

Instructions for completion – LCS Form 4

This form meets condition three of *LCS Form 5 – Licence for a Care Service*, which requires the nominee of a care service to notify the Department of Child Safety of any change in circumstances that may affect their licence.

LCS Form 4 is required to be completed to notify the department of change:

- of organisational details
- to the legal status of the organisation
- of director
- of care service details
- to public liability insurance
- to certificate of classification
- of nominee contact details
- in model of service
- in target group
- of nominee.

To complete this form enter the details of your organisation in Part A and any part/s specifically related to the change/s being notified/requested.

Please ensure the licensed service nominee completes and signs the declaration in Part E.

PART A: Organisation/service details as previously provided to the Department
(Must be completed for ALL changes notified/requested.)

Registered name of organisation:		
Trading name of organisation: (If same as registered name, record 'as above')		
Name of care service/s provided by organisation:	Licence number:	Department of Child Safety zone where service is located:

PART B: Change of details relating to the organisation

1. Change of organisational details

New organisation trading name: (Please attach a copy of the registration of the new trading name.)	
New registered name of organisation: (If same as trading name, record 'as above'.)	
New street address:	
New postal address:	

2. Change to the legal status of the organisation

New authority under which the organisation is incorporated: (Please attach new Certificate of Incorporation/registration to this form.)	
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Note: Under Section 125 of the *Child Protection Act 1999*, an application for/or renewal of a care service licence must be made by a corporation.

3. Change of director/s			
Please list previous director/s as notified to the Department:	Name of new/additional director/s (name/s in full):	Position/s in the organisation	Telephone number/s
SUITABILITY		If a new director has been appointed, please complete the following questions: Note: Section 130 of the <i>Child Protection Act 1999</i> requires the nominee to ensure that persons engaged in the provision of care services are suitable persons.	
1. Has the director received a notification of suitability issued through the Central Screening Unit dated within the past 2 years?		<input type="checkbox"/> Yes. Please attach a copy to this form and go to Q2 <input type="checkbox"/> No. The director cannot commence duties with the care service until a notification of suitability has been issued	
2. Was the director's notification of suitability for a position other than a director of the organisation named in this LCS-4 form?		<input type="checkbox"/> Yes. Go to Q3 <input type="checkbox"/> No. Go to Q4	
3. If the response to Q2 was yes - has the nominee received an outcome from an LCS-7 form for the director?		<input type="checkbox"/> Yes. Please attach a copy to this form and go to Q4 <input type="checkbox"/> No. The director cannot commence duties with the care service until the outcome from an LCS-7 form has been received	
BLUE CARDS			
4. Does the director hold a current valid blue card issued for a position of Director with a licensed care service?		<input type="checkbox"/> Yes. Go to Q5 <input type="checkbox"/> No. Go to Q6	
5. Was this blue card issued for the organisation mentioned in this LCS-4 form?		<input type="checkbox"/> Yes. Please provide blue card number: <input type="checkbox"/> No. Provide name of organisation: PROCEED TO: • PART C IF ANY CHANGES TO CARE SERVICE • PART D IF ANY CHANGES TO NOMINEE • PART E FOR COMPLETION.	

BLUE CARD	
6. If the response to Q4 was no – does the director hold a current valid blue card issued for a different purpose?	<input type="checkbox"/> Yes. Go to Q7
	<input type="checkbox"/> No. The director cannot commence duties with the care service without a current valid blue card
7. If the response to Q6 was yes - has the director submitted an <i>Authorisation to Confirm a Valid Blue Card Form</i> to the Department's Central Screening Unit?	<input type="checkbox"/> Yes. Go to Q8
	<input type="checkbox"/> No. The director cannot commence duties with the care service until an outcome of the blue card authorisation has been received
8. Has the nominee received confirmation of a Valid Blue Card Form regarding the director from the Department's Central Screening Unit?	<input type="checkbox"/> Yes. Please attach a copy
	<input type="checkbox"/> No. The director cannot commence duties with the care service until an outcome of <i>Authorisation to Confirm a Valid Blue Card Form</i> has been received

PART C: Change of details relating to a care service
(A separate LCS Form 4 is to be used for each licensed premise for which there are changes.)

1. Change to care service details (Including service co-ordination point and service delivery address). Complete where relevant.

New service name:	New service street address: (Ensure self assessment below is completed)	Is this service address currently operational?	New postal address:	New telephone number:
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

If there are new premises in which young people will be placed, please complete the self assessment below.

