



Provider approval number: PR-
(Office Use Only)

Before you begin

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

Use this form to...

Notify the regulatory authority that an approved centre-based service is being transferred to another approved provider. To notify the regulatory authority that an approved family day care service is being transferred, use form SA05 *Notification of transfer of service approval – family day care*.

Notification requirements

An approved provider may transfer the service approval to another approved provider with the consent of the regulatory authority of the state or territory in which the service is located. The transfer of service approval includes the transfer of the service approval for any associated children's service.

The transferring approved provider and the receiving approved provider must provide to the regulatory authority joint written notice of the intention to transfer the service approval at least 42 days before the proposed date of the transfer (unless there are exceptional circumstances and a shorter timeframe is agreed to by the regulatory authority).

The regulatory authority may intervene in the transfer and may refuse to consent to the transfer. If the regulatory authority decides to intervene, the transferring and receiving approved providers will receive written notice at least 28 days before the proposed transfer date. The regulatory authority is taken to consent to the transfer if the providers have not been notified that it intends to intervene.

Approved providers purchasing a service are advised to check the end date of any savings provisions that apply to the service. Approved providers can contact the relevant authority for further information.

The application must be submitted to the regulatory authority in the state or territory where the service is located.

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 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*.

Office use only: **Approved** **Not Approved** **Date:**

In Confidence, When Completed



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.cecqa.gov.au.

Privacy statement

Regulatory authorities and ACECQA are committed to ensuring all actions taken in the administration of the Education and Care Services National Law are in compliance with the information privacy principles of the *Privacy Act 1988* (Commonwealth).

Regulatory authorities and ACECQA are collecting the information on this form for the purpose of performing a function under the Education and Care Services National Law. 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



Part A: Service details

1. 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

2. Service business name:

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

3. Service address:

Address line 1:

Address line 2:

Suburb/town:

State/territory: Postcode:

4. Service approval number:

SE-

5. Please specify the date on which the transfer is intended to take effect:
(DD/MM/YYYY)

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- **Note:** The regulatory authority must be notified at least 42 days before the transfer, unless there are exceptional circumstances and the regulatory authority has agreed to a shorter timeframe.

Part B: Transferring approved provider details

6. Provider name:

7. Provider approval number:

PR-



Part B: Transferring approved provider details - continued

Part C: Receiving approved provider details

8. Provider name:

9. Provider approval number:

Part D: New service details



The receiving provider will need to provide details of any proposed changes to the service approval (that is, any proposed changes to the information required to be provided under regulations 24 and 25). Please attach any supporting documentation.

10. Do you intend to change the name of the service? Yes ► **Please provide the following:**

Legal entity name:

Trading name:

ABN:

No

11. Will the contact details for the service change? Yes ► **Please provide the following:**

Title: First name:

Last name: Mobile number (BH):

Phone number (BH): Fax number:

Email:

No



Part D: New service details - continued

12. Will the hours and days of operation of the service change?

No

Yes ► **Please provide details:**

Operational period 1
Type

Annual Holiday care School terms only Other

Start date: End date:

Operational period description:

Number of operational weeks per year:

► **Note:** If you have more than two operational periods please provide the following information for these periods on a separate sheet of paper.

► **Note:** Services that operate continuously with the same operational days and hours throughout the year should select 'Annual' and provide details for one operational period only.

► **Note:** Services that have several operational periods throughout the year (for example services that only operate during school terms) must provide details for each operational period.

► **Note:**

- Please use 24 hour time format (e.g. 17:00, and not 5pm).
- If the centre will be closed on a particular day please write N/A.
- If the service runs 24 hours please just tick the checkbox under 24 hour care.
- Hours of operation refers to when the centre is open for business.

What are the proposed hours and days of operation of the service for this operational period?

Day	Opening time	Closing time	24 hour care
Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Operational period 2

Type (i.e. annual or holiday care):

Start date: End date:

Operational period description:

Number of operational weeks per year:

What are the proposed hours and days of operation of the service for this operational period?

Day	Opening time	Closing time	24 hour care
Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>



Part D: New service details - continued

13. By ticking the boxes you confirm that the following policies and procedures have been prepared in accordance with regulation 168 for the proposed education and care service and that these will be available upon request by the regulatory authority.

► **Note:** You DO NOT need to provide copies with this application.

► **Note:** For further information on the policies and procedures required for your service, please refer to regulation 168 of the *Education and Care Services National Regulations*.

Policies and procedures are required in relation to the following:

- Health and safety, including matters relating to:
 - nutrition, food and beverages, dietary requirements
 - sun protection
 - water safety, including safety during any water based activities
 - the administration of first aid
- Incident, injury, trauma and illness procedures complying with regulation 85
- Dealing with infectious diseases, including procedures complying with regulation 88
- Dealing with medical conditions in children, including the matters set out in regulation 90
- Emergency and evacuation, including the matters set out in regulation 97
- Delivery of children to, and collection of children from, education and care service premises, including procedures complying with regulation 99
- Excursions, including procedures complying with regulations 100 to 102
- Providing a child safe environment
- Staffing, including:
 - a code of conduct for staff members
 - determining the responsible person present at the service
 - the participation of volunteers and students on practicum placements
- Interactions with children including the matters set out in regulations 155 and 156
- Enrolment and orientation
- Governance and management of the service, including confidentiality of records
- The acceptance and refusal of authorisations
- Payment of fees and provision of a statement of fees charged by the education and care service
- Dealing with complaints.

