



Important information before you begin

You can submit applications and notifications to your state or territory regulatory authority through the National Quality Agenda IT System at www.acecqa.gov.au/national-quality-agenda-it-system rather than use this paper-based form. The **NSW** and **Victorian** regulatory authorities **only** accept applications and notifications submitted online using the NQA ITS.

You must ensure you are familiar with your obligations under the *Education and Care Services National Law* (National Law) and the Education and Care Services National Regulations (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your regulatory authority for information.

Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.

The regulatory authority will make a decision on your application **within 90 days** subject to your application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant. The service approval will not be granted until a provider approval has been granted.

NOTE: This is not an application for Child Care Benefit (CCB) under the Family Assistance Law. You must apply to the Australian Government for this.

Privacy statement

ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in accordance with the National Law.

ACECQA, the regulatory authorities and the Australian Government may publish information about you in accordance with the National Law.



Section 1: Provider information

Part A: Provider details

1. Provider name (individuals):

Title:

First name:

OR

Middle name:

Last name:

2. Provider name (non-individual applicants):

Title:

First name:

Middle name:

Last name:

3. Do you have a provider number?

Yes ► *Please go to section 2*

No ► *If you do not yet have a provider approval number, please provide contact details for a proposed provider. (See PART B Provider contact details)*

Part B: Provider contact details

4. If you do not yet have a provider approval number please provide contact details for the provider:

Title:

First name:

Last name:

Mobile number:

Phone number:

Fax number:

Email:



Section 2: Service information

Part A: Service name

5. Service business name:

6. Service legal entity name:

Part B: Proposed service address and location

7. Please provide the following
details for the service premises:

Phone
number:

Mobile
number:

Fax number:

Email:

Street address of the principal office:

Address line 1:

Address line 2:

Suburb/Town:

State/Territory:

Postcode:

Postal address for the service:

As above

Address line 1:

Address line 2:

Suburb/Town:

State/Territory:

Postcode:



Part C: Service contact details

8. Please provide details of the primary contact for the service:

Title: First name:
 Last name: Phone:
 Mobile:
 Email:

9. After hours emergency phone number:

(Required in the case of an emergency)

Part D: Service details

10. Proposed service commencement date: DD/MM/YYYY

11. How many family day care educators do you expect to be engaged or registered with the family day care service within six months of commencement?

12. How many family day care coordinators are expected to be engaged or registered with the family day care service within six months of commencement?

13. Please select the jurisdictions in which the family day care educators are expected to provide education and care?
(Please check the jurisdictions that apply)

<input type="checkbox"/> ACT	<input type="checkbox"/> SA
<input type="checkbox"/> NSW	<input type="checkbox"/> TAS
<input type="checkbox"/> NT	<input type="checkbox"/> VIC
<input type="checkbox"/> QLD	<input type="checkbox"/> WA

14a. Please list the local government areas in which the family day care educators are expected to provide education and care:
(If applicable)



Part D: Service details - continued



14b. Do you intend to operate any family day care venues:

- Yes
- No

If known, please attach a list of addresses of all proposed family day care venues

15. Do you intend to operate an associated children's service:

- Yes ▶ Please go to question 16
- No ▶ Please go to question 18

Associated children's service

The National Law recognises that not all services will be covered in the first stages of implementing the National Quality Framework.

In a circumstance where a provider is offering a service covered by the National Law, for example a long day care service, and it also operates at the same premises as a service not covered, such as a playgroup service, the provider may seek approval under the National Law and this approval will cover the associated service where that service type is required to be approved under local law.

Under the new approvals process, the playgroup service would be described as an associated children's service.

The playgroup component of the service would need to continue to comply with any relevant state or territory legislation, including regard to standards for educator-to-child ratios and qualification requirements. The long day care service would be subject to the National Law and Regulations including the National Quality Standard.

16. Do you wish to include the associated children's service in the service approval?

- Yes
- No ▶ Please go to question 18

Note: You should check whether you are required to be licensed for this service under state/territory law.

