

## 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](http://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.

This form allows you to apply for a partial or full reassessment and re-rating of an approved service against the National Quality Standard or National Regulations.

To apply for a review of a service rating, use form [SA11 Application](#) for review of ratings by regulatory authority (service rating).

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### 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.

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## Part A: Provider details

1. Approved provider name:

2. Approved provider number:

3. 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

4. Service business name:

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

5. Service approval number:

6. Last assessment date:

► **Note:** An application for reassessment and re-rating of an approved service, or any aspect or element of the service can be made once in every two year period. Use DD/MM/YYYY.

7. What is the service's overall assessment rating:

8. Specify the type of reassessment and re-rating you wish to apply for:

Full assessment and rating

Partial assessment and rating. Please provide details including quality areas or elements:




## Part A: Provider details - continued

9. Please provide a statement indicating the reasons for seeking reassessment:


10. Please attach any relevant information or documentation that you wish to be considered with the application.  
(For example, service's policies and procedures, learning and development curriculum or planning documents).



11. Name and contact details for this form:

► **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 B: 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
- 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 \_\_\_\_\_

► **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 C: Payment details

The fee required to be paid  
with a provider approval  
application is:

Centre-based service (No. of approved places)			Family day care service (No. of family day care educators engaged by or registered with service)		
<24	25-80	>81	<5	6-20	>21
\$432	\$649	\$866	\$432	\$649	\$866

► **Note:** Fees can be paid by credit card, cheque or money order.

### Payment by credit card

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

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

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:

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### 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](http://www.acecqa.gov.au/contact-your-regulatory-authority)