

Licensing of Care Services Under the *Child Protection Act 1999* - LCS4B**Notification of changes affecting a care service licence**

This form should be completed by the nominee to fulfil condition 4 of a care service licence which specifies that a nominee must notify the department of changes affecting the basis that a care service licence was issued. **Use this form to notify the following changes:**

- **Organisational details (other than organisation name).**
- **Incorporation status.**
- **Public liability insurance.**
- **Directors appointed/leaving.**
- **Contact details.**
- **Any other relevant changes.**

This form is not used to amend a care service licence, to apply to amend use the LCS Form - 4A for amendments to:

- *The nominee for the licence.*
- *The organisation named on the licence.*
- *The licence function.*
- *The care services or service delivery sites listed on the licence.*

For further information or assistance with the completion of this form please contact Child Safety Licensing.

Completed forms should be returned to Child Safety Licensing at email CS_Licensing@cyjma.qld.gov.au.

Contact details and further information are available online at www.cyjma.qld.gov.au.

The department will confirm receipt of this form and notify whether any actions are required.

Section 1: Summary Details	
Licence number as stated on the licence:	OLL
Name of Organisation as stated on the licence:	
Is this notification a change of: <i>Note tick any that apply and complete relevant sections</i>	<input type="checkbox"/> Organisational address details (go to section 2). <input type="checkbox"/> Incorporation status (go to section 3). <input type="checkbox"/> Public liability insurance (go to section 4). <input type="checkbox"/> Director appointed/leaving employment (go to section 5). <input type="checkbox"/> Contact details (go to section 6). <input type="checkbox"/> Any other relevant changes of organisation details (go to section 7).

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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	

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</i> (Cwlth) <input type="checkbox"/> <i>Corporations Act 2001</i> <input type="checkbox"/> A Local Government Authority <input type="checkbox"/> <i>Cooperatives Act 1997</i> <input type="checkbox"/> <i>Aboriginal Councils and Associations Act 1976</i> (Cwlth) <input type="checkbox"/> <i>Religious, Education and Charitable Institutions Act 1861-1959</i> (Cwlth) <input type="checkbox"/> Other Please provide details:
Date of incorporation change	
Documentation Required	Has a copy of the new certificate of incorporation/registration been attached? <input type="checkbox"/> Yes

Section 4: Public Liability Insurance

Date of change of public liability insurance	
Documentation Required	Has a copy of the new certificate of insurance been attached? <input type="checkbox"/> Yes

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Section 5: Director* Appointed/Ceasing		
<u>Director* ceasing</u>		
Director ceasing in the role of director with the licensee	Name Date ceasing as a director	Is the director continuing with the licensee in any other position? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify their position? <Please provide details>
<u>Director* appointed</u>		
New Directors Details	Name	Position in organisation Telephone Number
Has the licensee determined that the new Director(s) listed above are suitable persons	<ul style="list-style-type: none"> • Director(s) does not pose a risk to the safety of children to whom, under the Act, the licensee is providing care services • Director(s) is willing to manage the care service, or ensure it is managed, in a way that ensures the provision of care complies with the statement of standards • Director(s) understands, and is committed to, the principles for administering the Act <input type="checkbox"/> Yes	
Has the licensee attached relevant forms for the department to process suitability and working with children checks	<ul style="list-style-type: none"> • Director(s) completed LCS2 or LCS7 for departmental child safety and personal history screening checks • Director(s) completed LCS/B/E or "authorisation for conformation" for working with children checks <input type="checkbox"/> Yes	
Date of appointment	<i>* Note the director cannot commence duties related to the care services until the licensee has deemed them suitable and the applications for suitability and working with children checks have been lodged.</i>	

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

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Section 6: Contact Details	
Name/position of person	<input type="checkbox"/> Nominee (if proposing a new nominee use LCS Form – 4A) <input type="checkbox"/> Service Contact <input type="checkbox"/> Other Name and position
New contact details	Postal Address (Include Street address, suburb, state and postcode) Telephone number Mobile number Email address
Date of change	

Section 7: Other Relevant Changes of Organisation Details	
Provide details of the change <i>e.g. Change of trading name</i>	
Date of change	

Section 8: Signature Block	
Name and signature of Nominee:	Printed Name Signature
Date signed:	

Departmental Office Use Only

Regions operating in:

Notification received:

Received by

Date

Organisation Name:

Organisation Licence
Number:
(NGOIS ID)

OLL

Further information/action requested:

Date of request:

Name of Departmental Officer noting the changes:

Position:

Signature of Departmental Officer noting the changes:

Date:

Date confirmation of receipt of notification sent to Nominee:

System updated by

Date

