



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.

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: Provider details

1. Approved provider name:

2. Approved provider number:

Part B: Approved service details

3. Name of approved service:

4. Approved service number:

Part C: Type of notification

5. Please tick the relevant notification and provide the information requested. Attach additional pages as necessary.



Change to nominated supervisor details

Change of nominated supervisor details

Name of outgoing nominated supervisor

Date outgoing nominated supervisor ceased to be employed or engaged by the service, or date the nominated supervisor withdrew his or her consent to the nomination

► **Note:** *The approved provider and incoming nominated supervisor must sign the declaration of consent at the end of this form.*

Incoming nominated supervisor details

Supervisor certificate number for new nominated supervisor

Date new nominated supervisor will commence/commenced in the role

► **Note:** *Notification must be made at least seven days before the incoming certified supervisor commences work as a nominated supervisor, or if this is not possible, as soon as practicable and not more than 14 days later.*



Part C: Type of notification - continued

5. Please tick the relevant notification and provide the information requested. Attach additional pages as necessary. (continued)

► **Note:** Service approval is granted subject to the condition that the service commence ongoing operation within six months of the grant of service approval (or within another timeframe agreed by the regulatory authority). Failure to commence operation of the service is grounds for suspension of service approval by the regulatory authority.

► **Note:** Approved providers should notify the regulatory authority of any change that could impact on the health, safety and wellbeing of children attending the service.

► **Note:** A family day care venue means a place other than a residence where an approved family day care service is provided.
Approved family day care venue: means a place other than a residence where an approved family day care service is provided.

- Service has not commenced operation within six months of grant of service approval (or within timeframe agreed with regulatory authority)
 - Details of the reason for failing to commence operating the service, and if intending to operate the service, the date on which the service will commence operating

- Proposed change to the centre-based service or family day care venue premises:
 - Details of proposed changes to the service premises
 - Details of any likely impact on the operation of the service
 - Expected date of commencement and completion of changes

- Change in location of the principal office of a family day care service:
 - New address of the principal office

- Changes to hours and days of operation of service:
 - Details of new hours and days of operation

- Change to approved service contact details:
 - New service contact details



Part C: Type of notification - continued

5. Please tick the relevant notification and provide the information requested. Attach additional pages as necessary. (continued)

- Change to the state or territory in which a family day care service operates
 - Details of the state/s or territory/s and local government area/s that the family day care service now operates in

- New family day care venue
 - Address of the new family day care venue

- Name of educator operating from the family day care venue

- Ages and number of children being educated and cared for at the venue

- Date of commencement of education and care at the venue

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Part D: Contact details

6. 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 E: 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 F: 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 _____

► **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
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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)

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