



Provider approval number: PR-  
*(Office Use Only)*

## Before you begin

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

### Use this form to...

Apply for provider approval. You must have provider approval to operate an education and care service:

### Application requirements

An applicant for provider approval may be one or more of the following:

- individual
- company
- sole proprietor
- partnership
- incorporated entity/body
- unincorporated entity/body
- registered cooperative
- Australian Government
- state/territory government
- local government
- educational institution
- other.

**All non-individual applicants must provide evidence of their legal nature and the constitution of their entity.**

Applications will be assessed and a determination made within 60 days of the application being determined valid by the receiving regulatory authority.

The application must be submitted to the regulatory authority of the state or territory where the applicant, or any of the applicants, are ordinarily resident, or if the applicant is not an individual, the state or territory where the principal office of the applicant is located.

▶ **Note:** *this is not an application for child care benefit (CCB) approval under the Family Assistance Law. You must apply separately to the Australian Government to have your service approved for CCB purposes.*

### Your obligations

Before submitting this form, you must ensure you are familiar with the requirements and obligations set out in the Education and Care Services National Law\* and National Regulations.

If you require further information, or you are unsure about the information required by this form, visit ACECQA's website at [www.acecqa.gov.au](http://www.acecqa.gov.au) or contact the regulatory authority in your state or territory for clarification.

You must ensure the information set out in this form is complete and correct. Providing false or misleading information to ACECQA or the regulatory authority 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 (Vic), as applied as a law of the state and territory where you are submitting this form. References to ACECQA are to the Australian Children's Education and Care Quality Authority, established under section 244 of the Education and Care Services National Law.*

Office use only:    Approved            Not Approved            Date:

*In Confidence, When Completed*



### Privacy statement

ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the *Privacy Act 1988* and the Australian Privacy Principles contained in the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

ACECQA and the regulatory authorities are collecting the information on this form for the purpose of processing this notification 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 authorities and the Australian Government may publish information about you in accordance with the Education and Care Services National Law.**

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### Important

- Please write clearly in BLOCK LETTERS.
  - Your application/notification will not be processed unless all sections are satisfactorily completed, all requested supporting documents are attached, and any prescribed fees are paid.
  - Please submit all pages of this form to the regulatory authority.
  - Many applications/notifications can be submitted to the regulatory authority electronically using the NQA IT System. If you want to submit your application electronically, visit the ACECQA website at [www.cecqa.gov.au](http://www.cecqa.gov.au).
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## Part A: Entity and management type

1. Are there multiple applicants applying for provider approval?

Yes

► Please answer the following for one applicant and on a separate sheet of paper attach the same information for all other applicants.



► For example: Two companies, or a partnership and a company which are applying together to become an approved provider.

No

2. What is your legal entity type?  
(only one selection allowed)

Company

Sole proprietor

Partnership

Incorporated entity/body

Unincorporated entity/body

Registered co-operative

Commonwealth government

State/territory government

Local government

Educational institution

Other (please specify):

3. What best describes your management type?  
(one selection allowed, see descriptions over page)

Private not for profit - community managed

Private not for profit - other organisation

State/territory and local government managed

Private for profit

State/territory government schools

Independent schools

Catholic schools

Other (please specify):



## Part A: Entity and management type - continued

### Further information on management type

#### Private not for profit - community managed

Includes services that are managed by organisations based in the community through a membership made up of community members (e.g. the parents). The membership elects a management committee and the committee is accountable to the membership. No profit is distributed to the management committee or the members, any surplus funds are redirected to the service.

#### Private not for profit - other organisation

Include services that are managed by non-profit organisation such as charity organisations, consortium of charity organisations and church groups. Excludes independent and Catholic schools.

#### State and territory and local government managed

Include services that are managed by the state, territory or local government. Excludes state and territory government schools

#### Private for profit

Includes for-profit services provided or managed by a company or private individual.

#### State and territory government schools

Schools that are funded and managed by the respective state or territory government.

