

ANNEXURE "20" OF THE STATEMENT OF RUTH CALLAGHAN DATED 18 OCTOBER 2013

Witness: _____

Signature: _____

Ruth Callaghan



Australian Children's
Education & Care
Quality Authority

CS01 Certified Supervisor Request

Application Number APP-40011769

Certified Supervisor Details

Certified Supervisor Name and Contact Details

Name: Mrs Brooke Leah Cuncliffe

Birth Details: [REDACTED]

Phone (BH): [REDACTED]

Mobile Phone: [REDACTED]

Phone (AH): [REDACTED]

Email: [REDACTED]

Address

Residential Address: [REDACTED]

Postal Address: [REDACTED]

Supporting Information

Relevant Skills, Qualifications, Experience and Management Capability

Evidence of training/qualifications

CCF12032013_0000.pdf fit and proper statement

Resume or similar evidence

CCF12032013_0001.pdf CS01

Highest qualification level you possess At least 3 years' experience working as an educator in an education and care service or a children's service or a school or in a service regulated under a former education and care services law

Evidence of experience/qualifications

Brooke Qual.pdf Qualifications

Intends to be a Nominated Supervisor of, or be in charge of, an education and care service that primarily educates and cares for children over preschool age Yes

Approved Provider or a person with management or control of an education and care service Yes

Approved Provider or Person with Management or Control Details

Provider Approval Number PR-00005683

Evidence of age

Brooke ID.pdf ID

ACECQA

Application for Supervisor Certificate

(s106 of the Education and Care Services National Law Act 2010)

CS01

Privacy Statement

ACECQA and the Regulatory Authorities are committed to ensuring that all actions taken in the administration of the National Quality Framework are in compliance with the *Information Privacy Principles of the Privacy Act 1988 (Cth)*.

ACECQA and the Regulatory Authorities are collecting the information on this form for the purpose of assessing this application under the National Quality Framework. The information on this form may also be provided to other authorities or to other government agencies in accordance with the *Education and Care Services National Law*.

ACECQA, the Regulatory Authority and the Commonwealth Government may publish information about you in accordance with the *Education and Care Services National Law*.

Part A: Certified Supervisor Name and Contact Details

1. Please complete the following:

Title:	MRS	First name:	BROCKE
Middle name:	LEAH	Last name:	CUNLIFFE
Date of birth:	22 04 1982	DD/MM/YYYY	
Phone (BH):		Mobile:	
Phone (Alt):		Fax:	
Email:			

2. Please state any former name(s) or other name(s) you may be known by:

BROCKE LEAH O'HAGAN

3. Residential address:

Address line 1:	
Address line 2:	
Suburb/Town:	
State/Territory:	Postcode:

4. Postal address:

As above	<input checked="" type="checkbox"/>
Address line 1:	
Address line 2:	
Suburb/Town:	
State/Territory:	Postcode:

ACECQA

Application for Supervisor Certificate
(s106 of the Education and Care Services National Law Act 2010)

CS01

Part C: Approved Provider or Person With Management or Control Details
(To be completed if you are an Approved Provider or a person with management or control)

9. Please provide your Provider Approval number or the Provider Approval number under which you are a person with management or control:

10. Please attach evidence that you are aged 18 years or over.

Part D: Fit and Proper Check

11. Please complete the Declaration of Fitness and Propriety form if you are not an Approved Provider or a person with management or control.

Part E: Applicant Declaration

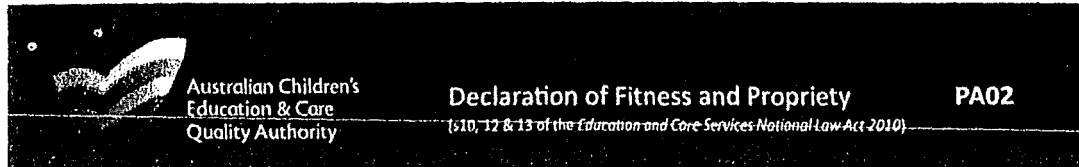
- I, BROOKE LEAH CONLIFFE (insert full name of person signing the declaration)
of, [REDACTED] (insert address)

I declare that

1. The information provided in this application form (including any attachments) is true, complete and correct;
2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Certified Supervisor's legal obligations under the *Education and Care Services National Law*;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation, and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.

