**Licensing Services: Organisational level assessment 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 email [DCPLicensing@sa.gov.au](mailto:DCPLicensing@sa.gov.au)

**Instructions**

Please complete all sections and provide relevant copies of requirements as indicated in the *Organisational level assessment Tool via* emailto [DCPLicensing@sa.gov.au](mailto:DCPLicensing@sa.gov.au)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF ORGANISATION** | | | | | | | | | |
| Name of service provider: | | Click or tap here to enter text. | | | | | | | |
| ABN/ARBN/ACN: | | Click or tap here to enter text. | | | | | | | |
| Date of current expiry or new application: | | Click or tap here to enter text. | | | | | | | |
| Postal address: | | Click or tap here to enter text. | | | | | | | |
| Licence types wanting to hold: | | Children’s Residential Facility | | | | | | | |
| Foster Care Agency | | | | | | | |
| Kinship Care Agency | | | | | | | |
| 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. | | | | | | | |
| Details of Chief Executive Officer: | | Full Name | | | WWCC Registration Number | | WWCC expiry date | | Date of DCP Fit and Proper Certification |
| Click or tap here to enter text. | | |  | | Click or tap to enter a date. | | Click or tap to enter a date. |
| Number of Directors on the Board: | | Click or tap here to enter text. | | | | | | | |
| Details of Directors on the Board: | | Full Name | | | WWCC Registration Number | | | WWCC expiry date | Date of DCP Fit and Proper Certification |
| Click or tap here to enter text. | | |  | | | Click or tap to enter a date. | Click or tap to enter a date. |
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| **ATTACHMENTS REQUIRED** | | | | | | | | | |
| 1. | *Organisational level assessment Tool* with the *Service Provider Response* column completed with details of evidence for each item listed. | Yes | No | Any additional information:  Click or tap here to enter text. | | | | | |
| 2. | Copies of up-to-date evidence for each item as defined in the *Measure* columnof the *Organisational level assessment Tool.* | Yes | No | How is it provided?  *(Email/USB)* | | Any additional information:  Click or tap here to enter text. | | | |

**DECLARATION**

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

|  |  |
| --- | --- |
| ***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:** |