkbox"/> The nominee (go to section 2) <input type="checkbox"/> The corporation name (not for a change of legal entity) or registered business name listed on the licence (go to section 3) <input type="checkbox"/> The licence function (go to section 4) <input type="checkbox"/> The care services listed on the licence (go to section 5)

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Section 2: Application to Change the Nominee	
Verification of proposed nominee’s acceptance of responsibility, contact details and screening	
Please confirm the following: (proposed nominee to sign this section to accept responsibility as nominee)	
<ul style="list-style-type: none"> The proposed nominee is aged 18 years or over 	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> The proposed nominee accepts responsibility for ensuring that the licensee complies with Section 129A of the <i>Child Protection Act 1999</i> 	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> The proposed nominee accepts responsibility for ensuring that the Department of Child Safety, Seniors and Disability Services is notified of any changes affecting the basis upon which the care service licence was granted 	<input type="checkbox"/> Yes
Name of proposed nominee:	(Please print name in full)
Postal address:	(Include Street address, suburb, postcode and state)
Email address:	
Telephone number:	
Mobile number:	
Documentation required: The proposed nominee must attach the following applications: <ul style="list-style-type: none"> Child Safety & Personal History Screening Working With Children (blue / exemption card) Check 	Has an Application for a Child Safety and Personal History Screening Check (LCS Form 2) been completed and attached for the nominee or an online LCS2 application completed? <input type="checkbox"/> Yes attached <input type="checkbox"/> Yes online application submitted
	Is the blue card Nominee or director of a licensed care service blue / exemption card application (LCS/B/E) form attached? <input type="checkbox"/> Yes OR Is the blue card Link to the department for nominees & directors of a licensed care service form attached? <input type="checkbox"/> Yes
Proposed date for new nominee to assume responsibility: *minimum of 28 days’ notice required	Proposed date: Reason if less than 28 days:
Proposed nominee’s signature:	
Date signed:	

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Section 3: Application to change the corporation name (not for a change of legal entity) or registered business name listed on the licence	
New corporation name:	(Please print name in full)
New registered business name if the corporation is trading under a business name: e.g. “Care Service Pty Ltd trading as Caring for Kids”	(Please print name in full)
Documentary evidence:	Has a copy of the current certificate of incorporation of the corporation or a copy of the current certificate of registration of the business name been attached, as applicable? <input type="checkbox"/> Yes

Section 4: Application to change the licence function	
Add the following function/s: Please also complete Section 5 for each care service to be added to the licence	<input type="checkbox"/> Provide out-of-home care in premises <input type="checkbox"/> Recruit, train, assess and support departmentally approved carers <input type="checkbox"/> Recruit, train, assess and support departmentally approved carers, and provide additional support for the placement through the employment of direct care staff
Documentation required:	<input type="checkbox"/> A copy of the HSQF <u>recertification</u> audit report including the new service type is attached? NB: <i>If you do not have this report consult Child Safety Licensing regarding evidence requirements CS_Licensing@cyjma.qld.gov.au</i> OR <input type="checkbox"/> Consultation with Child Safety Licensing has occurred, and required evidence is included in an attached inspection tool.
Remove the following function/s:	<input type="checkbox"/> provide out-of-home care in premises <input type="checkbox"/> recruit, train, assess and support departmentally approved carers <input type="checkbox"/> recruit, train, assess and support departmentally approved carers, and provide additional support for the placement through the employment of direct care staff Specify date you wish to remove the function:

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Section 5: Application to add or remove care services to/from the licence

Add the following services: (attach additional pages if required)

<p>Address (Include street address, suburb, postcode and state)</p>	<p>Service type</p>	<p>Departmental region</p>	<p>Date service commenced operating</p>	<p>Does your licence function currently cover this service type?</p>
	<p><Select Service Type></p>	<p><Region></p>	<p>Click here to enter a date.</p>	<p><Yes / No></p>
	<p><Select Service Type></p>	<p><Region></p>	<p>Click here to enter a date.</p>	<p><Yes / No></p>
	<p><Select Service Type></p>	<p><Region></p>	<p>Click here to enter a date.</p>	<p><Yes / No></p>
	<p><Select Service Type></p>	<p><Region></p>	<p>Click here to enter a date.</p>	<p><Yes / No></p>

<p>Documentation and confirmation required:</p>	<p><input type="checkbox"/> A copy of a HSQF <u>recertification/maintenance</u> report covering the care service to be added is attached.</p> <p>OR</p> <p><input type="checkbox"/> A copy of an <i>Organisation Level Licensing Inspection Tool</i> which evidences full compliance with licensing requirements for each new care service is attached. Policy and procedure confirmation (tick one option below):</p> <p><input type="checkbox"/> The added care service is the same service type as a care service listed on the licence and uses the same policies and procedures.</p> <p><input type="checkbox"/> I have applied under section 4 to add a licence function.</p> <p><input type="checkbox"/> Policies and procedures have been developed/amended for a new service type but <u>have not</u> been audited under HSQF. Consultation with Child Safety Licensing has occurred, and required evidence is included in the attached inspection tool.</p> <p>For non-family based services only –</p> <p><input type="checkbox"/> I confirm that the organisation has a Right to Occupy (Lease Agreement or Evidence of Ownership) the new care service and have written confirmation from the Landlord/Property Owners that they are aware of the Intended Purpose of the premises as a care service and can produce these documents as and when requested by the department.</p>
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Remove the following services: (attach additional pages if required)			
Address (Include street address, suburb, postcode)	Service type	Departmental region	Date service ceased operating
	<Select Service Type>	<Region>	Click here to enter a date.
	<Select Service Type>	<Region>	Click here to enter a date.
	<Select Service Type>	<Region>	Click here to enter a date.
	<Select Service Type>	<Region>	Click here to enter a date.

Section 6: Signature	
Name and signature of current nominee:	Name: Signature:
Date signed:	



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Departmental Office Use Only

Application received by:

Date:

Further information requested:

Departmental officer recommendation:

Grant Refuse
Recommended by:

Signature of departmental officer:

Licensing delegate decision:

Granted Refused

For nominee changes only:

Positive LCS2 and Blue Card outcomes received
 Nominee is deemed suitable

Name of licensing delegate:

Signature of delegate:

Date: