



# Statement of mobile venue non-compliance and venue management plan

## 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, and any part of the mobile venue does not comply with the applicable requirements under Part 3 of the *Children (Education and Care Services) Supplementary Provisions Regulation 2004*.

### 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](http://www.dec.nsw.gov.au) or contact the Information and Enquiries team on 1800 619 113 or [ececd@det.nsw.edu.au](mailto: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 and any part of the mobile venue does not comply with the applicable requirements under Part 3 of the *Children (Education and Care Services) Supplementary Provisions Regulation 2004*. You must complete a separate form for each venue that does not comply with Part 3 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.



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## 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.

## Part A: Venue non-compliance

Please complete the following details:

### 1. Service name:

Service name

Click here to enter text.

### 2. Contact information for the venue:

Phone no.

Click here to enter text.

Mobile phone no.

Click here to enter text.

After hours phone no.

Click here to enter text.

Fax no.

Click here to enter text.

Email

Click here to enter text.

### 3. 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.



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## 4. List areas of venue non-compliance:

Please provide a description of the non-compliance below.

Click here to enter text.

## 5. Venue management plan

Please describe below how you intend to ensure the safety and well-being of children at the non-complying premises. The Department of Education and Communities may approve the plan or require you to revise it.

Click here to enter text.



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## Part B: 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))

and

I,  (full name of nominated supervisor)

of  (insert address)

declare that, at all times during the term of the approval, we undertake to conduct such checks as are necessary to ensure that the premises comply with the venue management plan as approved by the Department of Education and Communities. We also 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



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Signature of  
nominated  
supervisor

Signed at

[Click here to enter text.](#)

On the

[Click here to enter a date.](#)

**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



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## Part C: Office use only

Is the venue management plan approved?

Yes

No

Comments:

Name of officer

Signature of officer

Date