



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 60 days** subject to your application being deemed complete. Contact your regulatory authority to check if you need a waiver before applying.

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: Applicant details

Approved Providers:

1. Are you an approved provider ? Yes
 No ▶ *Please go to question 7*

2. Approved provider name:

3. Provider approval number:

4. Trading name of the service:

5. Please provide the address of the service:

Address line 1:

Address line 2:

Suburb/town:

State/territory: Postcode:

6. Service approval number:

Other applicants:

7. Name and contact details for applicants who are not an approved provider.

Details

Title: First name:

Last name: Mobile number:

Phone number: Fax number:

Email:

Postal address

Address line 1:

Address line 2:

Suburb/Town:

State/Territory: Postcode:



Part B: Waiver details

8. Type of waiver(s) sought: Service
 Temporary (not more than 12 months)

9. Please select the element/s of the National Quality Standard and the regulation/s that you are seeking a waiver for. If applying to waive an element you must also specify the regulation.

► **Note:** Waivers are only available for the regulations and elements listed below.

REGULATIONS/ELEMENTS THAT MAY BE COVERED BY A WAIVER – FAMILY DAY CARE SERVICES		
<input checked="" type="checkbox"/> Reg/Quality Area (QA)	Requirement	Please specify which sub-regulation you are seeking to have waived, if applicable (e.g. 124(2)(a))
Physical environment		
<input type="checkbox"/> 104	Fencing	
<input type="checkbox"/> 107	Indoor space	
<input type="checkbox"/> 108	Outdoor space	
<input type="checkbox"/> 110	Ventilation and natural light	
<input type="checkbox"/> 117	Glass	
<input type="checkbox"/> QA3	Physical environment	Please specify which element/s you are seeking to have waived
Staffing		
<input type="checkbox"/> 124	Number of children who can be educated and cared for	
<input type="checkbox"/> 127	Family day care educator qualifications	
<input type="checkbox"/> 128	Family day care coordinator qualifications	
<input type="checkbox"/> 136	First aid qualifications <i>(Temporary waiver only)</i>	
<input type="checkbox"/> QA4	Staffing arrangements	Please specify which element/s you are seeking to have waived
Saving and transitional regulations		
<input type="checkbox"/> Ch.7	Any jurisdiction-specific, transitional or saving regulations that apply in place of the regulations outlined above.	Please specify which transitional or saving regulation (and sub-regulation, if applicable) you are seeking to have waived (e.g. 276(2))



REGULATIONS/ELEMENTS THAT MAY BE COVERED BY A WAIVER – CENTRE-BASED SERVICES

<input checked="" type="checkbox"/> Reg/Quality Area (QA)	Requirement	Please specify which sub-regulation you are seeking to have waived, if applicable (e.g. 126(1)(b))
Physical environment		
<input type="checkbox"/> 104	Fencing	
<input type="checkbox"/> 107	Indoor space	
<input type="checkbox"/> 108	Outdoor space	
<input type="checkbox"/> 110	Ventilation and natural light	
<input type="checkbox"/> 111	Administrative space	
<input type="checkbox"/> 112	Nappy change facilities	
<input type="checkbox"/> 113	Outdoor space – natural environment	
<input type="checkbox"/> 114	Outdoor space - shade	
<input type="checkbox"/> 115	Premises designed to facilitate supervision	
<input type="checkbox"/> QA3	Physical environment	Please specify which element/s you are seeking to have waived
Staffing		
<input type="checkbox"/> 120	Supervision for educators under 18 years	
<input type="checkbox"/> 123	Educator-to-child ratios	
<input type="checkbox"/> 126	General educator qualifications	
<input type="checkbox"/> 130	Early childhood teacher (fewer than 25 approved places)	
<input type="checkbox"/> 131	Early childhood teacher (25 or more approved places, but fewer than 25 children)	
<input type="checkbox"/> 132	Early childhood teacher (25 to 59 children)	
<input type="checkbox"/> 133	Early childhood teacher (60 to 80 children)	
<input type="checkbox"/> 134	Early childhood teacher (more than 80 children)	
<input type="checkbox"/> 136	First aid qualifications (<i>Temporary waiver only</i>)	
<input type="checkbox"/> QA4	Staffing requirements	Please specify which element/s you are seeking to have waived
Saving and transitional regulations		
<input type="checkbox"/> Ch.7	Any jurisdiction-specific, transitional or saving regulations that apply in place of the regulations outlined above.	Please specify which transitional or saving regulation (and sub-regulation, if applicable) you are seeking to have waived (e.g. 343(2))



► **Note:** *The examples below are illustrative only.
Applications will be considered on a case-by-case basis and must include sufficient supporting evidence.*

10. Please give reasons the education and care service cannot comply (or will not comply) with the specified elements or regulations:

Examples:

- the service is required to have two diploma-qualified educators to comply with regulation 126(a), but one diploma-qualified educator has resigned and the approved provider has been unable to recruit a second diploma qualified educator
- the service does not have sufficient outdoor space to comply with regulation 108(2) and is unable to access or acquire additional outdoor space

11. Please give details and evidence of any attempts made to comply with the specified regulations:

Examples:

- the service has advertised in the local newspaper and on seek.com, but has not had any suitable applicants (copies of advertisements attached)
- there is no additional suitable outdoor space available to the service (copy of plans or map of service location attached)

Types of evidence

For applications for a waiver of qualification requirements, you can attach the following types of evidence to demonstrate your attempts to comply:

- copies of advertisements for qualified staff in mainstream publications, including websites
- if an educator is studying towards an approved qualification, copies of their transcript
- transcripts or parchments for any other qualifications held by an educator that are relevant to children's education and care
- contact with agencies that offer qualified relief staff
- mentoring between qualified and unqualified educators
- if an educator has a qualification awarded overseas, evidence that they have applied to ACECQA for assessment of equivalence with an approved qualification
- links with other services or local training organisations.

Attaching evidence to support your application will help ensure it is processed quickly by the regulatory authority.



12. Please detail the steps being taken (or steps that will be taken) to protect the wellbeing of children being cared for by the service while the waiver is in force:

Examples:

- the service has employed another approved certificate III level qualified educator (copy of academic transcript attached), and has established a mentoring relationship between the diploma and certificate III qualified educators
- the service will conduct daily excursions (weather permitting) to the nearby park, and will increase elements of the natural environment in the indoor space at the service (map showing location of park, and sample of parents' authorisation for the regular outing attached)

FOR TEMPORARY WAIVER APPLICATIONS ONLY:

Note: If you're not applying for a temporary waiver, skip this question and go to question 14.

13. Please state the period for which a temporary waiver is sought (not more than 12 months) and the reasons for seeking that period of time:

Example:

- the service is seeking a waiver for three months so it can enrol a certificate III level educator in an approved diploma course (details of course start date attached)



Part A: Service details - continued

14. Please detail the steps that will be taken while the waiver is in force, so the service will comply with the elements or regulations by the time the waiver expires:

Example:

- the service is supporting an approved certificate III level educator to obtain an approved diploma level qualification, so that it can comply with regulation 126(1)(a) by the time the waiver expires (statement of enrolment attached)

ALL APPLICANTS:

15. Name and contact details for this application:

► **Note:** This will be the person whom the regulatory authority will contact for questions relating to this notification.

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 C: 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 D: Payment details

The fee required to be paid with an application for a service or temporary waiver 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