

Application for a Licence to Operate a Children's Service

Limited Hours Service

Children's Services Act 1996, Children's Services Regulations 2009

About this application

- This application is the second step in the licensing process to operate a children's service.
- Before operating a children's service, the children's service premises must be approved as suitable by Secretary or
 Delegate of the Department of Education and Training (the Department) and have a 'Certificate of Approval of Premises'.
- When the premises have been approved, this form should be used to apply for either a limited hours Type 1 licence or a limited hours Type 2 licence.
- Do not use this form if you intend to operate any other type of service besides a limited hours service. Different application forms for other types of services and an integrated service where one licensee is operating 2 or more types of children's services at one premises are available at <u>www.education.vic.gov.au</u>.

Types of limited hours services

There are two types of limited hours services:

- **Type 1.** A children's service established to care for or educate each child for not more than 2 hours a day and not more than a total of 6 hours a week.
- **Type 2.** A children's service established to care for or educate each child for not more than 5 hours a day and not more than a total of 15 hours a week.

Documents you must provide with this application

- A copy of the Certificate of Approval of Premises.
- If within the last 5 years any of the following persons have not previously been approved as fit and proper by the Secretary or Delegate of the Department, a completed *Determination of Fit and Proper Person* form for:
 - o An individual applicant.
 - All directors or officers of a body corporate (company, incorporated association, cooperative, partnership, corporation) who will or may exercise management or control over the children's service.
 - Any other person who is a primary or approved nominee who will manage or control the children's service in the licensee's absence.
- If a company, a full ASIC company extract, not more than 6 months old, showing the company's status, address of principal
 place of business and director and company officers.
- If an incorporated association or cooperative, a copy of the certificate of incorporation or certificate of registration.
- If a partnership, the deed of partnership.
- If a corporation, a copy of the reporting structure.

Further information

- Further information about operating a children's service is available at <u>www.education.vic.gov.au</u> or
- Contact with the Service Administration and Support Unit by email: <u>licensed.childrens.services@edumail.vic.gov.au</u> or telephone 1300 307 415.

Licence details

1.	What type of limited hours service are you proposing to operate? (Refer to the front page for further information on types of services).
	Type 1 – no more than 2 hours a day and 6 hours a week
	Type 2 – no more than 5 hours a day and 15 hours a week
2.	What licence period are you applying for?
	1 year 3 years 5 years
Ap	plicant's details
3.	What type of applicant are you?
	Individual
	Company7 Go to question
	Incorporated association7 Go to question
	Cooperative7 Go to question
	Partnership7 Go to question
	Corporation/Government School Council7 Go to question

Individual applicant

5.

4. What is your full name and contact details?

Title (Mr, Mrs etc)	Family name	Given names			
Date of birth	Daytime telephone numbe	r After hours emergency	contact number	Fax num	ber
Email address		ABN (if applicable)			
Postal address	·				
Building name (if appl	icadie)				
Linit floor street num	ber and street name or PO b	oox Suburb/Town		State	Postcode
					T USICOUE
		tion and operation of the child	Iren's service. If y	ou are unav	ailable,
would you like to nom	inate an alternative contact p	Derson?			
No -7 Now go t	•				
Yes -7 Provide of	letails of the contact person	below			
Title (Mr, Mrs etc)	Family name	Given names			
Daytime telephone nu	umber After hour	s emergency contact number	Fax numbe	er	
Email address					
Postal address	_				
Same as postal addre					
•	Iress nominated below				
Building name (if appl	icable)				
	her and street serves as DO !	Out with /T		Chata	Destard
Unit, floor, street num	ber and street name or PO b	box Suburb/Town		State	Postcode

Now go to question 9.

Body corporate applicant

(company, incorporated association, cooperative, partnership, corporation/ Government School Council)