Standard and Criteria	Rating (please check)	Evidence demonstrating how criteria is met/actions proposed (If not met, please identify who, when and what will be done to meet the standard.)
Standard 1 – Criteria 1.3.4 Physical layout and location of the service The design of the service to manage accessibility issues. Evidence of strategies (pamphlets, press releases, documented service profiles) designed to assist access by Aboriginal and Torres Strait Islander people, people with disabilities, or other people in the agreed target group.	<input type="checkbox"/> Met <input type="checkbox"/> Not met	Strategy: Responsible officer: Timeframe:
Standard 1 – Criteria 1.3.4 Physical layout and location of the service The design of the service is physically set up to manage accessibility issues. Evidence of strategies (pamphlets, press releases, documented service profiles) designed to assist access by Aboriginal and Torres Strait Islander people, people with disabilities, or other people in the agreed target group.	<input type="checkbox"/> Met <input type="checkbox"/> Not met	Strategy: Responsible officer: Timeframe:
Standard 4 – Criteria 4.3.1 Security and storage of client data. Personal client data is stored suitably and securely.	<input type="checkbox"/> Met <input type="checkbox"/> Not met	Strategy: Responsible officer: Timeframe:

<p>Standard 4 – Criteria 4.3.4 Evidence of how physical space is arranged to provide privacy Evidence of how space is arranged for children, young people or families using services to speak with service staff and volunteers, and how privacy is provided when sensitive matters are being discussed.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not met	<p>Strategy:</p> <p>Responsible officer: Timeframe:</p>
<p>Standard 4 – Criteria 4.3.5 Evidence of how the living environment is organised to ensure privacy Evidence of how space for personal possessions is provided and maintained, how sleeping arrangements are organised and privacy of personal care is assured.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not met	<p>Strategy:</p> <p>Responsible officer: Timeframe:</p>
<p>Please indicate if the licensee holds the appropriate documentary evidence for the operation of the new licensed premises by completing the self assessment below.</p>		
<p>Item</p>	<p>Rating (please check)</p>	<p>Evidence demonstrating how criteria is met/actions proposed (If not met, please identify who, when and what will be done to meet the standard.)</p>
<p>Documentary evidence of compliance with relevant council planning requirements for the new premises.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not met	<p>Strategy:</p> <p>Responsible officer: Timeframe:</p>
<p>Copies of certificates of classification for new premises, which states that the premises comply with local government authority requirements, or documentary evidence that the local government authority does not require a certificate for the premises.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not met	<p>Strategy:</p> <p>Responsible officer: Timeframe:</p>
<p>Certificate of public liability insurance for the new premises nominating the amount of insurance cover, the carrier and date of expiry.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not met	<p>Strategy:</p> <p>Responsible officer: Timeframe:</p>

A signed lease that allows the premises to be used for providing accommodation and care to young people.	<input type="checkbox"/> Met <input type="checkbox"/> Not met	Strategy: Responsible officer: Timeframe:	
2. Changes to public liability insurance			
Date of change to public liability insurance: (Please attach a copy of the new certificate of public liability insurance.)			
3. Changes to Certification of Classification (where care services provide over-night care at licensed premises only)			
Date of change to Certification of Classification: (Please attach a copy of the amended/new Certification of Classification.)			
If unable to attach certificate, please state the reason:			
4. Change of nominee contact details			
Nominee name (in full):			
New postal address:			
New address for receipt of correspondence (If different to postal address):			
New telephone number:	New facsimile number:	New mobile number:	

5. Change to model of service

Please provide a brief description of the new model of service:
(Please attach the service model proposal).

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Note: The organisation will be required to demonstrate it is meeting/will meet the Statement of Standards (Section 122 of the *Child Protection Act 1999*) under the new service model. If the new service model is not consistent with the licence type, the licence may need to be cancelled and a new application made. Please contact your Community Support Team for advice.

6. Change in target group

What is your current target group?	What is your proposed new target group?

Note: Any proposed changes in target group will need to be consistent with current service agreements (if applicable).

PART D: Request for change of nominee

Note: Section 137(5) of the *Child Protection Act 1999* states that if the amendment is about changing the nominee for a licence, the Chief Executive must consider whether the proposed nominee is a suitable person and has a current positive prescribed notice or a current application for a prescribed notice. The Chief Executive must give written notice of the decision within 10 days from the day the decision was made by the departmental zonal director.

