

Licensing of Care Services Under the *Child Protection Act 1999* –LCS4A**Application to amend a care service licence under s.137**

This form is used to apply to amend details that are recorded on the licence:

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

The department will decide your application within 28 days and notify you within 10 days of the decision.

Return completed form and attachments by email to CS_Licensing@cyjma.qld.gov.au

Section 1: Summary Details	
Licence number as stated on the licence (OLL):	OLL
Name of Organisation as stated on the licence:	
Is this an application to amend: <i>Note tick any that apply and complete relevant sections</i>	<input type="checkbox"/> The nominee (go to section 2) <input type="checkbox"/> The organisation name (go to section 3) <input type="checkbox"/> The licence function (go to section 4) <input type="checkbox"/> The care service(s) or service delivery site(s) listed on the licence (go to section 5)

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Section 2: Application to change the nominee	
Verification of proposed nominee's acceptance of responsibility, contact details and screening	
<p>Please confirm the following: (proposed nominee to sign this section to accept responsibility as nominee)</p> <ul style="list-style-type: none"> • The proposed nominee is aged 18 years or over? <input type="checkbox"/> Yes • The proposed nominee accepts responsibility for ensuring that the licensee complies with Section 129A of the <i>Child Protection Act 1999</i>? <input type="checkbox"/> Yes • The proposed nominee accepts responsibility for ensuring that the Department of Children, Youth Justice and Multicultural Affairs is notified of any changes to the organisation that may impact on the licence? <input type="checkbox"/> Yes 	
Name of proposed nominee:	(Please print name in full)
Postal address:	(Include Street address, suburb, postcode and state)
Email address:	
Telephone number:	
Mobile number:	
Documentation required The proposed nominee must have completed the following: <ul style="list-style-type: none"> • Child Safety & Personal History Screening check • Working With Children check 	Has an Application for a Child Safety and Personal History Screening Check (LCS Form 2) been completed and attached for the nominee? <input type="checkbox"/> Yes
	Is the Nominee or director of a licensed care service blue card / exemption application form (LCS/B/E) attached? <input type="checkbox"/> Yes OR Is the Link an applicant/cardholder to this organisation for nominees and directors of a licensed care service form attached? <input type="checkbox"/> Yes
Proposed date for new nominee to assume responsibility: *minimum of 28 days notice	Proposed Date Reason if less than 28 days:
Proposed nominee's signature	
Date signed	

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Section 3: Application to change the organisation name (legal entity) listed on the licence	
New trading name:	(Please print name in full)
New registered name:	(Please print name in full, if same as trading name record "as above")
Documentation required If changing the registered name please provide a new Certificate of Incorporation and/or Registration	Has a copy of the new registration been attached? <input type="checkbox"/> Yes

Section 4: Application to change the licence function	
Add the following function/s: Please also complete Section 5 for each premises to be added to the function.	<input type="checkbox"/> Provide out-of-home care in premises <input type="checkbox"/> Recruit, train, assess and support departmentally approved carers <input type="checkbox"/> Recruit, train, assess and support departmentally approved carers, and provide additional support for the placement through the employment of direct care staff
Documentation required: HSQF certification covering the function/s on the licence	<p>For added functions, has a copy of the HSQF certification (with new function) PLUS a completed Regional Site Inspection Report been attached?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If No; Has a copy of an Independent assessment of process documentation specific to this new function PLUS a completed Regional Site Inspection Report been attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If No; Has a copy of the process documentation specific to this new function PLUS a completed Regional Site Inspection Report been attached? <input type="checkbox"/> Yes Note: To include a new function on a licence one of the options above must include a Yes response. If you do not have a HSQF certificate covering the new function please contact CS_Licensing@cyjma.qld.gov.au to discuss options.
Remove the following function/s:	<input type="checkbox"/> provide out-of-home care in premises <input type="checkbox"/> recruit, train, assess and support departmentally approved carers <input type="checkbox"/> recruit, train, assess and support departmentally approved carers, and provide additional support for the placement through the employment of direct care staff Specify date you wish to remove the function:

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Section 5: Application to add or remove services to the licence				
Add the following services (attach additional pages if required)				
Address <small>(Include Street address, suburb, postcode and state)</small>	Service Type	Departmental Region	Date service commenced operating	Does your licence function currently cover this activity?
	<Select Service Type>	<Region>	Click here to enter a date.	<Yes / No>
	<Select Service Type>	<Region>	Click here to enter a date.	<Yes / No>
	<Select Service Type>	<Region>	Click here to enter a date.	<Yes / No>
	<Select Service Type>	<Region>	Click here to enter a date.	<Yes / No>
Documentation and confirmation required:	A copy of a HSQF certificate covering the added service/premises been attached? <input type="checkbox"/> Yes			
	OR I confirm that the added service(s)/premises use the same policies and procedures as an existing service/premises on the licence for which I am seeking an amendment <u>OR</u> I have applied under section 4 to change the function. <input type="checkbox"/> Yes			
	A copy of an <i>Organisation Level Licensing Inspection Tool</i> which evidences full compliance with licensing requirements for each new service/premises is attached. <input type="checkbox"/> Yes			
	For non family based services only – I confirm that the organisation has a Right to Occupy (Lease Agreement or Evidence of Ownership) the new service/premises and have written confirmation from the Landlord/Property Owners that they are aware of the Intended Purpose of the service/premises as a care service and can produce these documents as and when requested by the department. <input type="checkbox"/> Yes			



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Remove the following services: (attach additional pages if required)			
Address (Include Street address, suburb, postcode)	Service Type	Departmental Region	Date service ceased operating
	<Select Service Type>	<Region>	Click here to enter a date.
	<Select Service Type>	<Region>	Click here to enter a date.
	<Select Service Type>	<Region>	Click here to enter a date.
	<Select Service Type>	<Region>	Click here to enter a date.

Section 6: Signature	
Name and signature of current nominee:	Name: Signature:
Date signed:	



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Departmental Office Use Only

Application received by	<input type="text"/>	Date	<input type="text"/>
Further information requested:	<input type="text"/>		
Date of request:	<input type="text"/>		
Departmental officer recommendation :	<input type="checkbox"/> Grant <input type="checkbox"/> Refuse Recommended by		
Signature of departmental officer	<input type="text"/>	Date:	<input type="text"/>
Licensing delegate decision	<input type="checkbox"/> Granted <input type="checkbox"/> Refused	Reasons:	<input type="text"/>
Name of licensing delegate	<input type="text"/>		
Signature of delegate	<input type="text"/>	Date:	<input type="text"/>

