



Venue information for mobile early childhood education and care service

Before you begin

You must read the following information before completing and submitting this form. This form is to be completed by a person or organisation when applying for a service approval for a State regulated mobile education and care service.

Your obligations

Before submitting this form, you must ensure you are familiar with and are aware of the requirements and obligations set out in the *Children (Education and Care Services) Supplementary Provisions Act 2011* and the *Children (Education and Care Services) Supplementary Provisions Regulation 2012*, which includes the relevant provisions of the *Children (Education and Care Services) National Law (NSW)* and the *Education and Care Services National Regulations* (the National Law Alignment Provisions).

If you require further information about the obligations of approved providers or are unsure about the information required in this form, it is important that you visit the website www.dec.nsw.gov.au or contact the Information and Enquiries team on 1800 619 113 or ececd@det.nsw.edu.au.

You must ensure that the information you set out in this form is complete and correct. The provision of false or misleading information is an offence under the National Law Alignment Provisions. Failure to comply may result in a financial penalty.

Form requirements and assessment

Only complete this form if you are applying for a service approval for a mobile early childhood education and care service. You must complete a separate form for each venue and attach it/them to your application for service approval.

Important

Please:

- write clearly in BLOCK LETTERS using a black or blue pen, or
- click on the fields to type your information
- mark relevant boxes with an X
- do not use correction fluid.

Privacy statement

The Department of Education and Communities is collecting the information on this form for the purpose of assessing the service approval application. All personal details provided, except for those which must be displayed on an approval document or in the Children's Education and Care Register, will be kept confidential to the Department of Education and Communities.



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Part A: Provider details

Please complete the following details:

1. Provider name:

(If you do not hold a provider approval, go to question 2)

Provider name	<input type="text" value="Click here to enter text."/>
Provider approval no.	<input type="text" value="Click here to enter text."/>

2. Contact information for a person who does not yet have a provider approval:

Title	<input type="text" value="Click here to enter text."/>	First name	<input type="text" value="Click here to enter text."/>
Middle name	<input type="text" value="Click here to enter text."/>	Last name	<input type="text" value="Click here to enter text."/>
Phone no.	<input type="text" value="Click here to enter text."/>	Mobile phone no.	<input type="text" value="Click here to enter text."/>
Fax no.	<input type="text" value="Click here to enter text."/>		
Email	<input type="text" value="Click here to enter text."/>		

Part B: Venue details

Please complete the following details:

3. Service name:

Service name	<input type="text" value="Click here to enter text."/>
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4. Contact information for the venue:

Phone no.	<input type="text" value="Click here to enter text."/>	Mobile phone no.	<input type="text" value="Click here to enter text."/>
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After hours phone no.

Click here to enter text.

Fax no.

Click here to enter text.

Email

Click here to enter text.

5. Location address of the venue:

Address line 1

Click here to enter text.

Address line 2

Click here to enter text.

Suburb/town

Click here to enter text.

State/territory

Click here to enter text.

Postcode

Click here to enter text.

6. Proposed number and ages of children to be cared for at the venue:

Maximum no. of children at any one time

Click here to enter text.

Proposed ages of children to be educated and cared for at the venue:

0-24 months

25-36 months

36 months - preschool

School age

7. Days, hours and weeks of operation

Please provide information about the days, hours and weeks that the service will be operating:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening time	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Closing time	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.



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Number of weeks per year

Part C: Applicant declaration

I, (insert full name of person signing the declaration)

of (insert address)

am (insert position/title of Applicant (e.g. proprietor, director, partner, delegate))

declare that:

1. The information provided in this form (including any attachments) is true, complete and correct.
2. I am authorised to make this declaration on the provider's behalf.
3. I have read and understood, and I agree to, the conditions and the associated material contained in this form.
4. I understand that the Department of Education and Communities will have the right (but will not be obliged) to act in reliance upon the contents of this form, including its attachments.
5. I have read and understood a provider's legal obligations under the *Children (Education and Care Services) Supplementary Provisions Act 2011* and the *Children (Education and Care Services) Supplementary Provisions Regulation 2004*, which includes the National Law Alignment Provisions.
6. The Department of Education and Communities is authorised to verify any information provided in this form.
7. I am aware that I may be subject to penalties under the National Law Alignment Provisions if I provide false or misleading information in this application form.

Signature of person making the declaration

Signed at

On the

Please send your completed form and all associated documents to:

NSW Early Childhood Education and Care Directorate
Locked Bag 5107
PARRAMATTA NSW 2124
Fax: (02) 8633 1810