**Licensing Services: Fit and proper assessment application Form**

**How the Department for Child Protection (DCP) may use the information provided in a Licensing Services: Fit and proper assessment application Form**

When assessing whether a person or an organisation meets the Fit and proper requirements, DCP may:

* conduct enquiries into any statements made in this application form
* conduct enquiries on matters it considers appropriate in relation to the fitness and propriety of the organisation and relevant individuals associated with the organisation
* validate any information provided in this application with Commonwealth, State and Territory law enforcement authorities.

**Who should complete an application Form?**

The intended licence holder of the organisation.

* If an individual person intends to solely hold the licence, then that person must complete a Licensing Services: Fit and proper assessment application Form (Individual)
* If an organisation intends to hold the licence, then a Licensing Services: Fit and proper assessment application Form (Organisation) is required to be completed for the organisation, in addition to a Licensing Services: Fit and proper assessment application Form (Individual) for each executive officer of the organisation. This usually includes any person that takes part in the management of the organisation. Examples of ‘executive officers’ include directors of the board, members of the governing body, and the Chief Executive Officer (CEO).
* DCP will notify your organisation in writing if additional applications from other people associated with your organisation are required.

**What must applications include?**

For organisations:

* a completed and signed Licensing Services: Fit and proper assessment application Form (Organisation)
* a current Company Extract issued by the Australian Securities and Investments Commission (ASIC) which contains details of any shareholders and the proportion of the shares any such people have in the company
* an organisational chart showing all office holders
* the organisations most recent Annual Report
* a current Strategic Plan.

For individuals:

* a completed and signed Licensing Services: Fit and proper assessment application Form (Individual)
* a certified copy of the individuals current Working with Children Check (WWCC)
* a certified copy of the individuals current National Police Check (NPC)
* A certified copy of a current Australian Bankruptcy Check **OR** a completed Licensing Services: Declaration of Financial Viability
* a certified copy of any current professional registrations
* a current resume outlining educational qualifications, skills and experience.

**Changes to your application**

If you decide to withdraw your application for a Fit and proper person assessment, or become aware that information provided in your submitted application has changed or is incorrect, updated and correct details must be immediately emailed to DCPLicensing@sa.gov.au. Note it is the responsibility of the licence holder to advise DCP of any changes to the information provided in the initial application and to disclose to DCP any information which may impact upon a fit and proper assessment application outcome.

DCP may request additional information to supplement that provided in a lodged application in order to finalise the assessment.

**Review of decisions**

Under the *Children and Young People (Safety) Act 2017* (CYPS Act), a person who is aggrieved by a decision of DCP made under Chapter 7 of the CYPS Act (other than a decision under Part 4 of that Chapter) can request that DCP carry out a review of that decision.

A review of the decision is undertaken through an internal review process. For further information about requesting an internal review, please visit the [DCP website](https://www.childprotection.sa.gov.au/department/contact-the-department/internal-reviews).

If you are dissatisfied with the internal review undertaken by DCP, in some cases you may make an application to the South Australian Civil and Administrative Tribunal (SACAT) for external review. For information about applying for a SACAT review, please visit the [SACAT website](https://www.sacat.sa.gov.au/) or call 1800 723 767.

**Privacy**

When completing a Licensing Services: Fit and proper assessment application Form, applicants consent to DCP collecting further information relevant to the application. In the case of executive officers of organisations seeking a licence with DCP, they also consent to DCP disclosing the outcome of their Fit and proper assessment to the relevant organisation.

Consent means that DCP may collect personal information about the individual or the organisation from other government agencies and organisations (including overseas government departments). All information supplied with an application will be stored securely in electronic form and dealt with in accordance with the Australian Privacy Principles (*Privacy Act 1988*).

**Before applying**

Before submitting an application, applicants are advised to review and understand the meaning of ‘conviction’ and ‘spent conviction’ under subsection of 85zM (1) of the *Crimes Act 1914*.

**To complete and submit this form**

Please answer all questions and attach all documents specified to ensure the application is not delayed. If you answer ‘*yes*’ to any questions, please ensure you provide details of the circumstances relating to that answer. If you require help completing a Fit and proper person assessment application Form, please email the DCP Licensing team via DCPLicensing@sa.gov.au.

Submit all applications by:

Posting to: Department for Child Protection

Licensing Services

GPO Box 1072

ADELAIDE SA 5001

Or

Emailing: DCPLicensing@sa.gov.au

1. **Licensing Services: Fit and proper assessment application Form (Organisation)**

**OFFICE USE ONLY**

**Date received:…………………**

**Initial:……………………………..**

**Contact**

If you need help completing this form, contact the Department for Child Protection licensing team via email DCPLicensing@sa.gov.au

**Instructions**

Please complete all relevant sections of the form and provide applicable copies of documents requested via emailto DCPLicensing@sa.gov.au

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| **DETAILS OF ORGANISATION** (FOR ORGANISATION APPLICATION ONLY) |
| Name of Legal Entity: | Click or tap here to enter text. |
| Trading Name/s: | Click or tap here to enter text. |
| ABN/ARBN/ACN: | Click or tap here to enter text. |
| Physical Address: | Click or tap here to enter text. |
| Postal Address: | Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Full Names of all Executive Officers:*Examples of ‘executive officers’ include directors of the board, members of the governing body, and the Chief Executive Officer (CEO).* | Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. | [ ]  Fit and proper assessment application Form (Individual) completed[ ]  Fit and proper assessment application Form (Individual) completed[ ]  Fit and proper assessment application Form (Individual) completed[ ]  Fit and proper assessment application Form (Individual) completed |

