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

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 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](mailto:CS_Licensing@cyjma.qld.gov.au)

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| Section 1: Organisation and Application Summary | | |
| **Licence number as stated on the licence (OLL):** | | OLL |
| **Name of organisation as stated on the licence:** | |  |
| **Is this an application to amend:**  *Note tick any that apply and complete relevant sections* | The nominee (go to section 2)  The corporation name (not for a change of legal entity) or registered business name listed on the licence (go to section 3)  The licence function (go to section 4)  The care services 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** | | |
| **Please confirm the following:** (proposed nominee to sign this section to accept responsibility as nominee) | | |
| * **The proposed nominee is aged 18 years or over** | | **Yes** |
| * **The proposed nominee accepts responsibility for ensuring that the licensee complies with Section 129A of the *Child Protection Act 1999*** | | **Yes** |
| * **The proposed nominee accepts responsibility for ensuring that the Department of Child Safety, Seniors and Disability Services is notified of any changes affecting the basis upon which the care service licence was granted** | | **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 attach the following applications:   * Child Safety & Personal History Screening * Working With Children (blue / exemption card) Check | Has an [*Application for a Child Safety and Personal History Screening Check (LCS Form 2)*](https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/partners/licensing/lcs2-personal-history-check.pdf) been completed and attached for the nominee or an online LCS2 application completed?  **Yes attached  Yes online application submitted** | |
| Is the 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) form attached?  **Yes**  **OR**  Is the 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) form attached?  **Yes** | |
| **Proposed date for new nominee to assume responsibility:**  \*minimum of 28 days’ notice required | Proposed date:  Reason if less than 28 days: | |
| **Proposed nominee’s signature:** |  | |
| **Date signed:** |  | |
| Section 3: Application to change the corporation name (not for a change of legal entity) or registered business name listed on the licence | | |
| **New corporation name:** | (Please print name in full) | |
| **New registered business name if the corporation is trading under a business name:**  **e.g. “Care Service Pty Ltd trading as Caring for Kids”** | (Please print name in full) | |
| **Documentary evidence:** | Has a copy of the current certificate of incorporation of the corporation or a copy of the current certificate of registration of the business name been attached, as applicable?  Yes | |

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| Section 4: Application to change the licence function | |
| **Add the following function/s:**  Please also complete Section 5 for each care service to be added to the licence | Provide out-of-home care in premises  Recruit, train, assess and support departmentally approved carers  Recruit, train, assess and support departmentally approved carers, and provide additional support for the placement through the employment of direct care staff |
| **Documentation required:** | A copy of the HSQF recertification audit report including the new service type is attached? **NB:** *If you do not have this report consult Child Safety Licensing regarding evidence requirements* [*CS\_Licensing@cyjma.qld.gov.au*](mailto:CS_Licensing@cyjma.qld.gov.au)  **OR**  Consultation with Child Safety Licensinghas occurred, and required evidence is included in an attached inspection tool. |
| **Remove the following function/s:** | provide out-of-home care in premises  recruit, train, assess and support departmentally approved carers  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 care services to/from the licence | | | | | | | |
| **Add the following services:** (attach additional pages if required) | | | | | | | |
| **Address**  (Include street address, suburb, postcode and state) | | **Service type** | **Departmental region** | | **Date service commenced operating** | | **Does your licence function currently cover this service type?** |
|  | | <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 recertification/maintenance report covering the care service to be added is attached.  **OR**  A copy of an *Organisation Level Licensing Inspection Tool* which evidences full compliance with licensing requirementsfor each new care service is attached. Policy and procedure confirmation (tick one option below):  The added care service is the same service type as a care service listed on the licence and uses the same policies and procedures.  I have applied under section 4 to add a licence function.  Policies and procedures have been developed/amended for a new service type but have not been audited under HSQF. Consultation with Child  Safety Licensing has occurred, and required evidence is included in the attached inspection tool.  **For non-family based services only –**  I confirm that the organisation has a **Right to Occupy** (Lease Agreement or Evidence of Ownership) the new care service and have written confirmation from the Landlord/Property Owners that they are aware of the **Intended Purpose** of the premises as a care service and can produce these documents as and when requested by the department. | | | | | | |
| **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. | |

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

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| **Departmental Office Use Only** | | | | | | | |
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| **Application received by:** |  | **Date:** | | |  | |  |
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| **Further information requested:** |  | | | | | |  |
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| **Departmental officer recommendation:** | Grant  Refuse  Recommended by: | |  | | | | |
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| **Signature of departmental officer:** |  | |  | |  | |  |
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| **Licensing delegate decision:** | Granted  Refused | | **For nominee changes only:** | Positive LCS2 and Blue Card outcomes received  Nominee is deemed suitable | | |  |
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| **Name of licensing delegate:** |  | |  | | | | |
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| **Signature of delegate:** |  | | **Date:** | |  | |  |
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