Signature of person making the declaration:

Signed at YMCA On the 20th February 2013



Before You Begin

You must read the following information before completing and submitting this declaration.

Your Obligations

Before submitting this declaration, you must ensure you are familiar with the requirements and obligations set out under the National Quality Framework for Early Childhood Education and Care (National Quality Framework) which includes the *Education and Care Services National Law* and the *Education and Care Services National Regulations*.

If you require further information about your obligations under the National Quality Framework or are unsure about the information required in this declaration, it is important that you visit the website www.acecqa.gov.au or contact the relevant Regulatory Authority in your state or territory for clarification.

You must ensure that the information you set out in this form is complete and correct. The provision of false or misleading information to the Regulatory Authority or ACECQA is an offence under the *Education and Care Services National Law*. Failure to comply may result in a financial penalty.

**Note: All references to the 'Education and Care Services National Law' in this form are to be read as a reference to the 'Education and Care Services National Law Act 2010' as applied as a law of the state or territory in which you are seeking approval under this form. References to ACECQA are to the Australian Children's Education and Care Quality Authority, established under section 224 of the Education and Care Services National Law.*

Declaration Requirements and Assessment

This form is to be completed by either:

- All individual persons applying for Provider Approval; or
- all persons with management or control of an education and care service to be operated by a non-individual applying for/amending their Provider Approval; or
- all persons applying for a Supervisor Certificate who have been instructed to do so in the application for Supervisor Certificate; or
- other persons as requested by the Regulatory Authority.

Upon completion of this form please attach with the relevant application form/notification for submission to the Regulatory Authority.

Important

- Your declaration will not be processed unless all necessary questions are satisfactorily completed and all requested supporting documents are attached.
- Please write clearly in BLOCK LETTERS and use a black pen. Do not use correction fluid. The signatory should initial any corrections to this form.

Office use only: Approved Not Approved Date:

In Confidence, When Completed

ACECQA**Declaration of Fitness and Propriety****PA02**(s10, 12 & 13 of the Education and Care Services National Law Act 2010)

Privacy Statement

ACECQA and the Regulatory Authorities are committed to ensuring that all actions taken in the administration of the National Quality Framework are in compliance with the *Information Privacy Principles of the Privacy Act 1988 (Cth)*.

ACECQA and the Regulatory Authorities are collecting the information on this form for the purpose of assessing your declaration under the National Quality Framework. The information on this form may also be provided to other authorities or to other government agencies in accordance with the *Education and Care Services National Law*.

ACECQA, the Regulatory Authority and the Commonwealth Government may publish information about you in accordance with the *Education and Care Services National Law*.

Further information

Under the Law, a Person With Management or Control Means:

- a. If the Provider or intended Provider of the service is a body corporate, an officer of the body corporate within the meaning of the *Corporations Act 2001 of the Commonwealth* who is responsible for managing the delivery of the education and care service; or
- b. if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service; or
- c. if the provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or
- d. in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service.

ACECQA

Declaration of Fitness and Propriety

PA02

(s10, 12 & 13 of the Education and Care Services National Law Act 2010)

1. Please complete the following:

Title:	MRS	First name:	BROOKE
Middle name:	LEAH	Last name:	CUNLIFFE
Phone number:		Mobile number:	
Fax number:			
E-mail:			
Date of birth: DD/MM/YYYY	02/04/1982	Place of birth:	AUSTRALIA
Residential Address:			
Address line 1:			
Address line 2:			
Suburb/Town:			
State/Territory:		Postcode:	
Postal Address:			
As above:	<input checked="" type="checkbox"/>		
Address line 1:			
Address line 2:			
Suburb/Town:			
State/Territory:		Postcode:	

2. Please provide details of any former names or other names you may be known by:

BROOKE LEAH O'HAGAN

3. Please attach a copy of one of the following as evidence of your identity:

- A current passport; or
- a current driver's licence; or
- a current proof of age card

ACECQA
Declaration of Fitness and Propriety
PA02

(s10, 12 & 13 of the Education and Care Services National Law Act 2010)

4. In the previous 3 years have you held any role with an education and care service or a children's service?
Please skip this question if you are applying to become a Certified Supervisor.

