



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.

The transfer of a service approval includes the transfer of the service approval for any associated children's services. The transferring and receiving approved provider must jointly provide written notice to the regulatory authority of the intention to transfer the service approval **at least 42 days before** the proposed transfer date, unless otherwise agreed by the regulatory authority in exceptional circumstances.

The regulatory authority may intervene in the transfer of the service approval and may refuse to consent to the proposed transfer. If this is the case, the regulatory authority will provide written notice **at least 28 days before** the proposed transfer date. The regulatory authority is taken to consent to the transfer if they have not notified intent to intervene the transfer of the service approval.

Both the transferring and receiving providers are required to provide written confirmation that the transfer has occurred **within 2 days after the date the transfer takes effect**, specifying the date of transfer as prescribed under section 68 of the National Law. The regulatory authority will then amend the service approval and provide to the receiving provider.

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.



Part A: Service details

1. Service legal entity name:

► **Note:** Entity name refers to the name that appears on all official documents or legal papers. The entity name may be different from the business name

2. Service business name:

► **Note:** A business name is simply a name or title under which a person or entity conducts a business.

3. Service address:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

4. Service approval number:

5. Please specify the date on which the transfer is intended to take effect:
(DD/MM/YYYY)

► **Note:** The regulatory authority must be notified at least 42 days before the transfer, unless there are exceptional circumstances and the regulatory authority has agreed to a shorter timeframe.

Part B: Transferring approved provider details

6. Provider name:

7. Provider approval number:



Part B: Transferring approved provider details - continued

Part C: Receiving approved provider details

8. Provider name: [text box]

9. Provider approval number: PR- [text box]

Part D: New service details



The receiving provider will need to provide details of any proposed changes to the service approval (that is, any proposed changes to the information required to be provided under regulations 24 and 25). Please attach any supporting documentation.

10. Do you intend to change the name of the service? [checkbox] Yes Please provide the following: Legal entity name: [text box] Trading name: [text box] ABN: [grid] [checkbox] No

11. Will the contact details for the service change? [checkbox] Yes Please provide the following: Title: [text box] First name: [text box] Last name: [text box] Mobile number (BH): [text box] Phone number (BH): [text box] Fax number: [text box] Email: [text box] [checkbox] No



Part D: New service details - continued

12. Will the hours and days of operation of the service change?

No
 Yes ▶ *Please provide details:*

▶ **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 centre 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 centre 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 D: New service details - continued

13. 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 this application.
- ▶ **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
 - 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 responsible person present at the service
 - 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.

14. Is there a swimming pool or other water hazard such as a pond or a dam on the proposed education and care service premises?

- Yes** *If you answered yes, you must provide a copy of the service's water safety policy.* **No**



- ▶ **Note:** Restrictions on swimming pools apply in New South Wales and Tasmania.



Part D: New service details - continued

15. Will the nominated supervisor for the service change?

Yes ▶ Insert supervisor certificate number of the new nominated supervisor:

CS-

▶ Insert date of commencement as new nominated supervisor:

DD / MM / YYYY:

No

16. Please attach evidence (such as a signed and dated lease or title) of the receiving approved provider's right to occupy and use the service premises.



17. Please attach evidence that the receiving approved provider:

- i. Holds a current policy of insurance providing adequate cover for the service against public liability with a minimum cover of \$10,000,000; or
- ii. a policy of insurance or an indemnity against public liability provided by the government of a state or territory in respect of the education and care service

18. Please describe any other proposed changes to the service approval and attach any associated documentation:





Part E: Contact details for notification

19. Name and contact details for the transferring provider for this application:

► **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"/>		

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"/>

20. Name and contact details for the receiving provider for this application:

► **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"/>		

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 F: Nominated supervisor consent

Approved provider nomination

I, _____ [name of approved receiving 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: _____



Part G: Transferring provider 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 approved provider of the service, **or**
- A person authorised to sign on the approved provider'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 _____
 (address) (date)

► **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 H: Receiving provider 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 approved provider of the service, **or**
- A person authorised to sign on the approved
 provider'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
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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
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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 I: Payment details

The fee required to be paid with a notification of transfer of service approval is **\$107**

► **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: / MM/YY

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 Authorities.*

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

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