**Licensing Services: Facility/agency licence 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 all relevant sections and provide copies of required documents via email to [DCPLicensing@sa.gov.au](mailto:DCPLicensing@sa.gov.au)

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| **APPLICATION TYPE** | | | | |
| Children’s Residential Facility (CRF): | New CRF Facility | Foster Care Agency (FCA) | New FCA |  |
| CRF Renewal  Expiry: Click or tap to enter a date. | FCA Renewal  Expiry: Click or tap to enter a date. | |
| Kinship Care Agency (KCA): | New KCA |  |
| KCA Renewal  Expiry: Click or tap to enter a date. | |

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| **DETAILS OF FACILITY/AGENCY** | | | | |
| Name of service provider: | Click or tap here to enter text. | | | |
| Address of service provider: | Click or tap here to enter text. | | | |
| Name of facility/agency: | Click or tap here to enter text. | | | |
| Address of facility/agency: | Click or tap here to enter text. | | | |
| Phone number of facility/agency: | Click or tap here to enter text. | | | |
| Proposed licensee name: | Click or tap here to enter text. | | | |
| Contact person name: | Click or tap here to enter text. | | | |
| Title/position: | Click or tap here to enter text. | | | |
| Telephone number: | Click or tap here to enter text. | | | |
| Email address: | Click or tap here to enter text. | | | |
| Number of staff at facility/agency: | Click or tap here to enter text. | | | |
| Funding sources of facility | Dept. name: | Click or tap here to enter text. | Email/ph.: | Click or tap here to enter text. |

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| **INTENDED USE OF FACILITY (CRF APPLICATIONS ONLY)** | | | | | | | | |
| DCP Contract |  | | Homelessness | | | |  | |
| Placement and Support Package (PaSP) |  | | Respite | | | |  | |
| Individual Support Package (ISP) |  | | Other | | | | Specify: Click or tap here to enter text. | |
| NDIS registered/Disability provider | Yes | |
| Age range required | 0 – 17 years |  | | 3 – 17 years |  | 5 – 17 years | | Homelessness: Click or tap here to enter text. |
| Bed capacity | Click or tap here to enter text. | | | | | | | |

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| **ATTACHMENTS REQUIRED FOR CRF APPLICATIONS** *(See Licensing Services: Evidence Resource for examples of appropriate evidence to be provided)* | | | | |
| 1. | Staff Compliance Register | *Required for renewals only. Complete and up-to-date* | Yes |  |
| 2. | Work Health and Safety Inspection Report | *Most recent quarterly Inspection Report* | Yes |  |
| 3. | Residual Current Device (RCD) Compliance Certification | *Most recent 6-monthly Compliance Certification* | Yes |  |
| 4. | Fire Safety and Equipment documentation | *Most recent 6-monthly servicing/cleaning documentation and monthly testing of fire alarms* | Yes |  |
| 5. | Test and Tag Report (Electrical) | *Most recent yearly report* | Yes |  |
| 6. | Asbestos Register and Management Plan | *If building constructed pre 2004 (within 5 years), or evidence of year built* | Yes |  |
| 7. | Building Insurance Certificate/s | *Copy of current building insurance certificates or policies that show cover for all relevant facilities* | Yes |  |
| 8. | Emergency Response documentation | *Copy of Emergency Response Plan and Bushfire Survival Plan (if applicable)* | Yes |  |
| 9. | Evacuation Drill documentation | *Most recent fire/evacuation drill report* | Yes |  |
| 10. | Staff Roster | *Most recent monthly staff roster (coinciding with staff compliance register)* | Yes |  |

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| **ATTACHMENTS REQUIRED FOR FCA/KCA APPLICATIONS** *(See Licensing Services: Evidence Resource for examples of appropriate evidence to be provided)* | | | | |
| 1. | Staff Compliance Register | *Complete and up-to-date, with evidence of WWCC renewal system* | Yes |  |
| 2. | Carer Compliance Register | *Complete and up-to-date, with evidence of WWCC renewal system* | Yes |  |
| 3. | Emergency Response documentation | *Copy of Bushfire Survival Plan (if applicable)* | Yes |  |

**DECLARATION**

I hereby declare that all the information contained in this application is true and correct and that all staff currently working, or who will be engaged to work at the facility/agency, will have a current ‘not prohibited’ Working with Children Check (WWCC) outcome and a suitable psychological assessment before attending work at the facility or agency.

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| ***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.*