



**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...

Notify the regulatory authority of the following changes to provider approval:

- changes to the fitness and propriety of the approved provider or a person in management or control
- appointment or removal of receivers, liquidators or administrators, or matters which affect financial viability
- death of the approved provider
- change of provider contact details.

### Notification requirements

An approved provider must notify the regulatory authority of any change in relation to the approved provider or each approved education and care service operated by the approved provider. A failure to comply may result in financial penalty.

The notification must be submitted to the regulatory authority of the state or territory where the provider approval was granted.

### 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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Office use only:	Approved	Not Approved	Date:
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*In Confidence, When Completed*




## Part A: Providers details


1. Approved provider name:

2. Approved provider number:

## Part B: Type of notification


3. Please tick appropriate box:

A change relevant to approved provider's fitness and propriety or fitness of person in management and control (within 7 days of change). Attach a written statement about the change. 

Appointment of a person with management or control of the service (within 14 days). 

► **Note:** For each appointment, attach form PA02 Declaration of fitness and propriety.

	Title	First name	Last name	D.O.B.	Declaration attached?
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					

Removal of a person with management or control of the service (within 14 days). 

	Title	First name	Last name	D.O.B.	Declaration attached?
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					



## Part B: Type of notification - continued

### 3. Please tick appropriate box: (continued)

- Appointment or removal of receivers or liquidators or administrators, or matters that affect the financial viability and ongoing operation of the service (within 7 days).
- Name of service/s
  - Name and contact details of receiver or liquidator
  - Date of appointment of receiver or liquidator
  - Details of any change / planned change to service operation


- Death of approved provider (within 7 days)
- Name and contact details of executor or approved provider representative
  - Details of intentions regarding the provider approval


- Change of contact details, please specify (e.g. phone number or address)




## Part C: Notifier's details

### 4. 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"/>		

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#### 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 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
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 \_\_\_\_\_



## 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)