Current nominee (in full):		
Name of proposed new nominee (in full):		
Position in the organisation:		
Postal address:		
Address for receipt of correspondence: (If different to postal address):		
Telephone number:	Facsimile number:	Mobile number:

Section 130 of the <i>Child Protection Act 1999</i> requires that the proposed nominee complies with the following requirements:	
1. Is the proposed nominee aged 18 or over?	<input type="checkbox"/> Yes. Go to Q2
2. Does the proposed nominee accept responsibility for service compliance within the Statement of Standards? (section 122 of the <i>Child Protection Act 1999</i>)	<input type="checkbox"/> Yes. Go to Q3
3. Does the proposed nominee accept responsibility for ensuring that the relevant departmental zonal Community Support Team is notified of any changes that may impact on the licence? (This may include a potential change of nominee or a change of address for the licensed premises.)	<input type="checkbox"/> Yes. Go to Q4
4. Does the proposed nominee accept responsibility for ensuring persons engaged with the provision of care services are suitable persons?	<input type="checkbox"/> Yes. Go to Q5
5. Has the proposed nominee received a notification of suitability issued through the Central Screening Unit within the last 2 years?	<input type="checkbox"/> Yes. Go to Q6
	<input type="checkbox"/> No. The proposed nominee cannot commence duties with the care service until a notification of suitability has been issued
6. If the response to Q5 was yes – was the proposed nominee’s notification of suitability for a position other than a nominee of the organisation named in this LCS-4 form?	<input type="checkbox"/> Yes. Go to Q7
	<input type="checkbox"/> No. Attach copy of suitability letter and go to Q8
7. If the response to Q6 was yes - has the proposed nominee received an outcome from an LCS-7 form submitted by your organisation?	<input type="checkbox"/> Yes. Please attach a copy to this form and go to Q8
	<input type="checkbox"/> No. The proposed nominee cannot commence duties with the care service until an outcome from an LCS-7 form has been received
8. If the response to Q7 was yes – does the proposed nominee hold a current valid blue card issued for a position of nominee with a licensed care service?	<input type="checkbox"/> Yes. Go to Q9
	<input type="checkbox"/> No. Go to Q10
9. If the response to Q8 was yes – was this blue card issued for the organisation mentioned in this LCS-4 form?	<input type="checkbox"/> Yes. Please provide blue card number:
	<input type="checkbox"/> No. Provide name of organisation:
ONCE THIS QUESTION IS COMPLETED, PLEASE GO TO PART E ON PAGE 10	

10. If the response to Q8 was no – does the proposed nominee hold a current valid blue card issued for a different purpose?	<input type="checkbox"/> Yes. Go to Q11	
	<input type="checkbox"/> No.	The proposed nominee cannot commence duties with the care service without a current valid blue card
11. If the response to Q10 was yes - has the proposed nominee submitted an Authorisation to Confirm a Valid Blue Card Form to the Department's Central Screening Unit?	<input type="checkbox"/> Yes. Go to Q12	
	<input type="checkbox"/> No.	The proposed nominee cannot commence duties with the care service until an outcome of the blue card authorisation request has been received
12. If the response to Q11 was yes - has the proposed nominee received an outcome of an Authorisation to Confirm a Valid Blue Card Form from the Department's Central Screening Unit?	<input type="checkbox"/> Yes. Attach copy of letter	
	<input type="checkbox"/> No.	The proposed nominee cannot commence duties with the care service until an outcome of <i>Authorisation to Confirm a Valid Blue Card Form</i> has been received
Note: The <i>Child Protection Act 1999</i> requires that nominees are determined suitable for the position before they commence. The <i>Commission for Children Young People and Child Guardian Act 2000</i> also requires proposed nominees to apply for a blue card or have their existing blue card validated prior to commencing in the position.		

PART E: Declaration

(To be completed for ALL changes notified.)

I declare that the information given in this form is, to the best of my knowledge, complete and correct.

Nominee name (please print):

Nominee signature:

Date:

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CST Manager recommendation for change of nominee <input type="checkbox"/>	Zonal Director approval of change of nominee <input type="checkbox"/>
CST Manager's name: Signature: Date:	Zonal Director's name: Signature: Date:
Changes noted by CST Manager: <input type="checkbox"/> Change of organisational details <input type="checkbox"/> Change to the legal status of the organisation <input type="checkbox"/> Change of director <input type="checkbox"/> Change of care service details <input type="checkbox"/> Change to public liability insurance <input type="checkbox"/> Change to certificate of classification <input type="checkbox"/> Change of nominee contact details <input type="checkbox"/> Change in model of service <input type="checkbox"/> Change in target group	CST Manager's name: Signature: Date: