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

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

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

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| Organisation Representative | | | |
| Name: |  | Contact details: | Email: |
| Role: | I am a Director under the *Corporations Act 2001 (Cwlth)* **OR**  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. I confirm that 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.

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

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| Organisation representative signature | Date |
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**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.

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| Proposed person signature | Date |
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| **Where to Send Completed Form:** |
| Emailthis completed documentto [CS\_Licensing@cyjma.qld.gov.au](mailto:CS_Licensing@cyjma.qld.gov.au) or **Post** to Child Safety Licensing, Department of Child Safety, Seniors and Disability Services, Locked Bag 3405, Brisbane, Qld, 4001. |

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| **Departmental Office Use Only** | | | | |
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| **Proposal received by:** |  | **Date:** |  |  |
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| **Further information requested:** |  | | |  |
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| **Screening details:** | CSPH screening expiry date:  BC expiry date: | | |  |
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| **Departmental officer recommendation:** | Grant  Refuse – Reasons if refuse  E-signature | | |  |
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| **Licensing delegate decision:** | Grant  Refuse – Reasons if refuse  E-signature | | |  |
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