



Written statement of undertakings - Schedule 1A standards for child minding services

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 an approval for a child minding service in a retail shopping centre.

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 an approval for a child minding service in a retail shopping centre. Please attach this form to your Application for child minding service in a retail shopping centre.

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 this 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: Applicant statement of compliance with Schedule 1A Standards

I,	<input type="text" value="Click here to enter text."/>	(insert full name of person signing the declaration)
of	<input type="text" value="Click here to enter text."/>	(insert address)
am	<input type="text" value="Click here to enter text."/>	(insert position/title of Applicant (e.g. proprietor, director, partner, delegate))

declare that, if the child minding service known as:

Name of service	<input type="text" value="Click here to enter text."/>
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and located at:

Address line 1	<input type="text" value="Click here to enter text."/>		
Address line 2	<input type="text" value="Click here to enter text."/>		
Suburb/town	<input type="text" value="Click here to enter text."/>		
State/territory	<input type="text" value="Click here to enter text."/>	Postcode	<input type="text" value="Click here to enter text."/>

is approved, I will fully comply with the requirements in Parts 1 to 5 of the Schedule 1A standards contained in the *Children (Education and Care Services) Supplementary Provisions Regulation 2004*.

Signature of person making the declaration	<input type="text"/>		
Signed at	<input type="text" value="Click here to enter text."/>	On the	<input type="text" value="Click here to enter a date."/>

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.



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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

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