

NOTIFICATION OF APPROVED FORMS UNDER THE CHILD PROTECTION ACT 1999

Commencement

The following approved forms have been updated to reflect a departmental name change because of machinery of government changes. There is no substantive change to the content of the forms.

The updated forms are available for use from 26 June 2025, however for transition purposes, the previous forms will be accepted until 31 July 2025.

Any licence (LCS5) currently in effect will continue to have effect until expiry or reissue.

Forms approved

The following approved forms has been updated:

Form No.	Version No.	Form Heading
LCS1	10	Application for a New/Renewal Care Service Licence
LCS5	10	Licence to Provide Care Services
LCS6	7	Change in Personal Circumstances
LCS8	7	Notice of Request for Records

Availability of forms

These forms are available from:

Child Safety Licensing
Department of Families, Seniors, Disability Services and Child Safety
Locked Bag 3405
Brisbane QLD 4001

Email CS_Licensing@cyjma.qld.gov.au

Scott Tan
Manager, Child Safety Licensing
Investment and Commissioning
Department of Families, Seniors, Disability Services and Child Safety

Application for a New/Renewal Care Service Licence LCS Form – 1

The completed form must be lodged with Child Safety Licensing, Department of Families, Seniors, Disability Services and Child Safety at CS_Licensing@cyjma.qld.gov.au.

Please note: Renewal applications must be received and determined properly made by the department at least 30 days prior to the licence expiry date. Suspended or cancelled licences cannot be renewed.

Further information is available online at <https://www.families.qld.gov.au/about-us/our-department/partners/child-family/child-safety-licensing/licensing-resources> or via Child Safety Licensing at the email above.

Part 1: Organisation Details of Licence Applicant

Corporation name:			
Registered business name if the corporation is trading under a business name:			
ACN: <u>or</u> Incorporation number:	ABN:	Date of incorporation:	
Please attach a copy of the following: <input type="checkbox"/> the current certificate of incorporation of the corporation, and <input type="checkbox"/> if trading under a business name, a copy of the current certificate of registration of the business name			
Organisation street address:			
Organisation postal address: (if different)			

Part 2: Details of Contact Person for this Application

(Note: the contact person can be any individual within the corporation able to respond to questions about this application)

Name of contact person: (Please print name in full)			
Position title:			
Telephone number:		Mobile number:	
Email Address:			

Part 3: Application Type

This application is for a:	<input type="checkbox"/> New Licence to Provide Care Services
	<input type="checkbox"/> Renewal of a Licence to Provide Care Services (provide details below) Licence Number: Licence Expiry Date: Select

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Part 4: Human Services Quality Framework (HSQF) Certification Details

Current certification start date:	Select
Current certification expiry date:	Select

Part 5: Proposed Nominee's Details and Acceptance of Responsibility

Name of proposed nominee: (Please print name in full)		
Postal address:		
Email address:		
Telephone number:		
Mobile number:		
<p>Please confirm the proposed nominee is able and willing to meet the requirements of S130 of the <i>Child Protection Act 1999</i> as follows:</p>		
Is the proposed nominee aged 18 years or over?	<input type="checkbox"/> Yes	
Does the proposed nominee accept responsibility for ensuring that the licensee complies with Section 129A of the <i>Child Protection Act 1999</i> ?	<input type="checkbox"/> Yes	
Is the proposed nominee able and willing to meet the requirements of Chapter 4, Part 2, Divisions 5 and 6 of the <i>Child Protection Act 1999</i> ?	<input type="checkbox"/> Yes	
Does the proposed nominee accept responsibility for notifying the department of changes to suitability status and other relevant information relevant to all persons referenced in the above-mentioned divisions? (nominee, directors, managers, and persons performing risk-assessed roles).	<input type="checkbox"/> Yes	
Signature of proposed nominee:		Date signed:

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Part 6: Application Checklist – Complete sections as applicable and attach relevant documents

