

Licensing of Care Services Under the *Child Protection Act 1999* – LCS Form 9B

**Licensee proposal for a person to oversee Nominee responsibilities - emergent leave**

Organisation and Nominee details			
Organisation:		Licence Number:	OLL
Nominee Name:		Leave dates:	From: To: (if known)

Organisation Representative			
Name:		Contact details:	Email:
Role:	<input type="checkbox"/> I am a Director under the <i>Corporations Act 2001 (Cwlth)</i> <b>OR</b> a person who is, or is a member of, the executive or management entity		Mobile: Landline:

**Proposal** – I wish to propose the following person to sign any necessary paperwork on the Nominee’s behalf and oversee nominee responsibilities whilst the Nominee is unavailable. Reasonable steps to ensure relevant policies and procedures are in place to support licensee compliance with s129A of the *Child Protection Act 1999*. The licensee will ensure that required screening for the proposed person remains current.

Proposed Person Details			
Name:		Email address:	
Role in care service:		Telephone number:	Mobile: Landline:
Does the person have a current Blue Card?	<input type="checkbox"/> Yes- <i>Copy attached</i>		
	<input type="checkbox"/> No- <i>Blue Card application is in progress and a copy will be provided when issued</i>		
Does the person have a current positive Child Safety and Personal History Screening recommendation?	<input type="checkbox"/> Yes- <i>Copy of outcome letter attached</i>		
	<input type="checkbox"/> No- <i>LCS2 application attached (state applicant’s role as “Other risk-assessed role” in LCS2 Part 2)</i>		

Organisation representative signature	Date

**Proposed person declaration:**

I declare that I am:

- 18 years or older
- in a position to support the Licensee complies with s129A
- willing to ensure the submission of necessary forms, including the LCS form 4A, 4B, 6, 2 and 7
- willing to receive, act on, and respond to correspondence and communication from the department on behalf of the Nominee.

Proposed person signature	Date



**Departmental Office Use Only**

Proposal received by:  Date:

Further information requested:

Screening details: CSPH screening expiry date:  
BC expiry date:

Departmental officer recommendation:  Grant  Refuse – Reasons if refuse  
E-signature

Licensing delegate decision:  Grant  Refuse – Reasons if refuse  
E-signature