

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

Licensee proposal for a person to oversee Nominee responsibilities – short-term leave

Organisation and Nominee details			
Organisation:		Licence Number:	OLL
Nominee Name:		Leave dates:	From: To:

Proposal – I wish to propose the following person to sign any necessary paperwork on my behalf and oversee nominee responsibilities for the above stated period of leave whilst I will not be contactable. I have taken reasonable steps to ensure relevant policies and procedures are in place to support licensee compliance with s129A of the *Child Protection Act 1999*. I understand that I retain legal responsibility as nominee for compliance with s130 of the *Child Protection Act 1999*. The licensee will be responsible for ensuring that required screening for the proposed person remains current.

Proposed Person Details			
Name:		Email address:	
Role in organisation:		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>		

Nominee 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



Where to Send Completed Form:

Email this completed document to 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.

Departmental Office Use Only

Proposal received by:	<input type="text"/>	Date:	<input type="text"/>
Further information requested:	<input type="text"/>		
Screening details:	CSPH screening expiry date: BC expiry date:		
Departmental officer recommendation:	<input type="checkbox"/> Grant <input type="checkbox"/> Refuse – Reasons if refuse E-signature		
Licensing delegate decision:	<input type="checkbox"/> Grant <input type="checkbox"/> Refuse – Reasons if refuse E-signature		