Yes ▶ *Please provide details of all roles in the table below and attach paper for further entries if required:*

Name of the service	Service location (State/Territory)	The nature of your role
YMCA	N.S.W.	Co-Ordinator

No

5 ▶ **For applicants completing this declaration for the purposes of a provider approval**

Please attach documentary evidence of one of the following if the jurisdiction in which you are working has a working with children law:

- a. A copy of your current Working With Children Check or Working With Children Card (note: Working With Children Card does not apply in Tasmania), or
 - b. if you are a teacher registered under an education law of that jurisdiction, proof of the current registration under that law; or
 - c. if you are making this declaration to the New South Wales Regulatory Authority, a consent for the Regulatory Authority to obtain a Working With Children Check in relation to the person
- AND

Please attach documentary evidence of one of the following:

(Please skip this question if this declaration is to be included with an application/notification to the Queensland Regulatory Authority)

- a. A copy of your current check under a working with vulnerable people law of the state or territory, or
- b. a criminal history record check issued not more than 6 months before the date of this declaration

For applicants completing this declaration for the purposes of a supervisor certificate

Please attach documentary evidence of one of the following if the jurisdiction in which you are working has a working with children law:

- a. A copy of your current Working With Children Check or Working With Children Card (note: Working With Children Card does not apply in Tasmania) or working with vulnerable people check; or
- b. if you are a teacher registered under an education law of that jurisdiction, proof of the current registration under that law; or
- c. if you are making this declaration to the New South Wales Regulatory Authority, a consent for the Regulatory Authority to obtain a Working With Children Check in relation to the person

OR if you do not hold any of the above, please attach documentary evidence of a criminal history record check issued not more than 6 months before the date of this declaration.

ACECQA

Declaration of Fitness and Propriety

PA02
(s10, 12 & 13 of the Education and Care Services National Law Act 2010)

6. If you have provided a criminal history record check, have you been convicted in Australia of any offences, relevant to a person seeking to work with children, in the period from the date this check was issued to the date of this declaration?
- Yes ▶ *Please provide details including the date and type of conviction:*

 No

7. Have you lived and worked outside Australia any time within the previous 3 years?
- Yes ▶ *Please provide an overseas criminal history statement:*

 No

8. Have you ever been subject to a formal disciplinary proceeding or action under an education law of a participating jurisdiction?
- Yes ▶ *Please provide details including the date and type of action or proceeding, and the outcome:*

 No

9. Have you ever been the subject of any proceeding in bankruptcy?
(Please skip this question if you are applying to become a Certified Supervisor)
- Yes *Please provide details, including:*
- a. whether any actions have been taken against you under Part IV of the *Bankruptcy Act 1966* of the Commonwealth; and
 - b. whether you have made any debt agreement under Part IX of the *Bankruptcy Act 1966* of the Commonwealth; and
 - c. whether you have made any personal insolvency agreement under Part X of the *Bankruptcy Act 1966* of the Commonwealth.

 No

ACECQA**Declaration of Fitness and Propriety****PA02**(s10, 12 & 13 of the *Education and Care Services National Law Act 2010*)

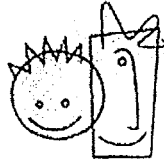
Declaration

I, BROOKE LEAH CUNLIFFE (insert full name of person signing the declaration)
of, [REDACTED] (insert address)
am CHILD CARE WORKER (Insert position/title of Applicant (for example, proprietor, director, partner, president))

I declare that:

1. The information provided in this declaration (including any attachments) is true, complete and correct;
2. I have read and understood and I agree to the conditions and the associated material contained in this form;
3. I understand that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of this form, including its attachments;
4. I have read and understood my legal obligations under the *Education and Care Services National Law*;
5. The Regulatory Authority is authorised to verify any information provided in this form;
6. Some of the information provided in this form may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.