Complete for all applications:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. List all persons associated with the care services covered by this application in <i>Appendix A - List of all persons who must be suitable</i> .
(Applicant can attach a register held by the organisation provided all relevant information outlined in Appendix A is included) |
| <input type="checkbox"/> | 2. Attach a copy of current Public Liability Insurance (including the nominated amount of cover, the carrier and expiry date) covering all care services included in this application. |
| <input type="checkbox"/> | 3. Attach an update of any Corrective Action Plan/s associated with addressing any non-conformances and any major non-conformances raised during the HSQF Certification/Recertification Audit. Please also provide verification of closure of major non-conformances by the certification body if available. |
| <input type="checkbox"/> | 4. Attach a Confirmation of Organisational Addresses Requiring Audit detailing all care services covered by this application. |

Complete for organisations who do not receive outsourced service delivery funding from the Department of Families, Seniors, Disability Services and Child Safety to provide child protection placement services:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 5. Attach evidence of financial viability of the corporation (e.g., annual audited statement). |
|--------------------------|--|

Complete for all new applications (this section is not completed for renewal applications):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 6. Attach for each director and the proposed nominee: <ul style="list-style-type: none"> • <i>Child Safety and Personal History Screening Check (LCS2)</i> or • make an online LCS2 application via the department's website |
| <input type="checkbox"/> | 7. Attach for directors or proposed nominee with current blue / exemption card a <ul style="list-style-type: none"> • <i>link to the Department for nominees and directors of a licensed care service form</i> |
| <input type="checkbox"/> | 8. Attach for directors or proposed nominee without current blue / exemption card a <ul style="list-style-type: none"> • <i>Nominee or director of a licensed care service blue / exemption card application (LCS/B/E) form</i> or • evidence of online application linked to the department |

Complete where the licence application includes foster and kinship care services:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 9. Attach a list of current Foster and/or Kinship Carers and Adult Household Members in <i>Appendix B – List of Carers and Adult Household Members</i> .
(Applicant can attach a register held by the organisation provided all relevant information outlined in Appendix B is included) |
|--------------------------|---|

LCS1 Appendix A –List of all persons who must be suitable

NB: Please ensure that all persons listed under Section 126 (b) of the *Child Protection Act 1999* are listed in the below table: i.e. Nominees, Directors, persons responsible for directly managing the care service, persons performing risk-assessed roles in relation to the provision of care services by the service. *(If there is insufficient space please attach a separate list)*

Person Details		Child Safety and Personal History Screening Check Details			Blue Card/Exemption Details			Deemed Suitable by Organisation
Role in Service*	Name in Full:	Application Date	Outcome Letter Date	Expiry Date	Blue Card / Exemption Card Number	New / Renewal Application Date <small>(if Blue Card/Exemption Card is not current)</small>	Blue Card / Exemption Card Expiry Date	Tick if Deemed Suitable
Proposed Nominee:		Select	Select	Select		Select	Select	
Director/s:		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
Manager/s:		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
Risk-assessed roles:		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>
		Select	Select	Select		Select	Select	<input type="checkbox"/>

* For role definitions refer to the *Suitability and Screening Requirements for Child Safety Licensed Care Services: A guide for non-government organisations* available at <https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/partners/licensing/csl-suitability-screening-requirements.pdf>

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LCS1 Appendix B – List of Carers and Adult Household Members

NB: Please ensure that all carers and adult household members are included on the list. *(If there is insufficient space please attach a separate list)*

Person Details			Approval Details		Blue Card/Exemption Details			Additional Comments <i>Include actions taken where re-approval assessment or APA have been delayed or Blue Card expired prior to renewal lodgement</i>
Name in Full:	Carer or AHM	Carer Type	Approval Expiry Date	If Not Approved, Date APA Lodged	Blue Card /Exemption Number	New/Renewal Application Date <small>(if blue card is not current)</small>	Blue Card Expiry Date	
	Choose an item.	Choose an item.	Select	Select		Select	Select	
	Choose an item.	Choose an item.	Select	Select		Select	Select	
	Choose an item.	Choose an item.	Select	Select		Select	Select	
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	Choose an item.	Choose an item.	Select	Select		Select	Select	
	Choose an item.	Choose an item.	Select	Select		Select	Select	

