

Application for a Licence to Operate a Children's Service School Holidays Care 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 the 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 a school holidays care licence.
- Do not use this form if you intend to operate any other type of service besides a school holidays care 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 www.education.vic.gov.au/licensedchildservices
- Most school aged care services are required to be approved under the National Quality Framework. You should ensure that the service you wish to operate is a children's service that is intended to care for or educate school children no more than 4 calendar weeks per year during school holidays. For further information about other school aged care services see the ACEQA website at <http://acecqa.gov.au/>

• 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:
 - 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: www.education.vic.gov.au/licensedchildservices or by contact with the Service Administration and Support Unit by email: licensed.childrens.services@edumail.vic.gov.au or telephone 1300 307 415

Applicant's details

1. What type of applicant are you?

- Individual..... -7 Go to question2.
Company -7 Go to question
Incorporated association..... -7 Go to question
Cooperative -7 Go to question
Partnership -7 Go to question
Corporation/ Government School Council -7 Go to question

Individual applicant

2. What is your full name and contact details?

| | | | | |
|--|--------------------------|--------------------------------------|----------------------|----------------------|
| Title (Mr, Mrs etc) | Family name | Given names | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Date of birth | Daytime telephone number | After hours emergency contact number | Fax number | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Email address | ABN (if applicable) | | | |
| <input type="text"/> | <input type="text"/> | | | |
| Postal address | | | | |
| Building name (if applicable) | | | | |
| <input type="text"/> | | | | |
| Unit, floor, street number and street name or PO box | | Suburb/Town | State | Postcode |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. You will be the contact person for this application and operation of the children's service. If you are unavailable, would you like to nominate an alternative contact person?

- No -7 Now go to question7.
Yes -7 Provide details of the contact person below

| | | | | |
|---|--------------------------------------|----------------------|----------------------|----------------------|
| Title (Mr, Mrs etc) | Family name | Given names | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Daytime telephone number | After hours emergency contact number | Fax number | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Email address | | | | |
| <input type="text"/> | | | | |
| Postal address | | | | |
| Same as postal address in question 2 <input type="checkbox"/> or different postal address nominated below | | | | |
| Building name (if applicable) | | | | |
| <input type="text"/> | | | | |
| Unit, floor, street number and street name or PO box | | Suburb/Town | State | Postcode |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Now go to question7.

Body corporate applicant

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

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

| | |
|-------------------------------|----------------------|
| <input type="text"/> | |
| ACN (if applicable) | ABN (if applicable) |
| <input type="text"/> | <input type="text"/> |
| Postal address | |
| Building name (if applicable) | |

Unit, floor, street number and street name or PO box

Suburb/Town

State

Postcode

5. **Who is the representative of the body corporate?** This is the person the body corporate appoints in relation to this application and the operation of the school holidays care service. This person will be the main point of contact for the Department and others in dealing with the licensee.

Title (Mr, Mrs, etc)

Family Name

Given names

Daytime telephone number

After hours emergency contact number

Fax number

Email address

Representative's postal address Same as postal address in question 4 or different postal address nominated below

Building name (if applicable)

Unit, floor, street number and street name or PO box

Suburb/Town

State

Postcode

If the representative is unavailable, who is an alternative contact person?

Title (Mr, Mrs, etc)

Family Name

Given names

Daytime telephone number

After hours emergency contact number

Fax number

Email address

6. **Provide details of the directors or officers of the body corporate who will or may exercise management or control over the operation of the children's service (must be at least one director/officer). These persons must be approved as fit and proper by the Secretary or Delegate of the Department. Also list those directors and officers who will not exercise management or control over the operation of the children's service? If more than 8 directors/officers, photocopy this page as needed or attach separate lists titled 'Directors/Officers in Management or Control' and 'Directors/Officers Not Exercising Management or Control'.**

Directors/Officers who will or may exercise management or control over the operation of the children's service

| Title | Family Name | Given names | Date of birth |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Directors/Officers who will not exercise management or control over the operation of the children's service

| Title | Family Name | Given names | Date of birth |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

7. **Name of children's service**

8. 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

Daytime telephone number

Fax number

Email address

Children's service postal address

Same as postal address in question 2

Same as postal address in question 4

or different postal address nominated below

Building name (if applicable)

Unit, floor, street number and street name or PO box

Suburb/Town

State

Postcode

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

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

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

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

11. Provide details of how each children's room and outdoor space will operate.

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

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

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

12. What is the total number of children’s rooms, outdoor spaces and capacity of children’s places at the premises?

| | | |
|----------------------------------|-------------------------------------|---|
| Total number of children’s rooms | Total number of outdoor play spaces | Total proposed capacity of child places |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

13. 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 |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

14. 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 to question15.

Yes -7 Please detail all changes below

Correspondence (to be completed by all applicants)

15. 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 Body corporate representative's postal address

The children's service's address

Declaration and signature (to be completed by all applicants)

16. 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 school holidays care 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.

| Signature | Printed name | Position (if body corporate) | Date |
|-----------|--------------|------------------------------|------|
| X | | | |
| X | | | |

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*.

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 yourself.
- A completed *Determination of Fit and Proper Person* form for the primary nominee and all approved nominees listed in question 13. 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 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 all directors or officers of the body corporate who will or may 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 13. 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 www.education.vic.gov.au 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 Adviser 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.