Signature of person making the declaration: Signed at: CARINGBAH YMCA On the: 24th APRIL 2013



nsw commission for
children & young people

15 February 2007

Ms Maggie Lent

Area Manager

Caringbah YMCA

PO Box 257

CARINGBAH NSW 1495

CONFIDENTIAL: FOR ADDRESSEE ONLY

Dear Ms Lent

I am writing regarding the Working With Children background check you requested for:

Surname	Given Name(s)	Gender	Date of Birth
O'HAGAN	BROOKE LEAH	F	22-APR-1982

Please check these details with your Working With Children Background Check request. If there is a discrepancy, please ring the Commission for Children and Young People's Working With Children Check team on (02) 9286-7219.

The background check for the person named above gives no information that suggests that this applicant poses a particular risk to children.

This background check is not transferable to other employers. It is valid only for the current employment with you.

While the Working With Children Check provides some safety for children in workplaces it is also essential for employers to create environments that minimise the opportunity for children to be harmed. You can make a start by doing things like making sure that employees are in sight or the hearing of others, have supervision and support, and have clear rules about how to behave when with children. More information on this can be found on our website under the Child-safe, Child-friendly program at www.kids.nsw.gov.au/director/check/safefriendly.

Yours sincerely

Virginia Neighbour
Director, Operations

Level 2, 407 Elizabeth Street Surry Hills NSW 2010
ABN: 09 654 425 302

Tel: 02 9286 7275 Fax: 02 9286 7267
WVCC Fax: 02 9286 7201 TTY: 02 9286 7286

Email: kids@kids.nsw.gov.au
Web: www.kids.nsw.gov.au

Application 86M 3652 A.



Registration of Births, Deaths and Marriages Act, 1973

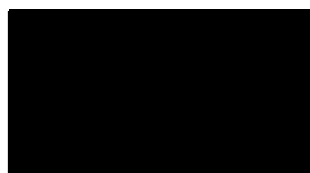
EXTRACT CERTIFICATE BIRTH REGISTERED IN NEW SOUTH WALES, AUSTRALIA

I hereby certify that a recording in a register kept by me gives the following particulars concerning

the birth of Brooke Leah O'Hagan.

Date of birth 22nd April, 1982.

Place of birth Caringbah, N.S.W.



Issued at Sydney, 17th October, 1986.

Principal Registrar

This document is issued unaltered and any person making an alteration is liable to prosecution

24.13
[Handwritten signature]

NEW SOUTH WALES

BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT 1995

REGISTRATION NUMBER

MARRIAGE CERTIFICATE



<p>1 MARRIAGE</p> <p>Date Place</p>	
<p>2 BRIDEGROOM</p> <p>Family Name Christian or Given Name(s)</p> <p>Occupation Place of Residence</p> <p>Conjugal status Place of Birth Date of Birth Age</p> <p>Father's Name Mother's Maiden Name</p>	
<p>3 BRIDE</p> <p>Family Name Christian or Given Name(s)</p> <p>Occupation Place of Residence</p> <p>Conjugal status Place of Birth Date of Birth Age</p> <p>Father's Name Mother's Maiden Name</p>	<p>O'HAGAN Brooke Leah</p> <p>Childcare</p> <p>Never Validly Married Caringbah, NSW 22/04/1982 27</p>
<p>4 CELEBRANT</p> <p>Name</p>	
<p>5 RITES</p>	<p>Marriage Act 1961</p>
<p>6 WITNESSES</p> <p>Name Name</p>	
<p>7 REGISTERING AUTHORITY</p> <p>Name Date</p>	<p>Greg Curry, Registrar 18 November 2009</p>
<p>8 ENDORSEMENT(S)</p>	

Before accepting copies, sight unaltered original. The original has a coloured background.

REGISTRY OF BIRTHS
DEATHS AND MARRIAGES

I hereby certify that this is a true copy of particulars recorded in a
Register in the State of New South Wales, in the Commonwealth of Australia

SYDNEY

24 Nov 2009

Registrar

