Notification of Responsible Person Details  
CBC4, CBC5 and IHCC Use Only

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

Under the Child Care Act 2001, responsible persons may be:

- an individual, other than the person in charge of the child care service, to whom is assigned by the licensee, the general responsibility for, and supervision of the operations of, the provision of the child care service under the licence; OR
- any other body or individual, other than the person-in-charge of the child care service, who has the authority to give directions and make decisions in respect of the management of that child care service.

This form is to be used by existing services where the responsible person either changes or their details change. A new service is able to provide this information in the relevant Application for a Licence form. Please note that no fee is applicable.

Section 1 of this form is to be completed by any authorised representative of the service operator who is able to provide this information on behalf of and with the authority of the organisation.

Section 2 of the form is to be completed by the responsible person.

Please complete the relevant section(s) of the form.

Where the form is being used to detail changes for a person currently fulfilling the role of responsible person, it is not necessary to complete sections where there has been no change to the information.

Name of Service:_______________________________________________________________________

Address:_____________________________________________________________________________

____________________________________________________________________________

Checked by AO (Please initial and date) _____________________________

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Notification of Responsible Person Details – November 2014
Section 1  (To be completed by an authorised representative of the service operator)

Please tick as applicable:

☐ You are providing details of information changed in relation to person currently fulfilling the role of responsible person. Responsible person to complete Section 2.

Or

☐ You are providing details of a new responsible person.

If ticked:

What is the name of the current responsible person? ___________________________________________

What is the name of the new responsible person? ______________________________________________

What are the dates effective for the change? __________________________________________________

Proposed commencement date for the new person: ____________________________________________

Proposed finishing date: ________________________ (if applicable, e.g. for fixed term changes)

Responsible person to complete Section 2.

☐ Where the responsible person is new, have you provided that person with a copy of the action plan, resulting from your last licensing assessment, and the relevant Licensing Standards?

I declare that to the best of my knowledge, the information provided is correct.

________________________________________ _____      __________________________________
Name of authorised representative of the service operator  Position

_______________________________________         _______________________________________
Signature                                           Date
Section 2  Details of the Responsible Person

This information is to be completed by the responsible person. If this form is only to provide changed details of a current responsible person, then only the relevant areas below need to be completed. It will be assumed that the other information is the same as previously recorded.

2.1  Fitness and propriety

2.1.1  Fitness and Propriety Check

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<td>☐ Yes</td>
<td>☐ No</td>
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<td>☐ Yes</td>
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Note: If you do not hold either a current WWCC or valid safety screening clearance, before progressing you must apply for and hold a current WWCC.

2.1.2  Tasmanian Working with Children Check

Identification number:  _______________  Expiry Date:  _______________

OR  Safety Screening Clearance

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<td>☐ is attached; or</td>
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<td>☐ has already been provided to the Education and Care Unit; and</td>
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<tr>
<td>☐ I declare that no changes have occurred since my safety screening application was submitted; or</td>
<td></td>
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<tr>
<td>☐ changes have occurred since my safety screening clearance was submitted and I have notified the Conduct and Investigations Unit.</td>
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Declaration Form

If new to this role, you will need to submit a Declaration Form to the Education and Care Unit before you can be formally approved in your position.

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<td>☐ has been sent under separate cover to the Education and Care Unit; or</td>
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<td>☐ has already been provided to the Education and Care Unit; and</td>
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<td>☐ I have received a letter from the Education and Care Unit confirming that I am fit and proper for the role within the service that I specified in the submitted Declaration Form. (Note: If the role has changed, you will need to submit a new Declaration Form).</td>
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<tr>
<td>☐ I declare that no changes have occurred that may impact on my fitness and propriety assessment for that role. (Note: If changes have occurred, you will need to submit a new Declaration Form).</td>
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2.1.3  I declare that the above information is complete, true and correct to the best of my knowledge.

________________________________  __________________________________
Name (please print)  Signature of Responsible Person

Date:  ________________________________
2.2 Name and contact details

Only complete the information in 2.2 where details in the Declaration Form have changed, e.g. name, address, level of qualification. If no details have changed, or you are completing a Declaration Form for the first time and attaching it, please go straight to 2.3.

____________________________  ________________________________  ________________________________
(title) (given name) (family name)

Previous Name(s): __________________________________________________________________

Address: _________________________________________________________________________

Telephone (business hours): __________________ Telephone (after business hours) _________________

Mobile: _______________________________  Facsimile (if applicable): ______________________

Email (if applicable): _________________________________________________________________

Experience

Please provide details of previous experience in managing a child care service or other relevant early childhood experience (please write 'nil' if this is the case, or attach further details of there is insufficient space).

<table>
<thead>
<tr>
<th>Position Held</th>
<th>Name of child care service or employer</th>
<th>Address of child care service or employer</th>
<th>Dates of employment</th>
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2.3 Please attach the following, as required, if not already provided

- a copy of valid safety screening clearance or identification number and expiry date of the Working with Children Check.
- a copy of the Declaration Form

I declare that this information is complete, true and correct.

____________________________  ________________________________  ________________
Name      Signature    Date

Department of Education
Personal Information Protection Statement

Education and Care Unit, GPO Box 169, Hobart Tas 7001
Phone: 6165 5425 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.

You can obtain a copy of the Department’s Personal Information protection Policy at www.education.tas.gov.au (Search TASED-4-1239). If you wish to access your personal information, please make an application as stated in the Personal Information Protection Policy.