Licence to Provide Care Services

Licensing of Care Services Under the *Child Protection Act 1999*

Licence Number: **OLL XXXX**

Name of Nominee: **<First Name and Last Name>**

Name of Licensee: **<Corporation name and registered business name if the corporation is trading under a business name>** e.g. **"XYZ Pty Ltd trading as xxxxxxxxx"**

Licence effective date: **DD Month YYYY**

Licence expiry date: **DD Month YYYY**

Licence Function

This organisation is granted a licence to: **DELETE THOSE THAT DO NOT APPLY**

- provide care in the premises listed below under the heading "List of licensed care premises covered by this licence"
- recruit, train, assess and support departmentally approved carers
- recruit, train, assess and support departmentally approved carers, and provide additional support for the placement through the employment of direct care staff.

A licensed care service must comply with the relevant provisions of the *Child Protection Act 1999* and the *Working with Children (Risk Management and Screening) Act 2000*, and the conditions listed on this licence.

Licence Conditions

1. The licensee must ensure that persons defined under s126(b) of the *Child Protection Act 1999* are suitable persons.
2. The licensee must ensure that persons defined under Schedule 1, Part 1, s14(3) and part 2, s24 of the *Working with Children (Risk Management and Screening) Act 2000* have a working with children authority under the *Working with Children (Risk Management and Screening) Act 2000*.
3. The licensee must comply with, and maintain, the relevant Department of Families, Seniors, Disability Services and Child Safety (the department) quality assurance system for licensed care services.
4. This licence has been granted on the basis that the organisation meets the requirements for s126 of the *Child Protection Act 1999*, and the licensee must continue to meet these requirements for the duration of the licence.
5. The licensee must, where the nominee is on leave for a period of less than 6 weeks (including emergent and unplanned leave), notify the department of a proposed suitable person who may complete the relevant duties on a temporary basis until the nominee returns, using the Licensing of Care Services (LCS) Form-9A or 9B. The person must be deemed suitable by the department prior to being temporarily appointed to the role by the licensee. For periods of leave greater than 6 weeks the licensee must propose a new nominee using the Licensing of Care Services (LCS) Form-4A.
6. The nominee must apply to amend the licence under s137 of the *Child Protection Act 1999*, where changes to the licence are necessary or desirable, using the *Licensing of Care Services (LCS) Form-4A*.
7. The nominee must notify the department of any other changes affecting the basis upon which the care service licence was originally granted using the *Licensing of Care Services (LCS) Form-4B*.
8. The nominee must immediately on receiving a disclosure of a change to child protection, criminal, working with children authority, domestic violence and traffic histories of persons defined under s126(b) of the *Child Protection Act 1999* notify the department using the *Licensing of Care Services (LCS) Form-6*.

Delegated officer granting the licence:

Name: **xx**

Title: **xx**

Signature:

Date Signed: **DD Month YYYY**

Date(s) of amendment:

Licence to Provide Care Services

Licensing of Care Services Under the *Child Protection Act 1999*

Licence Number: **OLL XXXX**

Name of Licensee: **< Corporation name and registered business name if the corporation is trading under a business name> e.g. "XYZ Pty Ltd trading as xxxxxxxxx"**

List of licensed care premises covered by this licence

Street Address	Departmental Region
<Address including suburb and postcode> <Select Service Type>	<Region>
<Address including suburb and postcode> <Select Service Type>	<Region>
<Address including suburb and postcode> <Select Service Type>	<Region>
<Address including suburb and postcode> <Select Service Type>	<Region>

List of care services licensed to recruit, train, assess and support departmentally approved carers

Street Address	Departmental Region
<Address including suburb and postcode> <Select Service Type>	<Region>
<Address including suburb and postcode> <Select Service Type>	<Region>

