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| **Description: S:\Consistent Practice and Support\(DET) Insignia Blue Left Aligned.jpg** | **Application for Approval of New Nominees or Ceasing Nominees at a Children’s Service*****Children’s Services Act 1996, Children’s Services Regulations 2009*** |

# About this application

* The Secretary or Delegate of the Department of Education and Training (the Department) must be notified of all changes in persons who manage or exercise control over a children’s service.
* This form should be used to apply to the Secretary of the Department for approval of new nominees in accordance with a licensee’s obligations under section 25K or, in the case of an associated children’s service, the approved provider’s obligations under section 25X of the *Children’s Services Act 1996.*
* This form can also be used to notify the Department of persons who have ceased in their role as a nominee of the children’s service.
* This form should be completed and forwarded to the Department if:
* a person is nominated by the licensee of a children’s service as:
	+ a person who is to have the management or control of the service in the absence of the licensee (approved or accepted nominees);
	+ a person who is to have primary responsibility for the management or control of the service in the absence of the licensee (primary nominee);
* a person is nominated by an approved provider of an approved associated children’s service as:
* a person who is to have the management or control of the service in the absence of the approved provider (approved nominees only);
* a person who is to have primary responsibility for the management or control of the service in the absence of the approved provider (primary nominee);
* You should only complete the parts of the form which relate to the information you need to provide.
* The declaration must be signed on completion of the form.

# Documents you must provide with this form

* If any person nominated in this form as a primary nominee or an approved nominee to manage or control the service has not previously been approved as fit and proper by the Secretary or Delegate of the Department within the last 5 years, a completed *Determination of Fit and Proper Person* form for that person.

# Further information

* Further information about operating a children’s service is available at [www.education.vic.gov.au](http://www.education.vic.gov.au/) or by contacting the Service Administration and Support Unit by email: licensed.childrens.services@edumail.vic.gov.au or telephone 1300 307 415

**Privacy** The Secretary to the Department of Education and Training is committed to responsible and fair handling of personal information, consistent with the *Information Privacy Act 2001 (Vic),* the *Health Records Act 2001 (Vic)* and other statutory obligations including obligations under the *Children’s Services Act 1996 (Vic)*. The Department of Education and Training may need to disclose your personal information to other State and Commonwealth agencies to check or confirm the information you have provided. You can request access to or update your personal information by contacting us. Our information privacy policy is available at [www.education.vic.gov.au.](http://www.education.vic.gov.au/)

**CS 20**

Version (01/11/11)

# Licensee details

#### Children’s service licence number or service approval number

1. **Full name of licensee or approved provider**
2. **Postal address of licensee or approved provider**

Building name (if applicable)

Unit, floor, street number and street name or PO box Suburb/Town State Postcode

# Children’s service details

#### Name of children’s service

1. **Address of children’s service** (P.O. boxes cannot be accepted)

Unit, floor, street number and street name Suburb/Town State Postcode

VIC

#### Postal address of children’s service

Same as postal address in question **3** Same as address in question **5** Different postal address specified below Building name (if applicable)

Unit, floor, street number and street name or PO box Suburb/Town State Postcode

Email address Daytime telephone number Fax number

1. **In which Local Government Area is the service located?** (e.g. Port Phillip, Swan Hill)

# Persons who have ceased to be a nominee at the service

1. If more than 10 persons have ceased, photocopy this page as needed or attach a separate list titled ‘Persons who have ceased to exercise control over or manage the service’.

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| --- | --- | --- |
| **Specify what role the person has****ceased to play****(e.g. primary nominee)** | **Name of the person** | **Date ceased in role** |
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# Persons proposed to be a new nominee at the service

### Services other than associated children’s services

1. **When the licensee (individual licensee or managing body corporate director or officer) is 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.

In children’s services other than associated children’s services, 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. An accepted nominee cannot have primary responsibility for managing or controlling the children’s service. 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.

### Associated children’s services

1. **When the approved provider of an associated children’s service (individual approved provider or managing body corporate director or officer) is 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 approved provider’s absence. These persons are your nominees.

In an associated children’s services there are two types of nominees:

**Primary Nominee.** The person who will have primary responsibility for managing or controlling the children’s service in the approved provider’s absence. This person must be approved as a fit and proper person by the Secretary or Delegate of the Department. Any person who is an approved provider or certified supervisor under the National Law is accepted as being fit and proper persons under the Act (section 22A).

**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. Any person who is an approved provider or certified supervisor under the National Law is accepted as being fit and proper persons under the Act (section 22A).

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

**Provide details of all new nominees below and indicate which type of nominee they are**.

**Primary Nominee *(All children’s services)***

Provide the name of the primary nominee

Title Family Name Given names Date of birth

**Approved Nominees *(All children’s services)***

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 *(Excluding associated children’s services)***

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

# Contact person for correspondence

#### Provide the details of the person who will be the contact for any enquiries about this application.

Title (Mr, Mrs, etc) Family Name Given names

Email address Business hours telephone number Fax number

Postal address

Same as licensee’s postal address in question **3** Same as children’s service premises address in question **5**

Same as children’s service postal address in question **6** Different postal address specified below

Building name (if applicable)

Unit, floor, street number and street name or PO box Suburb/Town State Postcode

# Declaration and signature

#### I declare that:

* + the information in this application and any attachments are true and correct;
	+ all persons newly nominated to exercise management or control over the children’s service have been listed in this application;
	+ the primary nominee and all approved nominees who will manage or control the children’s service in the licensee’s or approved provider’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 are fit and proper persons in accordance with the

*Children’s Services Act 1996* and *Children’s Services Regulations 2009*;

* + I have assessed all proposed 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.

#### Who must sign:

Individuals: The individual licensee or approved provider.

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.

Signature Printed name Position (if body corporate) Date

*X*

Signature Printed name Position (if body corporate) Date

## X

**Document checklist**

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

If within 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 the primary nominee and all approved nominees listed in question **9**. 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 fee for approval of new nominees must be paid at the time of application. There is no GST payable on any fee.
* This fee is payable once in the service’s licensing period (1, 3 or 5 years).
* Fee amounts are listed in the fees sheet at [www.education.vic.gov.au](http://www.education.vic.gov.au/) or may be obtained by calling 1300 307 415.
* **No fee** is payable for ceasing nominees at the children’s service.

#### 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 form has been received. You may need to provide further information.
* If any change occurs in the information you have provided in this form, you must notify the Department of Education and Training as soon as possible.
* You will receive an amended Certificate of Names that must be displayed at the children’s service in accordance with regulation 40 of the *Children’s Services Regulations 2009*.