14. Is there a swimming pool or other water hazard such as a pond or a dam on the proposed education and care service premises?

Yes If you answered yes, you must provide a copy of the service's water safety policy.

No



► **Note:** Restrictions on swimming pools apply in New South Wales and Tasmania.



Part D: New service details - continued

15. Will the nominated supervisor for the service change?

Yes ▶ Insert supervisor certificate number of the new nominated supervisor:

CS-

No

16. Please attach evidence (such as a signed and dated lease or title) of the receiving approved provider's right to occupy and use the service premises.



17. Please attach evidence that the receiving approved provider:

- i. Holds a current policy of insurance providing adequate cover for the service against public liability with a minimum cover of \$10,000,000; or
- ii. a policy of insurance or an indemnity against public liability provided by the government of a state or territory in respect of the education and care service

18. Please describe any other proposed changes to the service approval and attach any associated documentation:





Part E: Contact details for notification

19. Name and contact details for the transferring provider for this application:

► **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"/>

20. Name and contact details for the receiving provider for this application:

► **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 F: 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 G: Transferring provider 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 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

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, and
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration: _____

Signed at: _____ on the _____
 (address) (date)

► **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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7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration: _____

Signed at: _____ on the _____
(address) (date)



Part G: Receiving provider 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

I declare that:

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7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration: _____

Signed at: _____ on the _____
 (address) (date)

► **Note:** If necessary, please complete the second declaration over the page.



Second signatory (as required)

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_____ [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
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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, and
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration: _____

Signed at: _____ on the _____
(address) (date)



Part H: Payment details

The fee required to be paid with a notification of transfer of service approval is **\$104**

► **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 Authority.*

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 Early Childhood Development

WA: Department of Local Government and Communities



Submitting this form

Please submit this form along with any required documentation to the relevant regulatory authority.

Australian Capital Territory

Submit to:

Children's Policy and Regulation Unit
Education and Training Directorate
GPO Box 158
CANBERRA CITY ACT 2601
Fax: (02) 6207 1128

Enquiries to:

E-mail: cpru@act.gov.au
Phone: (02) 6207 1114
Website: www.det.act.gov.au

New South Wales

Submit to:

NSW Early Childhood Education and Care Directorate
Locked Bag 5107
PARRAMATTA NSW 2124
Fax: (02) 8633 1810

Enquiries to:

E-mail: ececd@det.nsw.edu.au
Phone: 1800 619 113 (toll free)
Website: www.det.nsw.edu.au

Northern Territory

Submit to:

Quality Education and Care NT
Department of Education
GPO Box 4821
DARWIN NT 0801
Fax: (08) 8999 5677

Enquiries to:

E-mail: qualityecnt.det@nt.gov.au
Phone: (08) 8999 3561
Website: www.det.nt.gov.au

Queensland

Submit to:

Office for Early Childhood Education and Care
Department of Education, Training and Employment
PO Box 15033
CITY EAST QLD 4002
Fax: (07) 3234 0310
E-mail: ecec@dete.qld.gov.au

Enquiries to:

E-mail: ecec@dete.qld.gov.au
Phone: 13 QGov (13 7468)
Website: www.dete.qld.gov.au/earlychildhood

South Australia

Submit to:

Education and Early Childhood Services Registration and
Standards Board of South Australia
GPO Box 1811
ADELAIDE SA 5001
Fax: (08) 8226 1815

Enquiries to:

E-mail: EECSB.NationalQualityFramework@sa.gov.au
Phone: 1800 882 413 (toll free)
Website: www.decs.sa.gov.au/childrensservices/

Tasmania

Submit to:

Department of Education
Education and Care Unit
GPO Box 169
HOBART TAS 7001
Fax: (03) 6233 6042

Enquiries to:

E-mail: ecu.comment@education.tas.gov.au
Phone: 1300 135 513
Website: www.education.tas.gov.au

Victoria

Submit to:

Department of Education and Early Childhood Development Quality
Assessment and Regulation Division
GPO Box 4367
MELBOURNE VIC 3001
Fax: (03) 9651 3586

Enquiries to:

E-mail: licensed.childrens.services@edumail.vic.gov.au
Phone: 1300 307 415
Website: [www.education.vic.gov.au/ecsmangement/
educareservices](http://www.education.vic.gov.au/ecsmangement/educareservices)

Western Australia

Submit to:

Department of Local Government and Communities
Education and Care Regulatory Unit
PO Box 6242
East Perth Business Centre
EAST PERTH WA 6892
Fax: (08) 6210 3300

Enquiries to:

E-mail: ecru@dlgc.wa.gov.au
Phone: (08) 6210 3333 OR 1800 199 383 (toll free)
Website: www.dlgc.wa.gov.au