17. If you answered 'Yes' to question 16, in the box below, please provide the following details (if available) for each associated children's service:

- i. the name of the associated children's service;
- ii. the proposed date on which the associated children's service will commence operation;
- iii. if known, the contact details, including an after-hours telephone number, for the associated children's service;
- iv. the proposed ages of children to be educated and cared for by the associated children's service;
- v. the proposed maximum number of children to be educated and cared for by the associated children's service;
- vi. the hours and days of operation of the associated children's service; and
- vii. the location of this service within the service premises.

Note: Attach extra pages if necessary.





Part D: Service details - continued

18. Does the approved provider hold a current policy of insurance providing adequate cover for the service against public liability with a minimum cover of \$10 000 000?

Yes ▶ ***Please attach evidence of the policy of insurance. Please go to question 20.***

No



19. Does the approved provider have a policy of insurance or an indemnity against public liability provided by the government of a state or territory in respect of the service?

Yes ▶ ***Please attach evidence of the policy of insurance or indemnity.***

No ▶ Service approval will not be granted unless the approved provider has a current policy of insurance providing adequate cover for the service against public liability with a minimum cover of \$10 000 000; or has a policy of insurance or an indemnity provided by the government of a state or territory.





Part E: Proposed hours and days of operation of the service

20. Please select the operational period type and enter the proposed hours and days of operation applicable to the service.

► **Note:** Services that operate continuously with the same operational days and hours throughout the year should select 'Annual' and provide details for one operational period only.

► **Note:** Services that have several operational periods throughout the year (for example services that only operate during school terms) must provide details for each operational period.

► **Note:**

- Please use 24 hour time format (e.g. 17:00, and not 5pm).
- If the service will be closed on a particular day please write N/A.
- If the service runs 24 hours please just tick the checkbox under 24 hour care.
- Hours of operation refers to when the service is open for business.

Operational period types

Annual

General operating hours that are not specifically related to 'Holiday Care' and 'School Terms'.

	Start time	End Time	24 Hour Care
Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Holiday Care - If applicable

Operating hours during school holidays including public holidays.

	Start time	End Time	24 Hour Care
Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

School Terms Only - If applicable

Operating hours when schools are open.

	Session 1			Session 2	
	Start time	End Time		Start time	End Time
Monday	<input type="text"/>	<input type="text"/>	Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	Sunday	<input type="text"/>	<input type="text"/>



Part F: Policies and procedures

21. By ticking the boxes you confirm that the following policies and procedures have been prepared in accordance with regulation 168 for the proposed education and care service and that these will be available upon request by the regulatory authority.

► **Note:** You DO NOT need to provide copies with the policies & procedures in question 21. However you need to for the policies and procedures in question 22.

► **Note:** For further information on the policies and procedures required for your service, please refer to regulation 168 of the *Education and Care Services National Regulations*.

Policies and procedures are required in relation to the following:

- Health and safety, including matters relating to:
 - nutrition, food and beverages, dietary requirements,
 - sun protection,
 - water safety, including safety during any water based activities, and
 - the administration of first aid
- Incident, injury, trauma and illness procedures complying with regulation 85
- Dealing with infectious diseases, including procedures complying with regulation 88
- Dealing with medical conditions in children, including the matters set out in regulation 90
- Emergency and evacuation, including the matters set out in regulation 97
- Delivery of children to, and collection of children from, education and care service premises, including procedures complying with regulation 99
- Excursions, including procedures complying with regulations 100 to 102
- Providing a child safe environment
- Staffing, including:
 - a code of conduct for staff members;
 - determining the person in day-to-day charge at the service; and
 - the participation of volunteers and students on practicum placements
- Interactions with children including the matters set out in regulations 155 and 156
- Enrolment and orientation
- Governance and management of the service, including confidentiality of records
- The acceptance and refusal of authorisations
- Payment of fees and provision of a statement of fees charged by the education and care service
- Dealing with complaints.



