

**Notification of Change of Details of Service Operator and/or Licensee Representatives  
CBC4, CBC5 and IHCC Use Only**

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

This form is to be used when:

- specific details of the service operator change, e.g. names of members, address details etc., or
- specific details of the licensee representatives change, e.g. family name, address, etc., or
- the licensee representatives completely change but there is no change to the licensee (e.g. an AGM may result in proposed new licensee representatives but the licence is still held by the incorporated body).

Please note that no fee is applicable. The form may 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.

Note:

- If the service operator is to change completely, that is, one provider ceases operating the service and a different one commences operating the service, the form titled 'Application for a Licence To Operate a Centre Based Child Care Service' or 'Application for a Licence to Operate an Approved Registration Body' (IHCC only) is to be completed. A fee for an initial licence will apply and an invoice will be sent to you.
- If the licensee/licence holder is to change but there is no change to the service operator, the form titled 'Application for Amendment to Licence' - choose centre based or approved registration body (IHCC only) is to be completed. A fee for an amendment to licence will apply and an invoice will be sent to you.

Contact person in relation to this application: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone(s): (Work) \_\_\_\_\_ (Mobile): \_\_\_\_\_

Email: \_\_\_\_\_

Name of services for which the service operator is responsible: \_\_\_\_\_

Please complete the relevant section(s) of the form. It is not necessary to complete sections where there has been no change to the information e.g. if the postal address is the only thing that has changed since the service operator has last notified the Education and Care Unit, only section I.I needs to be completed.

**Please indicate in which section you have made changes:**

- Section 1 Details about the service operator
- Section 2 Details about the licensee representatives/licensee

Checked by AO (Please initial and date) 


**Section I Changes to Service Operator details**

**I.I General details**

Name of the service operator	
Operator address	Street address:
	Town/Suburb:
	Postcode:
Postal address (if different from street address)	
	Town/Suburb:
	Postcode:
Telephone (home)	
Telephone (mobile)	
Email	

**I.2 Community Based Management Committee (Service Operator details)**

Changes will take/have taken place on: \_\_\_\_\_

### 1.2.1 Members

The following individuals are all elected members of the Committee of Management for the child care service.

Position on the Committee (as applicable)	Full Name	Previous Name(s)	Contact Phone Number	Contact Address	Identification number and expiry date of current Working with Vulnerable People Registration

**Note: Members of the Committee of Management are required to hold a current Working with Vulnerable People registration (WWVP).**

### 1.2.2 Additional details in relation to the primary contact person for the committee:

**Note:** As this individual may need to be contacted outside of the service’s normal operational hours, including in an emergency situation, please ensure the details are current for both within and outside the service’s opening hours (contact details for the primary contact are required as an alternative to the Licensee).

Which person is to be the primary contact person for the committee: \_\_\_\_\_  
Name (please print)

Phone Number (work): \_\_\_\_\_ Phone number (mobile): \_\_\_\_\_

Alternative mailing address: \_\_\_\_\_

### 1.2.3 Incorporation details

Please attach a new certificate of incorporation if the incorporated name has changed.

Date of Incorporation: \_\_\_\_\_ End of Financial Year Date: \_\_\_\_\_

Number of Incorporation: \_\_\_\_\_ AGM Date: \_\_\_\_\_

Where the incorporated body is holding the licence and there are changes to the licensee representatives please go to section 2, otherwise go to section 3.

**1.3 Company/Registered Business/Partnership (Service Operator details)**

Changes will take/have taken place on: \_\_\_\_\_

**1.3.1** The following individuals are directors of the company, owners of the business or members of the partnership for the child care service.

Position in the Company/ Registered Business/ Partnership (as applicable)	Full Name	Previous Name(s)	Contact Phone Number	Contact Address	Identification number and expiry date of current Working with Vulnerable People registration

**Note: All persons listed are required to hold a current Working with Vulnerable People registration (WWVP).**

**1.3.2 Additional details in relation to the primary contact person for the company:**

**Note:** As this individual may need to be contacted outside of the service’s normal operational hours, including in an emergency situation, please ensure the details are current for both within and outside the service’s opening hours (contact details for the primary contact are required as an alternative to the Licensee).

Which person is to be the primary contact person for the company: \_\_\_\_\_  
Name (please print)

Phone Number (work): \_\_\_\_\_ Phone number (mobile): \_\_\_\_\_

Alternative mailing address: \_\_\_\_\_

Where the company, registered business, partnership is holding the licence and there are changes to the licensee representatives please go to section 2, otherwise go to section 3.

#### 1.4 Individual Owner Operator (Service Operator details)

Changes will take/have taken place on: \_\_\_\_\_

Title e.g. Mr, Ms, Mrs	Full Name	Contact Phone number	Identification number and expiry date of current Working with Vulnerable People registration

**Note: The individual is required to hold a current Working with Vulnerable People registration (WWVP).**

Where the individual owner is holding the licence please go to section 2, otherwise go to section 3.

