



Provider approval number: PR-  
*(Office Use Only)*

## Before you begin

***You must read the following information before completing and submitting this application form.***

### Use this form to...

An Approved Provider may apply for a suspension of their Provider Approval for a period of not more than 12 months. Under the Law, you are obliged to notify the parents of children enrolled at the education and care services you operate at least 14 days *prior to making this application*.

Applications will be assessed and a determination made within 30 days of the application being determined valid by the receiving Regulatory Authority.

### Your obligations

Before submitting this form, you must ensure you are familiar with the requirements and obligations set out in the Education and Care Services National Law\* and National Regulations.

If you require further information, or you are unsure about the information required by this form, visit ACECQA's website at [www.acecqa.gov.au](http://www.acecqa.gov.au) or contact the regulatory authority in your state or territory for clarification.

You must ensure the information set out in this form is complete and correct. Providing false or misleading information to ACECQA or the regulatory authority is an offence under the Education and Care Services National Law. Failure to comply may result in a financial penalty.

- ▶ **\*Note:** all references to the Education and Care Services National Law in this form are to be read as a reference to the Education and Care Services National Law Act 2010 (Vic), as applied as a law of the state and territory where you are submitting this form. References to ACECQA are to the Australian Children's Education and Care Quality Authority, established under section 244 of the Education and Care Services National Law.

### Important

- Please write clearly in BLOCK LETTERS.
- Your application/notification will not be processed unless all sections are satisfactorily completed, all requested supporting documents are attached, and any prescribed fees are paid.
- Please submit all pages of this form to the regulatory authority.
- Many applications/notifications can be submitted to the regulatory authority electronically using the NQA IT System. If you want to submit your application electronically, visit the ACECQA website at [www.acecqa.gov.au](http://www.acecqa.gov.au).

Office use only:    Approved                      Not Approved                      Date:

*In Confidence, When Completed*



## 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*.

ACECQA and the regulatory authorities are collecting the information on this form for the purpose of processing this notification under the National Quality Framework. The information on this form may also be provided to other authorities or to other government agencies in accordance with the Education and Care Services National Law.

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

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## Part A: Provider information

1. Legal name of the approved provider:

2. Trading name of the approved provider:

3. Provider approval number:

4. Please state the reasons for applying to suspend your provider approval:

5. Please provide the proposed start date of the suspension:     DD/MM/YYYY

6. Please provide the proposed end date of the suspension:     DD/MM/YYYY

► **Note:** The suspension period cannot exceed 12 months

► **Note:** If a Provider Approval is suspended, each service approval held by the Provider is also suspended for the same period (see section 38(10) of the National Law).

7. Please explain the arrangements you have made for each education and care service operated by the Approved Provider during the proposed suspension period:



## Part A: Provider information - continued

8. Please provide a list of all service approvals (numbers and service names) held by the approved provider:


9. Please attach sufficient information or documentation to support this application.



10. Name and contact details for this application:

► **Note:** The contact for this application must be an individual who is authorised by the Applicant to act on their behalf with regard to the details of this form.

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: the public officer and one other member of the management committee
- 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 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 (if 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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Signature of person making the declaration: \_\_\_\_\_

Signed at: \_\_\_\_\_ on the \_\_\_\_\_

## Submitting this form

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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)