Part F: Policies and procedures - continued



22. You must provide copies of the following proposed policies and procedures relating to:

► **Note:** For further information on the policies and procedures required for your service, please refer to regulation 169 of the *Education and Care Services National Regulations*.

- Assessment, approval and reassessment of approved family day care venues and family day care residences (including matters to meet the requirements of regulation 116)
- Engagement or registration of family day care educators
- Keeping of a register of family day care educators under regulation 153
- Monitoring, support and supervision of family day care educators, including how the service will manage educators in remote locations
- Assessment of family day care educators, family day care educator assistants and persons residing at family day care residences, including the matters required under regulation 163
- Visitors to family day care residences and venues while education and care is being provided to children as part of a family day care service
- The provision of information, assistance and training to family day care educators
- The engagement or registration of family day care educator assistants
- If the family day care service will permit a family day care residence or venue with a swimming pool or something that may constitute a water hazard, a copy of the service's proposed water safety policy. (Please note – swimming pools are prohibited in Tasmania for all education and care services).



Part G: Nominated certified supervisor details

23. Does the nominated supervisor have a supervisor certificate?

Yes ▶ *Insert supervisor certificate number. Please go to question 26*

CS-

No

24. Is the nominated supervisor in a prescribed class?

Yes ▶ *Please go to question 26*

No

25. Has the nominated supervisor applied for a supervisor certificate?

Yes ▶ *Please provide the following details about the nominated supervisor:*

No ▶ *Service approval will not be granted until the nominated supervisor has a supervisor certificate. Please attach a completed copy of form CS01 Application for a supervisor certificate.*



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"/>		

Postal address

Address line 1:

Address line 2:

Suburb/town:

State/territory: Postcode:



26. Please complete the nominated supervisor consent form located at Appendix A of this form and include with the application.

Part H: Contact details

27. Name and contact details for this form:

► **Note:** *The contact for this application must be the approved provider or the operator of the education and care service with responsibility for the management of the staff members and nominated supervisors of that service.*

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"/>		

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 I: 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: signed in accordance with the rules of the incorporated association
- 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 applicant
- A person authorised to sign on the applicant's behalf.

Note: *please tick one box only*

Note: *your regulatory authority may request evidence of this authorisation*

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
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided, and
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Signature of person making the declaration: _____

Signed at: _____ on the _____

► **Note:** *If necessary, please complete the second declaration over the page.*



Second signatory (as 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
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided, and
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Signature of person making the declaration: _____

Signed at: _____ on the _____
(address) (date)



Part J: Payment details

The fee required to be paid with a service approval application for a family day care service is **\$649**

► **Note:** The regulatory authority can waive/defer/refund fees in particular circumstances

Payment by credit card

To pay your fees by credit card, complete the details below.

Amount:

Card type: Mastercard Visa

Card expiry date: /

Card number:

Credit card CVN*

*CVN is the 3 digit security code found on the back of Mastercard and Visa credit cards

Name on card:

Cardholder's signature: _____

Payment by cheque or money order

► **Note:** Payment by cheque or money order is not accepted by the NSW Regulatory Authority.

Please make your cheque or money order payable to the relevant regulatory authority:

- ACT:** Education and Training Directorate
- NT:** Receiver of Territory Monies
- QLD:** Department of Education, Training and Employment
- SA:** Education and Early Childhood Services Registration and Standards Board
- TAS:** Department of Education
- VIC:** Department of Education and Training
- WA:** Department of Local Government and Communities



Appendix A: Nominated supervisor consent form

Approved provider nomination

I, _____ [name of approved provider]

nominate _____ [name of certified supervisor]

to be the nominated supervisor for _____ [name of education and care service]

Signature: _____ Date: _____

Certified supervisor consent to nomination

I, _____ [name of certified supervisor]

consent to being the nominated supervisor for _____ [name of education and care service]

Signature: _____ Date: _____

Submitting this form

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

The contact details for each regulatory authority are available on the ACECQA website.

Please go to www.acecqa.gov.au/contact-your-regulatory-authority