

# AP02 DECLARATION OF FITNESS AND PROPRIETY

Children's Services Act 1996 and Children's Services Regulations 2020.

## Use this form if you are:

- an individual applying to be an approved provider of children's services, or
- an individual who will have 'management or control' of a children's service (operated by a non-individual provider), or
- the Regulatory Authority has asked you to complete the declaration.



- Please read the 'Guide to the Declaration of Fitness and Propriety Form' before you fill in this form as it explains some complex legal information.
- The Regulatory Authority may only accept PDF versions of application and notification forms where:



- the form has been completed, printed, and signatories have signed the form before being scanned for submission.
- ▶ Please read the 'Guide to Digital Signatures' for more information.



- ▶ Together with this form you must also submit the following documents:
- a criminal history record check <u>issued no more than 6 months</u> before the date of the signed declaration, and
- a clear colour copy of current photo identification (e.g. Driver Licence), and
- a clear colour copy of a current WWC clearance card or VIT registration card,
- an AP01 Application for Provider Approval form (if appropriate).

#### YOUR OBLIGATIONS

Please ensure you check the information that you provide in this form is complete and correct. Providing false or misleading information to the Regulatory Authority (the Department of Education and Training in Victoria) is an offence under section 182 of the *Children's Services Act 1996* (Vic) (the Act). Failure to comply may result in a financial penalty.

Processing this form may be delayed unless:

- all sections are complete,
- all supporting documents/colour copies of identification are supplied, and
- prescribed fees are paid, where applicable.

To find more information about your obligations as an Approved Provider and operating an approved service under the Act visit the Department's website at <u>Children's services regulated under State Law</u>.

## **PRIVACY STATEMENT**

The Regulatory Authority (the Department of Education and Training in Victoria) is committed to protecting personal information in accordance with the *Privacy and Data Protection Act 2014* (Vic) and its use and disclosure principles. To view the Department's Privacy Policy online see: <u>Privacy Policy</u>.

The information provided is being collected for the purposes of assessing this notification and may be provided to other authorities or government agencies in accordance with the Act.

The Regulatory Authority may publish information about you in accordance with the Act.

#### Accessibility



## **PART A: DECLARANT INFORMATION**

1. Please complete	the following:		
Title:		First name:	
Middle name:		Last name:	
Date of birth: (DD/MM/YYYY)		Place of birth:	
Phone numbe	r:	Mobile number:	
Email address	»:		
Residential ad Address line 1			
Address line 2	2:		
Suburb/town:			
State/territory:		Postcode:	
Postal address	s:		
☐ As above	)		
Other:			
	Address line 1:		
	Address line 2:		
	Suburb/town:		
	State/territory:	Postcode:	
2. Please provide d	etails of any former names o	or other names you may be known by:	
☐ Not appli	cable		
☐ Former o	or other names known by:		
	Name:		
	Name:		
	Name:		^
Remember to attach evidence of change of name, e.g. copy of a marriage certificate.			



## PART A: DECLARANT INFORMATION - CONTINUED

3. Please attach a colour copy of one of the	ne following as evide	nce of your identity:
a current passport, or		
a current driver licence, or		
a current proof of age card.		
4. In the previous three years have you he a children's service?	eld any role with an e	ducation and care service or
☐ No		
Yes Please provide details of further entries if required		elow and attach paper with
Name of the service	Service location (State/Territory)	The nature of your role
		Ü
		<u>U</u>
5. Please attach a colour copy of the follo	wing required evider	ice.
<ul><li>a criminal history record check is declaration, and</li></ul>	ssued <u>not more than 6</u>	months before the date of this
a current Victorian Institute of Te	eaching (VIT) registration	on card (if applicable), <b>or</b>
a current Working with Children (	(WWC) clearance card	ı. U
6. Have you been convicted of any offence seeking to work with children in the periodate of this declaration?	d between when the	check was issued until the
☐ Yes ▶ Please provide details in	ciuding the date and ty	/pe or conviction:



## PART A: DECLARANT INFORMATION - CONTINUED

7. Have	you lived and worked outside Australia any time within the previous three years?
[	No
[	Yes Please provide a statutory declaration about whether you have been convicted outside Australia of any offences relevant to working with children (write N/A if none):
	you ever been subject to a formal disciplinary proceeding or action under an on law of any Australian state or territory?
[	□ No
[	Yes Please provide details including the date and type of action or proceeding and the outcome:
	you ever had any of the following actions taken against you under the <i>A New Tax</i> (Family Assistance) (Administration) Act 1999 (Cth) in relation to a child care
	Any sanction imposed under Section 200 of that Act
	Any suspension imposed under Section 201A of that Act
• /	Any infringement notice given under Section 219TSI of that Act  No
[	Yes Please provide details including the date and type of action and the outcome:



## PART A: DECLARANT INFORMATION - CONTINUED

10. Do you have the management skills and capability to operate a Children's Service in accordance with the Act?				
☐ No				
☐ Yes ▶ F	Please attach evidence of your management capability:			
c:	the Regulatory Authority may consider evidence of the management apability of a person when assessing their fitness and propriety. Evidence can include a resume or part of a resume, a written reference or ualification/certification.  Evidence of management capability does not need to relate only to education and care services, or qualifications in education and care. The consideration here is 'management capability' and so evidence may be elated to any previous expertise, experience or qualification in a leadership, overnance, administrative or management role in:   A business, or  A not-for-profit organisation, or			
	<ul> <li>A not-lor-profit organisation, or</li> <li>A sporting or social club, or</li> </ul>			
<b>→</b> T	<ul> <li>A community-based committee.</li> <li>This may include experience gained as a volunteer.</li> </ul>			
☐ No	Please provide details, including:  a. Whether any actions have been taken against you under Part IV of the Bankruptcy Act 1966 (Cth); and  b. whether you have made any debt agreement under Part IX of the Bankruptcy Act 1966 (Cth); and  c. whether you have made any personal insolvency agreement under Part X of the Bankruptcy Act 1966 (Cth).			
	<u></u>			



## **PART B: DECLARATION**

I,	[ins	of, sert full name of person signing the declaration]
		, am
[inse	ert a	ddress] , and I am
[inse	ert p	osition/title of the applicant (for example, proprietor, director, partner, president)].
(Ple	ase	e select <u>one</u> option only.)
		An individual applying to be the approved provider of the service, or
		<ul> <li>an individual who will have management or control of a children's service (operated by a non-individual provider) as defined by s3 of the <i>Children's Services Act 1996</i>:</li> <li>an officer of a body corporate, within the meaning of the <i>Corporations Act 2001</i> (Cth), who is responsible for managing the delivery of a children's service, or</li> <li>a member of the executive committee on an eligible association who has responsibility, alone or with others, for managing the delivery of a children's service, or</li> </ul>
		<ul> <li>a partner in a partnership who has responsibility, alone or with others, for managing the delivery of a children's service, or</li> <li>in any other case, a person who has the responsibility, alone or with others for managing the delivery of a children's service.</li> </ul>
I de	cla	re that:
	1.	The information provided in this form (including any attachments) is true, complete and correct;
	2.	I am aware that under the Act penalties apply if false or misleading information is provided;
	3.	I understand that the Regulatory Authority will have the right (but will not be obliged) to act in reliance upon the contents of this form, including its attachments;
	4.	I have read and understood a provider's legal obligations under the Act;
	5.	I understand that an approved provider must notify the Regulatory Authority of any change relevant to the assessment of the approved provider's fitness and propriety in relation to the provision of a children's service (refer section 114(1)(a) of the Act);
	6.	the Regulatory Authority is authorised to verify any information provided in this form, including identifying information with the Issuer or Official Record Holder;
	7.	I agree that the regulatory authority may serve a notice under the Act using contact details provided in this application, including the postal, street or email address (in accordance with section 180 of the Act); and
	8.	I have read and understood the Privacy Statement at page 1 of this form.
		or

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Providing false or misleading information to the Regulatory Authority is an offence under s.182 of the Act.

[Digital Signature ID of person making the declaration]

on the [date]:

at [location/address]:

[Signature of person making the declaration]



## **PART C: SIGNING THE FORM**



- The Regulatory Authority may only accept PDF versions of application and notification forms where:
- a clear and legible image of handwritten signatures are attached to Digital Signature IDs, OR
- the form has been completed, printed, and signatories have signed the form before being scanned for submission.
- ▶ Please read the 'Guide to Digital Signatures' for more information.

## **HOW TO SUBMIT THIS FORM**

Email this completed form with attachments to <a href="mailto:licensed.childrens.services@education.vic.gov.au">licensed.childrens.services@education.vic.gov.au</a>



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- Remember to attach all the required documents without this your application cannot be assessed.



- ▶ Together with this form you must also submit the following documents:
- a criminal history record check <u>issued no more than 6 months</u> before the date of the signed declaration, and
- a clear colour copy of current photo identification (e.g. Driver Licence), and
- a clear colour copy of a current WWC clearance card or VIT registration card,
- an AP01 Application for Provider Approval form (if appropriate).

#### **CONTACT US**

- Email: <u>licensed.childrens.services@education.vic.gov.au</u>
- Telephone: 1300 307 415 (Monday Friday, 9am 5pm)