#### Independent schools

Includes non-government schools that are governed, managed and accountable at the level of the individual school and are not affiliated with the diocesan Catholic Department of Education.

#### Catholic schools

Schools affiliated with the diocesan Catholic Department of Education. Catholic schools, as with other classes of non-government schools, receive funding from the Commonwealth Government.

**Other** (e.g. employer sponsored services)

## Part B: Applications made by individuals

### 4. Please complete the following:

Title:	<input type="text"/>	First name:	<input type="text"/>
Middle name:	<input type="text"/>	Last name:	<input type="text"/>
Date of birth: <i>DD/MM/YYYY</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of birth:	<input type="text"/>
ABN: <i>(if applicable)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Business trading name:	<input type="text"/>		

### 5. Please complete the following:

Phone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Fax number:	<input type="text"/>
Email:	<input type="text"/>



**Part B: Applications made by individuals - continued**

**6. Residential address:**

Address line 1:

Address line 2:

Suburb/town:

State/  
territory:  Postcode:

**7. Postal address:**

As above

Address line 1:

Address line 2:

Suburb/town:

State/  
territory:  Postcode:

**8. Are you a trustee?**

Yes **▶ Please provide the following details of the trust:**

Name:

ABN:

No

**9. Please complete form PA02 Declaration of fitness and propriety and attach it to this application.**

**▶ Go to Part D**





## Part C: Applications made by non-individuals

10. Service legal entity name:

11. ABN:

12. ACN:  
(if applicable)

13. Street address of the applicant's principal office:

Address line 1:

Address line 2:

Suburb/town:

State/territory:  Postcode:

14. Postal address of the applicant:

As above

Address line 1:

Address line 2:

Suburb/town:

State/territory:  Postcode:

15. Please complete the following:

Phone number:

Mobile number:

Fax number:

Email:

16. Are you a trustee?  Yes  No

**▶ Please provide the following details of the trust:**

Name:

ABN:



### Part C: Applications made by non-individuals - continued

17. Please attach documentary evidence of the legal status of the applicant and its constitution. In addition, if the applicant is a trustee, please also provide a copy of the trust deed.



► For example:

**If a company**, a certificate of incorporation or registration; and a company extract report from the Australian Securities and Investments Commission, containing the names and addresses of directors and secretary, and the Australian company number (report must not be older than 6 months).

**If a partnership**, the deed of partnership.

**If an incorporated entity/body**, a certificate of incorporation; rules/constitution of association; a copy of the annual general meeting minutes that includes a list of elected office bearers; and a Letters Patent (where applicable).

**If a registered cooperative**, a list of directors with addresses and occupations; a certified copy of the rules as registered, a certificate of incorporation, the name of the auditor and solicitor for the society (not required in Victoria); and the name of the person appointed by the board who is responsible for the daily activities of the society.

**If a local government**, an extract of the relevant legislation concerning use of the common seal; a copy of any other legislation or resolution which sets the manner in which the council can enter into contracts.

18. Has the applicant ever been declared insolvent?

Yes ► Please provide details:


No

19. Has the applicant ever been placed under external administration?

Yes ► Please provide details:


No



**Part C: Applications made by non-individuals - continued**

**20. Please provide details for each of the individuals who will be a 'person with management or control' of an education and care service. Remember to attach form PA02 Declaration of fitness and propriety for each one.**



**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.

	Title	First name	Middle name	Last name	D.O.B.	Place of birth	Declaration attached?
Person 1							
Person 2							
Person 3							
Person 4							
Person 5							
Person 6							
Person 7							
Person 8							
Person 9							
Person 10							





## Application for provider approval

(s54 of the *Education and Care Services National Law Act 2010*)

### Part C: Applications made by non-individuals - continued

#### 21. Name and contact details for this form:

► **Note:** *this is the person the regulatory authority will contact with any questions about this form.*

