



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

Application for OSCAR Approval

Level 3

These details are required for all organisations applying to be approved by the Ministry of Social Development as an Out of School Care and Recreation (OSCAR) provider under Sections 25 - 27 of the Social Security (Childcare Assistance) Regulations 2004.

Application for approval

Your organisation's details

Legal name of your organisation:

Other names your organisation
commonly uses:

Main office street address

Number:

Street name:

Suburb or RD no:

Town or city:

Main office postal address (if different from above)

Number:

Street name:

Suburb or RD no:

PO Box/Private Bag:

Lobby, town or city:

Postcode:

Main Office phone number

Phone number:

Fax number:

Website and email address

Website:

Email address:

We would like to receive OSCAR subsidy payment schedules by email to the above email address. (Note: the first subsidy payment schedule will be sent by post, from then on payment schedules will be sent via email.)

Key contact details

Contact person's name:

Contact person's position:

Business phone number:

Home phone number:

Email address:

If you run more than one out-of-school programme, please list them individually. Example: After-School, Before-School and Holiday Programme.

Information on OSCAR service

Name of service approval is sought for	Type of service (ie before/after school, holiday, camp)	Address of site	No. of children	No. of staff

Legal status of your organisation

- | | |
|--|---|
| <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> Organisation set up under statute |
| <input type="checkbox"/> Incorporated Society | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Unincorporated Body |
| <input type="checkbox"/> Named Individual:
<input type="text"/> | <input type="checkbox"/> Registration Number:
<input type="text"/> |

Declaration

I declare that:

- all the details contained in this application are true and correct to the best of my knowledge and belief; and
- I have the authority of my organisation to sign this application and provide the required information.

Details

Signature:

Date:

Name:

Position:

Complete the application form and attach all required documents (refer to checklist on the next page) and email to: MSD_provider_approval_team@msd.govt.nz.

If you would prefer to post your application through please see the contact details on our website: www.msd.govt.nz/approvals

Checklist of documents that must be included with the application form:

- Copies of all policies and procedures
- Abuse recording/reporting forms
- Any agreement with other parties regarding facilities/responsibilities
- Company/trust/groups/rules/deeds.
- Copy of company registration certificate
- Employment agreement form
- Enrolment forms
- Medication consent forms
- Position description/s
- Programme plan/brochures
- Proposed budget
- Registration with Police Licensing and Vetting Service
- Registration/attendance forms/packs
- Completed risk assessment management (RAMS) form (if there is documentation this will be viewed on-site)
- Staff code of behaviour