List of care services licensed to recruit, train, assess and support departmentally approved carers, and provide additional support for the placement through the employment of direct care staff

Street Address	Departmental Region
<Address including suburb and postcode> <Select Service Type>	<Region>
<Address including suburb and postcode> <Select Service Type>	<Region>

Change in Personal Circumstances

This form enables the Nominee to:

- notify the department of changes to the personal history of the nominee, director, manager and risk assessed roles, in accordance with sections 141C and 141D(3) of the *Child Protection Act 1999* (*The Act*).
- notify the department of changes to criminal history and Blue Card/Exemption Cards and applications for all aforementioned persons, in accordance with sections 141H and 141I of *The Act*.
- notify the department of changes to child protection history for all aforementioned persons.
- notify the department of change of name or address details for all aforementioned persons.

The Nominee or their delegate must complete this form and forward it to the Child Safety Licensing Mailbox (CS_Licensing@cyjma.qld.gov.au) Department of Families, Seniors, Disability Services and Child Safety, immediately after the change.

If insufficient space is provided, please include additional information as an attachment.

Part 1: Details of Person the Change Relates to			
Position in Organisation:	<input type="checkbox"/> Nominee <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Other risk-assessed role		
First Name:			
Middle Name/s:			
Family Name:			
Details of Organisation Name:			
Address:			
Suburb/Town:			
State/Territory:		Postcode:	
Date of Birth: (dd/mm/yyyy):		Sex Descriptor:	
Telephone Number:		Blue Card Number:	
Part 2: What Does the Change Concern Relate to (tick all that apply)			
<input type="checkbox"/> Change of name	If change relates to name or address only, complete Part 3 and lodge form.		
<input type="checkbox"/> Change of address			
<input type="checkbox"/> Change due to involvement with the Queensland or any interstate/international child protection agencies (child protection history)	Complete Part 4 and lodge form.		
<input type="checkbox"/> Change in criminal history			
<input type="checkbox"/> Change related to Blue Card/Exemption Card or application			
<input type="checkbox"/> Change related to you being the respondent in a domestic and family violence matter			
<input type="checkbox"/> Change in traffic history (include driving under the influence of drugs or alcohol and dangerous driving only)			

Part 3: Change of Name or Address (can be completed and signed by nominee or delegate)

Change of Name

From: <i>First:</i>		To: <i>First:</i>	
<i>Middle:</i>		<i>Middle:</i>	
<i>Family:</i>		<i>Family:</i>	
Date of Change:			/ /20

Change of Address

From: <i>Line 1:</i>		To: <i>Line 1:</i>	
<i>Line 2:</i>		<i>Line 2:</i>	
<i>Suburb/Town:</i>		<i>Suburb/Town:</i>	
<i>State/Territory:</i>		<i>State/Territory:</i>	
	<i>Postcode:</i>		
Date of Change:			/ /20

Name of Nominee:
(or nominee delegate)

Nominee
Email address
or
Name and organisational role of person delegated by the nominee
Name
Role
Email address

Signature:

Date: / / 20

Part 4: Details of Change in Circumstances (must be completed and signed by nominee)

Change due to involvement with a child protection agency

Details:

Complete once your organisation has been advised by the department that the person has been named in a Standard of Care Review/Harm Report recorded by the department.

– include date of incident, name and date of birth of child/ren, CSSC investigating, nature of incident

or

Complete once your organisation has been advised of the person's involvement with a child protection agency due to a personal matter unrelated to their role in the care service.

– include any relevant details provided

Change in criminal history

Details:

Change to Blue Card/Exemption Card or application (must provide card number if applicable)

Details:

Change related to domestic/family violence matter

Details:

Change in traffic history

Details:

Name of Nominee:

Signature:

Date:

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Part 4: Nominee's Obligations Under the Child Protection Act 1999

Personal History

The *Child Protection Act 1999* requires the nominee for a licence to immediately notify the Chief Executive of the Department of Families, Seniors, Disability Services and Child Safety of any changes to the domestic violence history or traffic history of the nominee, director(s), manager(s), and a person who is performing a risk-assessed role.

