



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 of any of the following:

- change to the hours and days of operation of a service
- change to a service's contact details
- proposed change to a centre-based service's premises
- change to the state or territory where a family day care service operates
- new family day care venue
- that the service's nominated supervisor has withdrawn consent to the nomination, or ceased to be employed at the service, and that the service has a new nominated supervisor.

Notification requirements

The approved provider must make sure the regulatory authority is notified of changes to an approved education and care service. Failure to notify may result in a financial penalty.

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*.

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.

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

In Confidence, When Completed



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: 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: 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)



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