**Notification of changes affecting a care service licence**

This form should be completed by the nominee to fulfil condition 4 of a care service licence which specifies that a nominee must notify the department of changes affecting the basis that a care service licence was issued. **Use this form to notify the following changes:**

* **Organisational details (other than organisation name).**
* **Incorporation status.**
* **Public liability insurance.**
* **Directors appointed/leaving.**
* **Contact details.**
* **Any other relevant changes.**

*This form is not used to amend a care service licence, to apply to amend use the LCS Form - 4A for amendments to:*

* *The nominee for the licence.*
* *The organisation named on the licence.*
* *The licence function.*
* *The care services or service delivery sites listed on the licence.*

For further information or assistance with the completion of this form please contact Child Safety Licensing.

Completed forms should be returned to Child Safety Licensing at email [CS\_Licensing@cyjma.qld.gov.au](mailto:CS_Licensing@cyjma.qld.gov.au).

Contact details and further information are available online at [www.cyjma.qld.gov.au](http://www.cyjma.qld.gov.au).

The department will confirm receipt of this form and notify whether any actions are required.

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| **Section 1: Summary Details** | | |
| **Licence number as stated on the licence:** | | OLL |
| **Name of Organisation as stated on the licence:** | |  |
| **Is this notification a change of:**  *Note tick any that apply and complete relevant sections* | Organisational address details (go to section 2).  Incorporation status (go to section 3).  Public liability insurance (go to section 4).  Director appointed/leaving employment (go to section 5).  Contact details (go to section 6).  Any other relevant changes of organisation details (go to section 7). | |

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| **Section 2: Organisation Address Details** | |
| **New street address:** | (Include Street address, suburb, postcode and state) |
| **New postal address:**  (if same as street address record “as above”) | (Include Street address, suburb, postcode and state) |
| **Date of change** |  |

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| **Section 3: Incorporation Status** | |
| **New authority under which the organisation is incorporated :** | *Associations Incorporation Act 1981*  *Corporations* (Aboriginal and Torres Strait Islander) *Act 2006* (Cwlth)  *Corporations Act 2001*  A Local Government Authority  *Cooperatives Act 1997*  *Aboriginal Councils and Associations* *Act 1976* (Cwlth)  *Religious, Education and* *Charitable Institutions Act 1861-1959* (Cwlth)  Other Please provide details: |
| **Date of incorporation change** |  |
| **Documentation Required** | Has a copy of the new certificate of incorporation/registration been attached?  Yes |

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| **Section 4: Public Liability Insurance** | |
| **Date of change of public liability insurance** |  |
| **Documentation Required** | Has a copy of the new certificate of insurance been attached?  Yes |

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| **Section 5: Director\* Appointed/Ceasing** | | |
| **Director\* ceasing** | | |
| **Director ceasing in the role of director with the licensee** | Name    Date ceasing as a director | Is the director continuing with the licensee in any other position?  Yes  No  If Yes, specify their position?  <Please provide details> |
| **Director\* appointed** | | |
| **New Directors Details** | Name Position in organisation Telephone Number | |
| **Has the licensee determined that the new Director(s) listed above are suitable persons** | * *Director(s) does not pose a risk to the safety of children to whom, under the Act, the licensee is providing care services* * *Director(s) is willing to manage the care service, or ensure it is managed, in a way that ensures the provision of care complies with the statement of standards* * *Director(s) understands, and is committed to, the principles for administering the Act*   Yes | |
| **Has the licensee attached relevant forms for the department to process suitability and working with children checks** | * *Director(s) completed LCS2 or LCS7 for departmental child safety and personal history screening checks* * *Director(s) completed LCS/B/E or “authorisation for conformation” for working with children checks*   Yes | |
| **Date of appointment** | \* *Note the director cannot commence duties related to the care services until the licensee has deemed them suitable and the applications for suitability and working with children checks have been lodged.* | |

\* A director is defined as: *A person appointed as a director of the company under the Corporations Act* ***or*** *a person who is a member of the executive or management entity by whatever name called is a director of the licensee. (Schedule 3, Child Protection Act 1999)*

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| **Section 6: Contact Details** | |
| **Name/position of person** | Nominee (if proposing a new nominee use LCS Form – 4A)  Service Contact  Other  Name and position |
| **New contact details** | Postal Address       (Include Street address, suburb, state and postcode)  Telephone number  Mobile number  Email address |
| **Date of change** |  |

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| **Section 7: Other Relevant Changes of Organisation Details** | |
| **Provide details of the change**  *e.g. Change of trading name* |  |
| **Date of change** |  |

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| **Section 8: Signature Block** | |
| **Name and signature of Nominee:** | Printed Name  Signature |
| **Date signed:** |  |

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| **Departmental Office Use Only** | | | | | | |
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| **Regions operating in:** |  | **Notification received:** | | Received by       Date | |  |
|  |  | | | | |  |
| **Organisation Name:** |  | **Organisation Licence Number:**  (NGOIS ID) | | OLL | |  |
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| **Further information/action requested:** |  | | | | |  |
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| **Date of request:** |  |  | | | | |
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| **Name of Departmental Officer noting the changes:** |  | | **Position:** |  | |  |
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| **Signature of Departmental Officer noting the changes:** |  | | **Date:** |  | |  |
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| **Date confirmation of receipt of notification sent to Nominee:** |  | | System updated by       Date | | |  |
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