**Licensing Services: Change to licence/cancellation application Form**

**OFFICE USE ONLY**

**Date received:…………………**

**Initial:……………………………..**

**Contact**

If you need help completing this form, contact the Department for Child Protection licensing team via [DCPLicensing@sa.gov.au](mailto:DCPLicensing@sa.gov.au)

**Instructions**

Please complete relevant sections of the form and return via email to [DCPLicensing@sa.gov.au](mailto:DCPLicensing@sa.gov.au)

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| --- | --- | --- | --- |
| **APPLICATION TYPE** | | | |
| For Organisational change | Change of CEO/Licence holder\* | For Facility or Agency change | Change of number of beds |
| Change of Director/s\* | Change to age range |
| Change to organisation name | Change to facility/agency name |
| Other: | Cancellation of licence |
| If other, please provide details: | | |

\*Note that change to an existing licence due to a change of CEO/Licence holder OR change of Director/s requires the submission of a new Licensing Services: Fit and proper assessment application form (Individual) for all new Executive Officers.

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| --- | --- | --- | --- | --- | --- | --- |
| **ORGANISATION CHANGE ONLY: DETAILS OF CHANGE** | | | | | | |
| Name of service provider | \*\*\* | | | | | |
| ABN | \*\*\* | | | | | |
| Postal address | \*\*\* | | | | | |
| Name of CEO/Licence holder | \*\*\* | | | | | |
| Proposed details to be changed | \*\*\* | | | | | |
| Proposed date change effective from | \*\*\* | | | | | |
| Compliance requirements  *(if change is to CEO/Licence holder name or Director)* | Name | WWCC Registration Number | | Date of WWCC expiry | | Date of DCP Fit and Proper Certification |
| \*\*\* | \*\*\* | | \*\*\* | | \*\*\* |
|  |  | |  | |  |
| List of facility/agency names this applies to  *(if change is to organisation name or CEO/Licence holder name)* | \*\*\* | \*\*\* | | \*\*\* | | \*\*\* |
|  |  | |  | |  |
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|  |  | |  | |  |
|  |  | |  | |  |
| **FACILITY/AGENCY CHANGE CANCELLATION ONLY: DETAILS OF FACILITY / AGENCY** | | | | | | |
| Name of service provider | \*\*\* | | | | | |
| ABN | \*\*\* | | | | | |
| Postal address | \*\*\* | | | | | |
| Name of facility/agency | \*\*\* | | | | | |
| Address of facility/agency | \*\*\* | | | | | |
| Proposed change: | \*\*\* | | | | | |
| Number of beds within facility | Current number of beds within facility:  New number of beds required: | | | | | |
| Age range required | 0 – 17 years | | 3 – 17 years | | 5 – 17 years | |
| Name of facility/agency | New Name: | | | | | |
| Cancellation of Licence |  | | | | | |
| Proposed date change effective from | \*\*\* | | | | | |

**Supporting information**

After submission of the Licensing Services: Change to licence/cancellation application form please note:

* the DCP licensing team may seek additional information and/or conduct further enquires or assessments to obtain information relevant to the proposed changes
* Acceptance of the proposed changes will be at the discretion of the Manager, Service Contracts and Licensing, DCP
* Organisations/facilities/agencies should not operate under the new changes until formal approval of the changes has been received.

**DECLARATION**

I hereby declare that all the information contained in this application is true and correct and that there have been no material changes, other than what is declared above, to the organisational structure, governing body, system of management or to the facility/agency, its compliance or operations since the last licence was issued.

|  |  |
| --- | --- |
| ***CERTIFIED BY RESPONSIBLE OFFICER\* (SERVICE PROVIDER)*** | |
| **Full Name:** | **Signature:** |
| **Title:** | **Date:** |

*\*A Responsible Person/Responsible Officer should be an individual with a degree of responsibility within an organisation, who has been delegated the authority to act on behalf of an organisation. For example the Chief Executive Officer or Chief Operating Officer, or for smaller organisations, this could be the Business Manager or Business Owner.*

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| ***OFFICE USE ONLY*** | | |
| **Reviewed by DCP Licensing and Compliance Officer** | | |
| **Name:** | **Signature:** | **Date:** |
| **Endorsed by Manager, Licensing Quality and Compliance** | | |
| Endorsed | Not Endorsed  Rationale: | |
| **Name:** | **Signature:** | **Date:** |
| **Approved by Manager, Service Contracts and Licensing** | | |
| Approved  Not Approved | | |
| **Name:** | **Signature:** | **Date:** |