



**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, home-based)	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:<br><input type="text"/> | <input type="checkbox"/> Registration Number:<br><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](mailto: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](http://www.msd.govt.nz/approvals)

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

- Copies of all policies and procedures as outlined in the OSCAR Provider guide together with sample copies of:
  - 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