



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

## Before you begin

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

### Use this form to...

An approved Provider may apply for an amendment to their Provider Approval.

Applications will be assessed and a determination made within 30 days of the application being determined valid by the receiving Regulatory Authority.

### 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.

### 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.acecqa.gov.au](http://www.acecqa.gov.au).

Office use only:    **Approved**                      **Not Approved**                      **Date:**

*In Confidence, When Completed*



## Privacy statement

Regulatory authorities and ACECQA are committed to ensuring all actions taken in the administration of the Education and Care Services National Law are in compliance with the information privacy principles of the *Privacy Act 1988* (Commonwealth).

Regulatory authorities and ACECQA are collecting the information on this form for the purpose of performing a function under the Education and Care Services National Law. 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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## Part A: Provider information

1. Legal name of the approved provider:

2. Trading name of the approved provider:

3. Provider approval number:

4. Please specify the details of your provider approval that you wish to amend:

Approved provider name

Conditions of the approval

Address of the principal office (if a non-individual provider)

5. Please provide details of your request:

6. Supporting information:

7. Please attach sufficient information or documentation to support this application. 

8. Name and contact details for this application:

Title:  First name:

Last name:  Mobile number:

Phone number:  Fax number:

Email:

► **Note:** *The contact for this application must be an individual who is authorised by the Applicant to act on their behalf with regard to the details of this form.*

### Postal address

Address line 1:

Address line 2:

Suburb/Town:

State/Territory:  Postcode:



## Part B: 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 a 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 approved provider of the service, **or**
- a person authorised to sign on the approved  
 provider's behalf.

**Note:** please tick one box only

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, and
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

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
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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, and
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

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

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



## Submitting this form

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

### Australian Capital Territory

**Submit to:**

Children's Policy and Regulation Unit  
Education and Training Directorate

GPO Box 158

CANBERRA CITY ACT 2601

Fax: (02) 6207 1128

**Enquiries to:**

E-mail: [cpru@act.gov.au](mailto:cpru@act.gov.au)

Phone: (02) 6207 1114

Website: [www.det.act.gov.au](http://www.det.act.gov.au)

### New South Wales

**Submit to:**

NSW Early Childhood Education and Care Directorate

Locked Bag 5107

PARRAMATTA NSW 2124

Fax: (02) 8633 1810

**Enquiries to:**

E-mail: [ececd@det.nsw.edu.au](mailto:ececd@det.nsw.edu.au)

Phone: 1800 619 113 (toll free)

Website: [www.det.nsw.edu.au](http://www.det.nsw.edu.au)

### Northern Territory

**Submit to:**

Quality Education and Care NT

Department of Education

GPO Box 4821

DARWIN NT 0801

Fax: (08) 8999 5677

**Enquiries to:**

E-mail: [qualityecnt.det@nt.gov.au](mailto:qualityecnt.det@nt.gov.au)

Phone: (08) 8999 3561

Website: [www.det.nt.gov.au](http://www.det.nt.gov.au)

### Queensland

**Submit to:**

Office for Early Childhood Education and Care

Department of Education, Training and Employment

PO Box 15033

CITY EAST QLD 4002

Fax: (07) 3234 0310

E-mail: [ecec@dete.qld.gov.au](mailto:ecec@dete.qld.gov.au)

**Enquiries to:**

E-mail: [ecec@dete.qld.gov.au](mailto:ecec@dete.qld.gov.au)

Phone: 1800 637 711 (toll free)

Website: [www.deta.qld.gov.au/earlychildhood](http://www.deta.qld.gov.au/earlychildhood)

### South Australia

**Submit to:**

Education and Early Childhood Services Registration and  
Standards Board of South Australia

GPO Box 1811

ADELAIDE SA 5001

Fax: (08) 8226 1815

**Enquiries to:**

E-mail: [EECSB.NationalQualityFramework@sa.gov.au](mailto:EECSB.NationalQualityFramework@sa.gov.au)

Phone: 1800 882 413 (toll free)

Website: [www.decs.sa.gov.au/childrensservices/](http://www.decs.sa.gov.au/childrensservices/)

### Tasmania

**Submit to:**

Department of Education

Education and Care Unit

GPO Box 169

HOBART TAS 7001

Fax: (03) 6233 6042

**Enquiries to:**

E-mail: [ecu.comment@education.tas.gov.au](mailto:ecu.comment@education.tas.gov.au)

Phone: 1300 135 513

Website: [www.education.tas.gov.au](http://www.education.tas.gov.au)

### Victoria

**Submit to:**

Department of Education and Early Childhood Development Quality  
Assessment and Regulation Division

GPO Box 4367

MELBOURNE VIC 3001

Fax: (03) 9651 3586

**Enquiries to:**

E-mail: [licensed.childrens.services@edumail.vic.gov.au](mailto:licensed.childrens.services@edumail.vic.gov.au)

Phone: 1300 307 415

Website: [www.education.vic.gov.au/ecsmanagement/educareservices](http://www.education.vic.gov.au/ecsmanagement/educareservices)

### Western Australia

**Submit to:**

Department of Local Government and Communities

Education and Care Regulatory Unit

PO Box 6242

East Perth Business Centre

EAST PERTH WA 6892

Fax: (08) 6210 3300

**Enquiries to:**

E-mail: [ecru@dlgc.wa.gov.au](mailto:ecru@dlgc.wa.gov.au)

Phone: (08) 6210 3333 OR 1800 199 383 (toll free)

Website: [www.dlgc.wa.gov.au](http://www.dlgc.wa.gov.au)