Blue Card/Exemption Cards

The *Child Protection Act 1999* also requires the nominee to immediately provide written notice to the Department of Families, Seniors, Disability Services and Child Safety in instances where:

- The nominee:
 - applies for a Blue Card/Exemption Card and the application is withdrawn;
 - is charged with a disqualifying offence or convicted of a serious offence;
 - has notified the Chief Executive (employment screening) of a change in police information within the meaning of the *Working with Children (Risk Management and Screening) Act 2000*.
- The nominee has received one of the following disclosures from a director(s):
 - The director has applied for Blue Card/Exemption Card and the application is withdrawn; and/or
 - The director is charged with a disqualifying offence or convicted of a serious offence; and/or
 - The director has notified the Chief Executive (employment screening) of a change in police information within the meaning of the *Working with Children (Risk Management and Screening) Act 2000*.
- The nominee becomes aware of the following in relation to a manager or person who is performing a risk-assessed role for a licensed care service operated under the licence:
 - An application for a Blue Card/Exemption Card is withdrawn; and/or
 - An application for a Blue Card/Exemption Card is made because of a change in the person's criminal history; and/or
 - The person is charged with a disqualifying offence or convicted of a serious offence; and/or
 - The person is issued with or given a Negative Notice or Negative Exemption Notice.
- The nominee has notified the Chief Executive (employment screening) of a change in police information within the meaning of the *Working with Children (Risk Management and Screening) Act 2000*.

A maximum penalty of 100 Units* may apply to nominees for failure to comply with these obligations under the *Child Protection Act 1999*.

* For value of 1 penalty unit refer to section 5 of the *Penalties and Sentences Act 1992*.

Part 5: Privacy Notice

The Department of Families, Seniors, Disability Services and Child Safety is collecting this personal information for the purpose of assessing the ongoing suitability of the nominee or people directing, managing, or performing a risk-assessed role for a licensed care service operated under the licence.

This information is collected under *Chapter 4, Part 2, Division 7* of the *Child Protection Act 1999* and *Part 4, Division 2 and Part 8* of the *Child Protection Regulation 2023* and may be given to the Queensland Police Service, Blue Card Services, and Department of Transport and Main Roads. These agencies may pass this information to equivalent interstate or international agencies. In circumstances where an interstate or international child protection check is required, this personal information may be provided to the government agency responsible for child protection in other Australian States and Territories and also to International Social Service Australia and the New Zealand Government.

Personal information will be handled in accordance with the *Information Privacy Act 2009* (Qld).



Notice of Request for Records

Pursuant to Section 30 of the *Child Protection Regulation 2023* the department hereby gives written notice to a Licensee to provide information in accordance with *Section 29*, including details of children and their placements and any significant events relating to a child that happened during their residency (see *section 29(2)* of the *Child Protection Regulation 2023*). The *LCS Form – 8* must be completed and returned with the requested details within 30 days from the date the written notice was given to the Licensee by the department.

Part 1 – Licensee Details (to be completed by the department)

Name of Licensee:		Licence no:	OLL	Nominee:	
Name and address of service(s) the request relates to:		Date written notice was given by the department:			
Child/ren records are being requested in relation to:					

Part 2 - List of Details in Accordance with Section 29(2) of the *Child Protection Regulation 2023*

(To be completed by the licensee. Please add additional lines as necessary)

Section (a) Child's name, date of birth and sex descriptor	Section (b) Culture of origin of the child	Section (c) First and last days of each period during which the service is provided to the child	Section (d) Facility/carer name and address	Section (e) Written complaint/s and action taken	Section (f) Written concern regarding the standards of care not being met and action taken	Section (g) Details of significant event/s



Part 3 – Signature						
Nominee's signature (or Nominee's delegate):		Date:				
Part 4 - Departmental Use Only						
Licensing delegate:		Region/office:				
Date return received:		Signature:				

