

Application to appoint a 17 year old carer within the carer:child ratios CBC5 Use Only

See the end of this form for the Department of Education's Personal Information Protection Statement

Name of Service: _____

Name of carer for whom request is being made: _____
(given name) (family name)

Date of Birth: _____

[Note: Applicant must be a minimum of 17 years of age]

Date carer commenced with the service (additional to ratios) _____

I. Current situation

I.1 Situation giving rise to the requirement for Approval – briefly describe

2. Proposed arrangements and demonstration of carer's skills

2.1 How long do you expect the proposed staffing arrangements to be in place?

Until the carer reaches 18 years of age?

Other? _____

2.2 The intention of approving a person aged 17 years within the ratio is to enable a service to employ a 17 year old who demonstrates exceptional skills, qualities and potential.

The 17 year old must meet the requirements of Standard 2.1:

- a) an understanding of their duty of care in relation to children;
- b) experience in caring for children, or the ability to acquire the skills to care for children;
- c) an understanding that the environment provided for children needs to be safe: physically, emotionally and socially;
- d) a basic knowledge of ages and stages of development; and
- e) a basic knowledge of children's health, hygiene, nutritional and safety needs.

Please outline how the carer has demonstrated that they meet each of these criteria, **displaying exceptional skills, qualities and potential.**

2.3 In what ways has the carer demonstrated sound interaction skills with the children?

2.4 How has the carer demonstrated knowledge of the service’s policies and procedures, including emergency procedures?

2.5 What, in the service’s opinion, makes this carer ‘exceptional’? _____

The questions below reflect the parameters to be met as outlined in the Explanatory Notes to Standard 3: Ratio of Carers to Children.

2.6 How will the service ensure that, across the service, there are 2 qualified carers for each carer aged 17 years?

2.7a Please answer
In a CBC5 service, how will the service ensure that the carer will be supervised by senior staff over 20 years of age at all times, at least one of whom is qualified?


2.7b How will this situation be managed to ensure that the requirement for supervision does not affect the quality of the program? E.g. a 17 year old will not be able to take a group of children outside on their own.

2.7 Please attached a copy of the proposed roster. 

2.8 Qualifications/training
Has the carer obtained any level of qualification relevant to children's services? yes no

If yes, what is it? _____

Prior to this application being considered for approval, evidence must be provided that the carer is enrolled with an RTO. What approved qualification is he/she working towards?

 Please provide evidence of the carer's enrolment and results to date.

What date does the carer expect to complete the approved qualification? _____

What is the name of the training organisation? _____

2.9 What support systems are in place to assist this person?

2.10 Qualified staff approvals

This service has current approvals regarding qualified staff. yes no

3. To be completed by the service

Please tick applicable boxes and sign below

- In my opinion, the carer for whom I'm seeking approval has demonstrated exemplary skills, commensurate with a carer over 18 years of age.
- I understand that if approval is given, reviews will be put in place and approval may be withdrawn based on the findings of those reviews.
- I am aware that if approval is given which includes a requirement that the carer continue training, evidence of the carer's continuing study towards the approved qualification will need to be provided on a regular basis to the Education and Care Unit.
- I am aware that if approval is given the staff member aged 17 years old and a staff member who does not possess an approved formal qualification and has been approved to occupy a qualified position cannot be included simultaneously in the ratios.
- I understand that I need to advise the Education and Care Unit if the service no longer needs the approval.
- I declare that to the best of my knowledge, the information provided in this form is correct.

Name: _____ Position: _____

Signed: _____ Date: _____

Please Note:

In some circumstances, the carer may need to be further assessed in regard to their demonstration of meeting the criteria outlined in the Explanatory Notes.

4. To be completed by the nominated carer

Please tick applicable boxes and sign below.

- I am aware that I have been nominated to work within the carer:child ratios and I agree to this nomination.
- I understand that if approval is given, it will only be for the current situation at the (insert name of service) _____ (i.e. I understand that this approval would not transferable to any other service).
- I am aware that the approval would be based on my active participation in and the *continuation* of my training towards an approved qualification.
- If approval is given, I understand that I must provide evidence both of enrolment and of continuing study to my employer for their records and for sighting by the Education and Care Unit.
- I agree that the Education and Care Unit may discuss with my employer, details about my approved status including my participation in my chosen course, my study results and my effectiveness in fulfilling the position.
- I undertake to notify my employer should my circumstances change in relation to this approval, e.g. should I withdraw from some/all of my studies.
- I understand that if approval is given, the Education and Care Unit will put in place a review period.
- I understand that I can contact the service's authorised officer for further information in relation to the approval process.

- Either I agree that my name and service details can be forwarded to the ECA Funding Support Grants (previously known as the Scholarship Program) Committee to be included on any Funding Support Grant Information mail-outs.
- Or I do not agree that my name and service details can be forwarded to the ECA Funding Support Grants (previously known as the Scholarship Program) Committee to be included on any Funding Support Grant Information mail-outs.

Name of Carer: _____ Signed: _____ Date: _____

PLEASE ALSO COMPLETE ATTACHMENTS

Attachment I

Department of Education
EDUCATION AND CARE UNIT



Sharing Information with the Registered Training Organisation

If training is a requirement for the approval to occur, please also complete the following-

- I agree that details of my approval to be counted within the carer:child ratios can be given by the Education and Care Unit to my RTO so the RTO is aware of the need for evidence of my active participation in my chosen course and study results.
- I agree that my RTO can provide evidence to the Education and Care Unit of my participation in my chosen course and also of my study results.

Please note that a copy of the completed Attachment I will be provided to your RTO for their information.

Please provide the contact details for your RTO:

Name of RTO: _____

RTO Contact Person: _____

RTO Postal Address: _____

Phone Number: _____

Fax Number (if known): _____

Name of Carer: _____ Signed: _____ Date: _____

Department of Education Personal Information Protection Statement

Education and Care Unit, GPO Box 169, Hobart Tas 7001
Phone: 6233 5676 or 1300 135 513, Fax: 6233 6042
Email: ecu.comment@education.tas.gov.au

All personal information (collected at any time) relating to management, staff and children will be collected from you for the purpose of obtaining and verifying details required under the *Child Care Act 2001*, Licensing Standards and related State and Australian Government Acts and Regulations; and will be used by the Department of Education to support the licensing process and for reporting on children's services at a state and national level.

Failure to provide this information may result in:

- the service being unable to be licensed, or
- approval not being granted for a person(s) to hold a licence or be a licensee representative(s).

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the department and other authorised agencies. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to the Director, Early Years as per the details above.

You can obtain a copy of the Department's Personal Information protection Policy on request to the Unit or at

<http://www.education.tas.gov.au/dept/legislation/pip/policy>

Attachment 2 Office Use Only

Authorised Officer

Recommendation: _____

The service has demonstrated that the carer meets all required criteria yes no
Condition of licence already in place yes no
Draft licence is attached yes no

NOTE: Where there is an unqualified approval in place, an additional condition of licence is required.

Name: _____ Signed: _____ Date: _____

Team Leader: Supported yes no Signed: _____ Date: _____

Director, Early Years: Approved yes no Signed: _____ Date: _____

Authorised Officer follow-up

Service notified: by phone yes no Signed: _____ Date: _____
by letter yes Signed: _____ Date: _____
Licence amended and sent yes no Signed: _____ Date: _____
Carer sent copy of letter yes Signed: _____ Date: _____
Schedule completed yes Signed: _____ Date: _____