**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? | [ ]  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)* |

|  |  |
| --- | --- |
| 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 |
|  |  |

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