6. Full name of company, incorporated association, cooperative, partnership, or corporation/Government School Council

ACN (if app	icable)		ABN (if ap	plicable)			
Postal addre							
Dulluling hai	ne (if applicable)						
Unit, floor, s	treet number and stree	t name or PO bo	рх	Suburb/Town		State	Postcod
application a	representative of the l and the operation of the n dealing with the licens	limited hours se					
Title (Mr, Mr	-			Given names			
Daytime tele	ephone number	After hours	emergency	contact number	Fax numb	er	
L							
Email addre	SS				T		
Building nar	ne (if applicable)						
Unit. floor. s	treet number and stree	t name or PO bo	xc	Suburb/Town		State	Postcod
<u>,,, _</u> _] []	
If the repres	entative is unavailable,	who is an altern	ative conta	ct person?			
Title (Mr, Mrs				Given names			
Daytime tele	phone number	After hours	emergency	contact number	Fax numb	er	
Email addre	SS				I		
	ails of the directors o						
as fit and p	eration of the children roper by the Secretary	y or Delegate of	f the Depar	tment. Also list thos	e directors a	nd officers w	vho <u>will not</u>
	anagement or control his page as needed or a						ers,
	fficers Not Exercising M				nagement or		
	fficers who will or ma	y exercise man	-	=	eration of the		
Title	Family Name			Biven names			ate of birth
] [
Directors/C) Ifficers who will not e	ercise manage	ement or co	ontrol over the operat	tion of the ch	ildren's serv	ice
Title	Family Name			Biven names			ate of birth
·	J L		1 1			1 1	

Children's service premises details (to be completed by all applicants)

9. Name of children's service

10. Address of children's service premises (P.O. boxes cannot be accepted)

Building name (if applicable)

Unit, floor, street number and street name	Suburb/Town	State	Postcode
		VIC	
Daytime telephone number Fax number	Email address		
Children's service postal address			
Same as postal address in question 4 Same as po	ostal address in question 6		
or different postal address nominated below			
Building name (if applicable)			
Unit, floor, street number and street name or PO box	Suburb/Town	State	Postcode
-			

11. In which Local Government Area is the service located? (eg Port Phillip, Swan Hill)

12. Since being granted the Approval of Premises, has anything changed in relation to the structure, design or location of the children's service's premises?

No	-7	Go t	o qu	uestion	13
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Yes -7 Please detail all changes below

Operation of the children's service (to be completed by all applicants)

13. Provide details of how each children's room will operate

For each room list the days and hours the service will operate in that room, the number of children's places in that room and the ages of the children who will be cared for or educated in that room. If you need additional space, you can photocopy this page as needed or attach a separate list titled 'Operation of the limited hours service' which includes the details listed below.

The room numbers given here must correspond to the floor plan or diagram submitted as part of the Approval of Premises.

Room No. on	For each day this type of service will operate in this room, list the hours of operation							Proposed capacity of	Ages of
floor plan	Mon	Tues	Wed	Thu	Fri	Sat	Sun	child places for this room	children (range)

14. What is the total number of children's rooms and capacity of children's places at the premises?

Total number of children's rooms

Total proposed capacity of child places

Educational or recreational programs (to be completed by all applicants)

15. Outline of the educational or recreational programs that will be provided for the children

Management and control of the children's service (to be completed by all applicants)

16. When the licensee (individual licensee or managing body corporate directors or officers) are not present at the premises, you must provide details of all other persons who will or may manage or control the children's service in the licensee's absence. These persons are your nominees.

There are three types of nominees:

Primary Nominee. The person who will have primary responsibility for managing or controlling the children's service in the licensee's absence. This person must be approved as a fit and proper person by the Secretary or Delegate of the Department.

Approved Nominees. Persons who will or may manage or control the service on a regular or scheduled basis. These persons must be approved as fit and proper persons by the Secretary or Delegate of the Department.

Accepted nominees. Persons who will or may manage or control the service on a short-term or irregular basis. These persons do not need to be approved by the Secretary or Delegate of the Department but the licensee must ensure they are fit and proper to manage or control a children's service.

If you need additional space to list all nominees, photocopy this page as needed or attach a separate list titled 'Nominees' with the details below and specify which type of nominee each person is.

Primary Nominee

Provide the name of the primary nominee

Title	Family Name	Given names	Date of birth

Approved Nominees

Provide the names of all other persons who will or may manage or control the service on a regular/scheduled basis

Title	Family Name	Given names	Date of birth

Accepted Nominees

Provide the names of all other persons who will or may manage or control the service on a short-term/irregular basis

Title	Family Name	Given names	Date of birth

Correspondence (to be completed by all applicants)

17. Where would you like correspondence to be posted to regarding this application and ongoing licence requirements? (choose all that apply)

Applicant's/Licensee's postal address The children's service's address Body corporate representative's postal address

Declaration and signature (to be completed by all applicants)

