Department of Child Safety, Seniors and Disability Services

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

Queensland Government

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 refuse

E-signature

Licensing delegate decision:

☐ Grant   ☐ Refuse – Reasons if refuse

E-signature