#### 1.5 Government Agency (Service Operator details)

Changes will take/have taken place on: \_\_\_\_\_

Position on the committee (as applicable)	Full name	Previous Name(s)	Contact Phone Number	Contact Address
_____ (General Manager or equivalent)				
_____ (Primary contact person)				

Where the government agency is holding the licence and there are changes to the licensee representatives please go to section 2, otherwise go to section 3.

### Section 2 Changes to Licensee/Service Operator representatives or details of Individual Employee Licensee

2.1 This section needs to be completed if:

- the licence holder remains the same but the licensee representatives will change or,
- the licence holder remains the same but specific details about the licensee representatives or details of the individual holding the licence has changed.

Complete 2.1.1- 2.1.5 for changes to the licensee.

Complete 2.2.1 – 2.2.5 and 2.3.1 – 2.3.5 for changes to the licensee representatives.

**2.1.1**

	Licensee
Title (e.g. Mr/Mrs/Ms)	
Given name(s)	
Family name	
Residential street address	
Town/suburb	
Postcode	
Postal address (if different from above)	
Telephone (work)	
Telephone (home)	
Mobile	
Email	

Please tick relevant boxes

**2.1.2 Fitness and Propriety Check**

Licensee	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a current Tasmanian Working with Vulnerable People registration (WWVP); or

**Note: The ECU will be unable to process your application without a current WWVP registration.**

**2.1.3 Tasmanian Working with Vulnerable People registration**

Identification number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### 2.1.4 Declaration Form

<b>Licensee</b>	
<input type="checkbox"/>	is attached; or
<input type="checkbox"/>	has been sent under separate cover to the Education and Care Unit; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit; and
<input type="checkbox"/>	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).
<input type="checkbox"/>	I declare that <i>no</i> 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).

**2.1.5** I declare that the above information is complete, true and correct to the best of my knowledge.

\_\_\_\_\_

Name (please print)
Signature
Date

### 2.2.1

<b>Licensee Representative 1</b>	
Title (e.g. Mr/Mrs/Ms)	
Given name(s)	
Family name	
Residential street address	
Town/suburb	
Postcode	
Postal address (if different from above)	
Telephone (work)	
Telephone (home)	
Mobile	
Email	

Please tick relevant boxes

**2.2.2 Fitness and Propriety Check**

<b>Licensee representative I</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I hold a current Tasmanian Working with Vulnerable People registration (WWVP); or

**Note: The ECU will be unable to process your application without a current WWVP registration.**

**2.2.3 Tasmanian Working with Vulnerable People registration**

Identification number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**2.2.4 Declaration Form**

<input type="checkbox"/>	is attached; or
<input type="checkbox"/>	has been sent under separate cover to the Education and Care Unit; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit, and <input type="checkbox"/> 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).
<input type="checkbox"/>	I declare that <i>no</i> 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).

**2.2.5** I declare that the above information is complete, true and correct to the best of my knowledge.

**Licensee representative I**

\_\_\_\_\_

Name (please print)
Signature
Date



### 2.3.1

	Licensee Representative 2
Title (e.g. Mr/Mrs/Ms)	
Given name(s)	
Family name	
Residential street address	
Town/suburb	
Postcode	
Postal address (if different from above)	
Telephone (work)	
Telephone (home)	
Mobile	
Email	

Please tick relevant boxes

### 2.3.2 Fitness and Propriety Check

Licensee representative 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold a current Tasmanian Working with Vulnerable People registration (WWVP); or

**Note: The ECU will be unable to process your application without a current WWVP registration.**

### 2.3.3 Tasmanian Working with Vulnerable registration

Identification number: \_\_\_\_\_      Expiry Date: \_\_\_\_\_

**2.3.4 Declaration Form**

<input type="checkbox"/>	is attached; or
<input type="checkbox"/>	has been sent under separate cover to the Education and Care Unit; or
<input type="checkbox"/>	has already been provided to the Education and Care Unit, and <input type="checkbox"/> 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).
<input type="checkbox"/>	I declare that <i>no</i> 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).

**2.3.5** I declare that the above information is complete, true and correct to the best of my knowledge.

**Licensee representative 2**

\_\_\_\_\_

Name (please print) Signature Date

**Section 3 Signatures**

This section is to be signed by an authorised representative of the service operator who is signing for and on behalf of and with the authority of the service operator.

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

For: \_\_\_\_\_  
 (name of service operator where applicable)

Date: \_\_\_\_\_

### Department of Education Personal Information Protection Statement

Education and Care Unit, GPO Box 169, Hobart Tas 7001

Phone: 616 55425 or 1300 135 513

Email: [ecu.comment@education.tas.gov.au](mailto: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 <https://documentcentre.education.tas.gov.au>. If you wish to access your personal information, please make application as stated in the Personal Information Protection Policy.