**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.

Email completed form to Child Safety Licensing 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 [ ]  NoIf 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:** |  |