**Licensing of Care Services Under the *Child Protection Act 1999 –* LCS Form 4B**

Notification of changes affecting a care service licence

This form should be completed by the nominee to fulfil condition 7 of a care service licence which specifies that a nominee must notify the department of changes affecting the basis upon which the care service licence was granted. Use this form to notify the following changes:

* Organisational details (other than organisation name)
* Incorporation status
* Organisation Director(s) appointed/ceasing
* Licence Nominee/Contact Person details
* Any other relevant changes

For further information or assistance with the completion of this form please contact Child Safety Licensing [CS\_Licensing@cyjma.qld.gov.au](mailto:CS_Licensing@cyjma.qld.gov.au).

Email completed form to Child Safety Licensing [CS\_Licensing@cyjma.qld.gov.au](mailto:CS_Licensing@cyjma.qld.gov.au).

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| Section 1: Organisation and Notification Summary | | |
| **Licence number as stated on the licence:** | | OLL |
| **Name of organisation as stated on the licence:** | |  |
| **Notification of a change of:**  *NB: tick any that apply and complete relevant sections* | Organisational head office address details (go to section 2)  Incorporation status (go to section 3)  Director appointed/ceasing (go to section 4)  Licence contact person details (go to section 5)  Amended contact details for nominee (go to section 6)  Any other relevant changes to organisation details (go to section 7) | |

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| Section 2: Organisation Head Office Address Details | |
| **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:** |  |

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| Section 3: Incorporation Status | |
| **New authority under which the organisation is incorporated:** | *Associations Incorporation Act 1981*  *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (Cwlth)  *Corporations Act 2001* (Cwlth)  A Local Government Authority  *Co-operatives National Law Act 2020*  *Corporations (Aboriginal and Torres Strait Islander) Consequential, Transitional and Other Measures Act 2006* (Cwlth)  *Religious Educational and Charitable Institutions Act and Other Acts Amendment Act 1977*  Other Please provide details: |
| **Date of incorporation change:** |  |
| **Evidencing documentation:** | Has a copy of the new certificate of incorporation/registration been attached?  Yes |

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| Section 4: Director\* Appointed/Ceasing | | |
| **Director\* ceasing** | | |
| **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?  Yes  No  If Yes, specify their position: |
| **Director\* appointed (if more than one director is to be appointed, please duplicate this section)** | | |
| **New director details:** | Name:  Phone:  Email: | |
| **Pending screening outcomes has the licensee determined that the new director listed above is a suitable person?**  **NB: *director cannot commence duties related to care services until the licensee has deemed them suitable (which must include considering screening outcomes).*** | * *Director does not pose a risk to the safety of a child to whom, under the Act, the licensee is providing care services* * *Director is able and willing to manage the care service, or ensure it is managed, in a way that ensures the provision of care meets the standards of care stated in the statement of standards* * *Director understands, and is committed to, the principles for administering the Act*   Yes | |
| **Has the licensee attached relevant forms for the department to process child safety and personal history screening and working with children checks (blue / exemption card):** | Director has completed (tick one):  [*LCS Form 2*](https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/partners/licensing/lcs2-personal-history-check.docx) *or*  Online LCS2 application *or*  [*LCS Form 7*](https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/partners/licensing/lcs7-personal-history-confirm.docx)  Director has completed (tick one):  Blue Card [*Nominee or director of a licensed care service blue / exemption card application (LCS/B/E)*](https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/partners/licensing/nominee-directors-blue-card.pdf) *or*  Blue Card [*Link to the department for nominees & directors of a licensed care service*](https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/partners/licensing/link-nominees-directors-blue-card.pdf) | |
| **Date person was nominated to be a director:** |  | |

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

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| Section 5: Licence Contact Person Details | |
| **Name and role title of primary contact person for licensing:** | Name:  Role Title: |
| **New or amended contact details for primary contact person for licensing:** | Street Address:       (Include street address, suburb, state and postcode)  Postal Address:       (Include address, suburb, state and postcode)  Telephone number:  Mobile number:  Email address: |
| **Date of change:** |  |

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| Section 6: Amended Contact Details for Nominee (if proposing a new Nominee use LCS Form 4A) | |
| **Amended contact details for nominee:** | Street Address:       (Include street address, suburb, state and postcode)  Postal Address:       (Include address, suburb, state and postcode)  Telephone number:  Mobile number:  Email address: |
| **Date of change:** |  |

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| Section 7: Other Relevant Changes of Organisation Details | |
| **Provide details of the change:**  *e.g. Change of public liability insurance* |  |
| **Date of change:** |  |
| **Evidencing documentation:** | Has a copy of the relevant documentation been attached, if required  Yes |

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| Section 8: Signature Block | |
| **Name and signature of nominee:** | Printed Name:  Signature: |
| **Date signed:** |  |

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| **Departmental Office Use Only** | |
| **Notification received:** | **Received by:**       **Date:** |
| **Further information/action requested:** |  |
| **Date of request:** |  |
| **Date confirmation of receipt sent to nominee:** |  |
| **Signature of departmental officer noting the changes and updating systems:** |  |