18. I declare that:

- the information in this application and any attachments are true and correct;
- all persons who will or may exercise management or control over the children's service have been listed in this application;
- that the primary nominee and all approved nominees who will manage or control the children's service in the licensee's
 absence have either been previously approved as fit and proper by the Secretary or Delegate of the Department within
 the last 5 years or the required fit and proper documentation has been provided with this application;
- all nominees who will or may manage or control the children's service in the absence of the licensee are fit and proper persons in accordance with the *Children's Services Act 1996* and the *Children's Services Regulations 2009*;
- I have assessed all accepted nominees as fit and proper in accordance with the *Children's Services Act 1996* and the *Children's Services Regulations 2009*, including reviewing:
 - a current assessment notice (Working With Children Check) or a current certificate of registration as a teacher (Victorian Institute of Teaching registration;
 - relevant qualifications or certificates of completed training;
 - any mental or physical condition that may impair their ability to operate or exercise management or control over a children's service; and
 - information from at least 2 referees provided by the person to attest to their integrity, good character and repute;
- if a body corporate applicant, the representative named in this application is properly appointed by the body corporate as
 its representative for the limited hours service;
- if a body corporate applicant, the body corporate has sufficient finances to operate the children's service and meet its
 debts and this application is signed in accordance with the rules governing the body corporate legal entity.

Who must sign:

Individuals: The individual applicant.

Company: Two directors of the company, or a director and company secretary, or if sole proprietor the sole director. Incorporated association: The Public Officer and one other member of the management committee.

Cooperative: Two directors of the cooperative, or a director and one other officer of the cooperative.

Partnership: A managing partner who is authorised to sign on behalf of the partnership. This signature binds all partners. Corporation/Government School Council: Signed in accordance with rules of the corporation/council.

S	igı	าล	tu	re

Printed name

Date

Х

Printed name

Signature

Х

Printed name

Position (if body corporate)

Position (if body corporate)

Date		

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Document checklist

You must provide the following documents as part of your application.

For	individual applicants:
	A copy of the Certificate of Approval of Premises.
lf wit	thin the last 5 years not previously approved as a fit and proper person by the Secretary or Delegate of the Department:
	A completed Determination of Fit and Proper Person form for yourself.
	A completed <i>Determination of Fit and Proper Person</i> form for the primary nominee and all approved nominees listed in question 16 . You do not need to include this form for Accepted Nominees.
For	body corporate applicants:
	A copy of the Certificate of Approval of Premises
	If a company, a full ASIC company extract, not more than 6 months old, showing the company's status, address of principal place of business and director and company officers.
	If an incorporated association or cooperative, a copy of the certificate of incorporation or certificate of registration.
	If a partnership, the deed of partnership.
	If a corporation, a copy of the reporting structure.
If wit	thin the last 5 years not previously approved as a fit and proper person by the Secretary or Delegate of the Department:
	A completed <i>Determination of Fit and Proper Person</i> form for all directors or officers of the body corporate who will exercise management or control over the children's service.

A completed *Determination of Fit and Proper Person* form for any primary nominee and all approved nominees listed in question **16**. You do not need to include this form for Accepted Nominees.

What to do next

Attach documents

• Make sure you have attached all relevant documents specified in the document checklist or your application will be delayed.

Pay the application fee

- The application fee must be paid at the time of application. There is no GST payable on any fee.
- The application fee amount depends on the number of children's places you propose to provide and how long you want the licence period to be. Fee amounts are listed in the fees sheet at <u>www.education.vic.gov.au</u> or may be obtained by calling 1300 307 415.

How to pay

By cheque made payable to 'Department of Education and Training'.

Lodge your application

By posting to: Department of Education and Training

Quality Assessment and Regulation Division Service Administration and Support Unit GPO Box 4367 Melbourne Victoria 3001

What happens then

- You will receive an acknowledgement that your application has been received. You may need to provide further information.
- If changes have occurred in the structure, layout or location of the premises since you were granted the approval of premises, you may need to resubmit documents showing the new layout or lodge a separate *Application for Approval of Alterations or Extensions to Premises* form. If this is the case you will be contacted by an officer from the Department.
- A Children's Services Authorised Officer will contact you to arrange an onsite inspection of the premises.
- After the final inspection is complete, you will be notified of the decision.
- If any change occurs in the information you have provided in your application, you must notify the Department of Education and Training as soon as possible.