



Declaration of fitness and propriety

(s10, 12 & 13 of the *Education and Care Services National Law Act 2010*)

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...

This form is to be completed by either:

- All individual persons applying for Provider Approval; or
- all persons with management or control of an education and care service to be operated by a non-individual applying for/amending their Provider Approval; or
- other persons as requested by the Regulatory Authority.

Upon completion of this form please attach with the relevant application form/notification for submission to the 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 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



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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.



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Part A: Provider information

1. Please complete the following:

Details

Title: First name:

Last name: Mobile number:

Phone number: Fax number:

Email:

Date of birth: DD/MM/YYYY Place of birth:

Residential address

Address line 1:

Address line 2:

Suburb/Town:

State/Territory: Postcode:

Postal address

As above

Address line 1:

Address line 2:

Suburb/Town:

State/Territory: Postcode:

2. Please provide details of any former names or other names you may be known by:

Please attach evidence of change of name, such as a copy of a marriage certificate.

3. Please attach a copy of one of the following as evidence of your identity:

- a. a current passport, or
- b. a current driver's licence, or
- c. a current proof of age card.



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Part A: Provider information - continued

4. In the previous three years have you held any role with an education and care service or a children's service?

Yes ► **Please provide details of all roles in the table below and attach paper with further entries if required:**

Name of the service	Service location (State/Territory)	The nature of your role

No

5a. Please select from the four options below and fill in/attach the required evidence.

<input type="checkbox"/> The NSW Regulatory Authority	Please fill in your working with children check clearance number: <input type="text"/> , or attach a copy of your current working with children check or card
<input type="checkbox"/> The Queensland Regulatory Authority	Please attach a copy of your current working with children check or card
<input type="checkbox"/> The Tasmanian Regulatory Authority	Please attach a copy of your safety screening clearance
<input type="checkbox"/> Any other regulatory authority	Please attach one of the following: <input type="checkbox"/> a copy of your current working with children/vulnerable people check or card <input type="checkbox"/> evidence of current teacher registration in your state or territory

5b. Unless you are applying to the Queensland Regulatory Authority, please attach documentary evidence of:

- a copy of your current working with vulnerable people check, or
- a criminal history record check issued not more than 6 months before the date of this declaration.



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Part A: Provider information - continued

6. If you have provided a criminal history record check, have you been convicted in Australia of any offences, relevant to a person seeking to work with children in the period from the date this check was issued to the date of this declaration?

Yes ► **Please provide details including the date and type of conviction:**

No Not applicable

7. Have you lived and worked outside Australia any time within the previous three years?

Yes ► **Please provide a statement about whether you have been convicted outside Australia of any offences relevant to working with children (write N/A if none)**

No

8. Have you ever been subject to a formal disciplinary proceeding or action under an education law of any Australian state or territory?

Yes ► **Please provide details including the date and type of action or proceeding and the outcome:**

No

9. Have you ever been the subject of any proceeding in bankruptcy?

Yes ► **Please provide details, including:**

- a. Whether any actions have been taken against you under Part IV of the *Bankruptcy Act 1966* of the Commonwealth; and
- b. whether you have made any debt agreement under Part IX of the *Bankruptcy Act 1966* of the Commonwealth; and
- c. whether you have made any personal insolvency agreement under Part X of the *Bankruptcy Act 1966* of the Commonwealth.

No



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Part B: 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)].

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 _____



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: 1800 637 711 (toll free)

Website: www.deta.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/ecsmanagement/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