#### Details

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>	Mobile number:	<input type="text"/>
Phone number:	<input type="text"/>	Fax number:	<input type="text"/>
Email:	<input type="text"/>		

#### Postal address

Address line 1:	<input type="text"/>		
Address line 2:	<input type="text"/>		
Suburb/Town:	<input type="text"/>		
State/ Territory:	<input type="text"/>	Postcode:	<input type="text"/>



## Part D: Declaration

### Who may sign?

- Individuals: the individual applicant/notifier
- Company: two directors of the company, or a director and company secretary, or if a sole proprietor, the sole director
- Incorporated association: the public officer and one other member of the management committee
- Cooperative: two directors of the cooperative, or a direct and one other officer of the cooperative
- Partnership: a managing partner who is authorised to sign on behalf of the partnership
- Corporation: signed in accordance with the rules of the corporation
- Government school council: signed in accordance with the rules of the council.

I, \_\_\_\_\_ [insert full name of person signing the declaration] of,  
 \_\_\_\_\_ [insert address], am \_\_\_\_\_ [insert  
 position/title of applicant (for example, proprietor, director, partner, president)].

and I am

- The applicant
- A person authorised to sign on the applicant's behalf.

**Note:** please tick one box only

**Note:** your regulatory authority may request evidence of this authorisation

I declare that:

1. the information provided in this form (including any attachments) is true, complete and correct
2. I have read, understood and agree to the conditions and the associated material contained in this form
3. I understand that the regulatory authority and/or ACECQA have the right (but are not obliged) to act in reliance upon the contents of this form, including its attachments
4. I have read and understood a provider's 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 the 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
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided, and
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Signature of person making the declaration: \_\_\_\_\_

Signed at: \_\_\_\_\_ on the \_\_\_\_\_

► **Note:** If necessary, please complete the second declaration over the page.



### Second signatory (if required)

I, \_\_\_\_\_ [insert full name of person signing the declaration] of,  
\_\_\_\_\_ [insert address], am \_\_\_\_\_ [insert  
position/title of applicant (for example, proprietor, director, partner, president)].

I declare that:

1. the information provided in this form (including any attachments) is true, complete and correct
2. I have read, understood and agree to the conditions and the associated material contained in this form
3. I understand that the regulatory authority and/or ACECQA have the right (but are not obliged) to act in reliance upon the contents of this form, including its attachments
4. I have read and understood a provider's legal obligations under the Education and Care Services National Law
5. the regulatory authority is authorised to verify any information provided in this form
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8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Signature of person making the declaration: \_\_\_\_\_

Signed at: \_\_\_\_\_ on the \_\_\_\_\_



## Application for provider approval

(s54 of the *Education and Care Services National Law Act 2010*)

The fee required to be paid with a provider approval application is **\$213**

► **Note:** *The regulatory authority can waive/defer/refund fees in particular circumstances*

### Payment by credit card

To pay your fees by credit card, complete the details below.

Amount:

Card type:  Mastercard  Visa

Card expiry date: /    MM/YY

Card number:

Credit card CVN\*

*\*CVN is the 3 digit security code found on the back of Mastercard and Visa credit cards*

Name on card:

Cardholder's signature: \_\_\_\_\_

### Payment by cheque or money order

► **Note:** *Payment by cheque or money order is not accepted by the QLD or NSW Regulatory Authorities.*

Please make your cheque or money order payable to the relevant regulatory authority:

**ACT:** Education and Training Directorate

**NT:** Receiver of Territory Monies

**SA:** Education and Early Childhood Services Registration and Standards Board

**TAS:** Department of Education

**VIC:** Department of Education and Training

**WA:** Department of Local Government and Communities

## Submitting this form

Please submit this form along with any required documentation to the relevant regulatory authority.

The contact details for each regulatory authority are available on the ACECQA website.

Please go to [www.acecqa.gov.au/contact-your-regulatory-authority](http://www.acecqa.gov.au/contact-your-regulatory-authority)