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| **ATTACHMENTS REQUIRED FOR ORGANISATION APPLICATION** |
| 1. | Current Company Extract issued by the Australian Securities and Investments Commission (ASIC) which contains details of any shareholders and the proportion of the shares any such people have in your company. | Yes | [ ]   | No | [ ]   | Any additional information: Click or tap here to enter text. |
| 2. | An organisational chart showing all office holders. | Yes | [ ]   | No | [ ]   | Any additional information: Click or tap here to enter text. |
| 3. | Most recent Annual Report. | Yes | [ ]   | No | [ ]   | Any additional information: Click or tap here to enter text. |
| 4. | Current Strategic Plan. | Yes | [ ]   | No | [ ]   | Any additional information: Click or tap here to enter text. |

1. **Licensing Services: Fit and proper assessment application Form (Individual)**

**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

**Instructions**

Please complete all relevant sections of the form and provide applicable copies of documents requested via emailto DCPLicensing@sa.gov.au

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| **DETAILS OF INDIVIDUAL APPLICANT** - APPLICATION REQUIRED FOR EXECUTIVE OFFICER (AND EACH BOARD MEMBER FOR ORGANISATION APPLICATIONS) |
| Full Name: | Click or tap here to enter text. |
| Date of Birth: | Click or tap to enter a date. |
| Residential Address: | Click or tap here to enter text. |
| Postal Address (if applicable): | Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Name of organisation working for: | Click or tap here to enter text. |
|  ABN/ARBN/ACN: | Click or tap here to enter text. |
|  Postal Address: | Click or tap here to enter text. |
| Title/Position held in organisation: | [ ]  CEO | [ ]  Director of Board | [ ]  Other Click or tap here to enter text. |
| Date commenced: | Click or tap to enter a date. |
| Relevant qualification/s held: | Click or tap here to enter text. |
| Relevant work experience: | Click or tap here to enter text. |

| **QUESTIONS FOR INDIVIDUAL APPLICANTS** |
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| 1. | Have you ever been convicted at any time of an offence against a law of the Commonwealth, a State or Territory, or another country? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 2. | Have you ever had a civil penalty imposed on you at any time, under a law of the Commonwealth, a State or Territory, or another country? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 3. | Do you have any connections or associations with other people or a body corporate that may affect the reputation, character, honesty, or professional or personal integrity of the organisation? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 4. | Are there any matters, finalised or ongoing, that may affect whether you are considered to be of good repute, relating to character, honesty, professional misconduct, maladministration and professional and personal integrity (including Independent Commission Against Corruption or Ombudsman investigations or findings)? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 5. | Has an industry or professional body (in Australia or another country) refused to grant you membership/registration, reprimanded you, taken any disciplinary action against you, suspended your membership/registration of the professional body or cancelled your membership/registration of the professional body? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 6. | Have you been engaged in the management of any companies/businesses (in Australia or another country) that are, or were, the subject of any investigations or proceedings by any regulatory body, licensed entity with a code or industry/professional association (for example SafeWork SA)? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 7. | Have you been convicted under the *Work Health and Safety Act 2012* (SA) or similar Acts in another State or Territory? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 8. | Have you been an executive officer of a corporation that has been placed into administration, receivership or liquidation? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 9. | Are you, or have you ever been, declared bankrupt or insolvent under administration? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 10. | Are you currently in default of any agreement, contract, order or award that would be likely to adversely affect your financial capacity to successfully perform the obligations of operating a Children’s Residential Facility (CRF) or to carry on the business of a Foster Care Agency (FCA) or Kinship Care Agency (KCA)? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |
| 11. | Are there any other matters, which may be relevant to your suitability for a CRF or FCA/KCA licence about which DCP should be informed? | Yes | [ ]   | No | [ ]   | Details: Click or tap here to enter text. |

If you have answered ‘*yes*’ to any question above, details are required including, date event occurred, jurisdiction/country it occurred in, what the circumstances were, and the outcome.

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| **ATTACHMENTS REQUIRED FOR INDIVIDUAL APPLICANTS** |
| 1. | A current resume outlining educational qualifications, skills and experience for the applicant. | Yes | [ ]   | No | [ ]   | Any additional information: Click or tap here to enter text. |
| 2. | A certified copy of a current WWCC for the applicant. | Yes | [ ]   | No | [ ]   | Any additional information: Click or tap here to enter text. |
| 3. | A certified copy of a current National Police Check for the applicant. | Yes | [ ]   | No | [ ]   | Any additional information: Click or tap here to enter text. |
| 4. | A certified copy of a current Australian Bankruptcy Check **OR** a completed DCP Declaration of Financial Viability for the applicant. | Yes | [ ]   | No | [ ]   | Any additional information: Click or tap here to enter text. |
| 5. | A certified copy of any current professional registrations for the applicant. | Yes | [ ]   | No | [ ]   | Any additional information: Click or tap here to enter text. |

**DECLARATION**

I hereby declare that all the information contained in this application is complete, true and correct.

If this is an Individual Application, I consent to DCP disclosing the outcome of my Fit and proper assessment to the relevant organisation seeking a licence with DCP.

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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.*

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| ***OFFICE USE ONLY*** |
| **Reviewed by DCP Licensing and Compliance Officer** |
| **Name:** | **Signature:** | **Date:** |
| Notes/comments:  |
| **Endorsed by Manager, Licensing Quality and Compliance** |
| [ ]  Endorsed [ ]  Not Endorsed |
| Recommendation to Panel: |
| **Name:** | **Signature:** | **Date:** |
| **Assessed by DCP Licensing and Compliance Panel** |
| **Assessment Date:**  |
| [ ]  Fit and proper requirements met [ ]  Fit and proper requirements not met |
| Recommendation to Delegate: |
| **Approved by Authorised DCP Delegate** |
| [ ]  Approved [ ]  Not Approved |
| **Name:** | **Signature:** | **Date:** |