

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

Notification of changes affecting a care service licence

This form should be completed by the nominee to fulfil condition 7 of a care service licence which specifies that a nominee must notify the department of changes affecting the basis upon which the care service licence was granted. Use this form to notify the following changes:

- Organisational details (other than organisation name)
- Incorporation status
- Organisation Director(s) appointed/ceasing
- Licence Nominee/Contact Person details
- Any other relevant changes

For further information or assistance with the completion of this form please contact Child Safety Licensing CS_Licensing@cyjma.qld.gov.au.

Email completed form to Child Safety Licensing CS_Licensing@cyjma.qld.gov.au.

Section 1: Organisation and Notification Summary	
Licence number as stated on the licence:	OLL
Name of organisation as stated on the licence:	
Notification of a change of: <i>NB: tick any that apply and complete relevant sections</i>	<input type="checkbox"/> Organisational head office address details (go to section 2) <input type="checkbox"/> Incorporation status (go to section 3) <input type="checkbox"/> Director appointed/ceasing (go to section 4) <input type="checkbox"/> Licence contact person details (go to section 5) <input type="checkbox"/> Amended contact details for nominee (go to section 6) <input type="checkbox"/> Any other relevant changes to organisation details (go to section 7)

Section 2: Organisation Head Office Address Details	
New street address:	(Include street address, suburb, postcode and state)
New postal address: (if same as street address record "as above")	(Include street address, suburb, postcode and state)
Date of change:	

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Section 3: Incorporation Status	
New authority under which the organisation is incorporated:	<input type="checkbox"/> <i>Associations Incorporation Act 1981</i> <input type="checkbox"/> <i>Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth)</i> <input type="checkbox"/> <i>Corporations Act 2001 (Cwlth)</i> <input type="checkbox"/> A Local Government Authority <input type="checkbox"/> <i>Co-operatives National Law Act 2020</i> <input type="checkbox"/> <i>Corporations (Aboriginal and Torres Strait Islander) Consequential, Transitional and Other Measures Act 2006 (Cwlth)</i> <input type="checkbox"/> <i>Religious Educational and Charitable Institutions Act and Other Acts Amendment Act 1977</i> <input type="checkbox"/> Other Please provide details:
Date of incorporation change:	
Evidencing documentation:	Has a copy of the new certificate of incorporation/registration been attached? <input type="checkbox"/> Yes

Section 4: Director* Appointed/Ceasing				
Director* ceasing				
Director ceasing in the role of director with the licensee:	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Name:</td> <td rowspan="2"> Is the director continuing with the licensee in any other position? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify their position: </td> </tr> <tr> <td>Date ceasing as a director:</td> </tr> </table>	Name:	Is the director continuing with the licensee in any other position? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify their position:	Date ceasing as a director:
Name:	Is the director continuing with the licensee in any other position? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify their position:			
Date ceasing as a director:				
Director* appointed (if more than one director is to be appointed, please duplicate this section)				
New director details:	Name: Phone: Email:			
Pending screening outcomes has the licensee determined that the new director listed above is a suitable person? NB: director cannot commence duties related to care services until the licensee has deemed them suitable (which must include considering screening outcomes).	<ul style="list-style-type: none"> • <i>Director does not pose a risk to the safety of a child to whom, under the Act, the licensee is providing care services</i> • <i>Director is able and willing to manage the care service, or ensure it is managed, in a way that ensures the provision of care meets the standards of care stated in the statement of standards</i> • <i>Director understands, and is committed to, the principles for administering the Act</i> <input type="checkbox"/> Yes			

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<p>Has the licensee attached relevant forms for the department to process child safety and personal history screening and working with children checks (blue / exemption card):</p>	<p>Director has completed (tick one):</p> <p><input type="checkbox"/> LCS Form 2 or</p> <p><input type="checkbox"/> Online LCS2 application or</p> <p><input type="checkbox"/> LCS Form 7</p> <p>Director has completed (tick one):</p> <p><input type="checkbox"/> Blue Card Nominee or director of a licensed care service blue / exemption card application (LCS/B/E) or</p> <p><input type="checkbox"/> Blue Card Link to the department for nominees & directors of a licensed care service</p>
<p>Date person was nominated to be a director:</p>	

* A director is defined as: *If the licensee is a company under the Corporations Act, a person appointed as a director of the licensee **or otherwise** - a person who is or is a member of the executive or management entity by whatever name called of the licensee (Schedule 3, Child Protection Act 1999)*

Section 5: Licence Contact Person Details	
<p>Name and role title of primary contact person for licensing:</p>	<p>Name:</p> <p>Role Title:</p>
<p>New or amended contact details for primary contact person for licensing:</p>	<p>Street Address: (Include street address, suburb, state and postcode)</p> <p>Postal Address: (Include address, suburb, state and postcode)</p> <p>Telephone number:</p> <p>Mobile number:</p> <p>Email address:</p>
<p>Date of change:</p>	

Section 6: Amended Contact Details for Nominee (if proposing a new Nominee use LCS Form 4A)	
<p>Amended contact details for nominee:</p>	<p>Street Address: (Include street address, suburb, state and postcode)</p> <p>Postal Address: (Include address, suburb, state and postcode)</p> <p>Telephone number:</p> <p>Mobile number:</p> <p>Email address:</p>
<p>Date of change:</p>	



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Section 7: Other Relevant Changes of Organisation Details

Provide details of the change: <i>e.g. Change of public liability insurance</i>	
Date of change:	
Evidencing documentation:	Has a copy of the relevant documentation been attached, if required <input type="checkbox"/> Yes

Section 8: Signature Block

Name and signature of nominee:	Printed Name:
	Signature:
Date signed:	



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Departmental Office Use Only	
Notification received:	Received by: Date:
Further information/action requested:	
Date of request:	
Date confirmation of receipt sent to nominee:	
Signature of departmental officer noting the changes and updating systems:	