



Before you begin

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

Your obligations

Before submitting this application, you must ensure you are familiar with the requirements and obligations set out under the National Quality Framework for Early Childhood Education and Care (National Quality Framework) which includes the *Education and Care Services National Law** and the *Education and Care Services National Regulations*.

If you require further information about the obligations of certified supervisors under the National Quality Framework or are unsure about the information required in this application, it is important that you visit the website www.acecqa.gov.au or contact the relevant regulatory authority in your state or territory for clarification.

You must ensure that the information you set out in this form is complete and correct. The provision of false or misleading information to the regulatory authority or ACECQA 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' as applied as a law of the state or territory in which you are seeking approval under this form. References to ACECQA are to the Australian Children's Education and Care Quality Authority; established under section 224 of the *Education and Care Services National Law*.

Application requirements and assessment

A certified supervisor may apply to the regulatory authority to amend a supervisor certificate.

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

Important

- Your application will not be assessed unless all sections are satisfactorily completed and all requested supporting documents are attached, as well as any prescribed fees paid where applicable.
- Please write clearly in BLOCK LETTERS and use a black pen. Do not use correction fluid. The signatory should initial any corrections to this form.
- Applications will be assessed by the regulatory authority of the jurisdiction in which the applicant is ordinarily a resident, or intending to reside.

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*.

Office use only:	Approved	Not Approved	Date:
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In Confidence, When Completed



1. Please provide your full name:

Title:

First name:

Middle name:

Last name:

2. Are you a member of a prescribed class?

Yes



Please specify your class:

Please provide the name of the education and care service:

No

3. Supervisor certificate number:

4. Contact details:

Phone number:

Mobile number:

Fax number:

Email:

5. Do you wish to change your name?

Yes



Please provide details:

Title:

First name:

Middle name:

Last name:

No

6. Do you wish to change a condition of your supervisor certificate?

Yes

No

7. Please provide details of your request:



8. Supporting information:

9. Please attach sufficient information to support this application.



Applicant Declaration

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 request form (including any attachments) is true, complete and correct;
2. I have read and understood and the applicant agrees to the conditions and the associated material contained in this form;
3. The applicant understands that the regulatory authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the request form, including its attachments;
4. I have read and understood a Certified Supervisor's legal obligations under the *Education and Care Services National Law*;
5. The regulatory authority is authorised to verify any information provided in this request;
6. Some of the information provided in this request may be disclosed to 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; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
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.



Applicant Declaration

Second applicant (if applicable)

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 request form (including any attachments) is true, complete and correct;
2. I have read and understood and the applicant agrees to the conditions and the associated material contained in this form;
3. The applicant understands that the regulatory authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the request form, including its attachments;
4. I have read and understood a Certified Supervisor's legal obligations under the *Education and Care Services National Law*;
5. The regulatory authority is authorised to verify any information provided in this request;
6. Some of the information provided in this request may be disclosed to 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; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.

Signature of person making the declaration: _____

Signed at: _____ On the: _____

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

Who May Sign?

- **Individuals:** The individual applicant.
- **Company:** Two directors of the company, or a director and company secretary, or if 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 director and one other officer of the cooperative.
- **Partnership:** A managing partner who is authorised to sign on behalf of the partnership. This signature binds all partners.
- **Corporation/Government School Council:** Signed in accordance with rules of the corporation/council.