

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

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

| Organisation and Nominee details |  |                 |                            |
|----------------------------------|--|-----------------|----------------------------|
| Organisation:                    |  | Licence Number: | OLL                        |
| Nominee Name:                    |  | Leave dates:    | From:<br>To:<br>(if known) |

| Organisation Representative |  |                  |                      |
|-----------------------------|--|------------------|----------------------|
| Name:                       |  | Contact details: | Email:               |
| Role:                       | <input type="checkbox"/> I am a Director under the <i>Corporations Act 2001 (Cwlth)</i> <b>OR</b> a person who is, or is a member of, the executive or management entity |                  | Mobile:<br>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.

| Proposed Person Details   |   |                   |                      |
|---|---|-------------------|----------------------|
| Name:   |   | Email address:    |                      |
| Role in care service:   |   | Telephone number: | Mobile:<br>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> |                   |                      |

| Organisation representative 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](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.

**Departmental Office Use Only**

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