



Application for approval to provide a home based education and care service

Before you begin

You must read the following information before completing and submitting this application form. This form is to be completed by a person applying for a provider approval to provide a State regulated home based education and care service.

Your obligations

Before submitting this application, you must ensure you are familiar with and are aware of the requirements and obligations set out in the *Children (Education and Care Services) Supplementary Provisions Act 2011* and the *Children (Education and Care Services) Supplementary Provisions Regulation 2012*, which includes the relevant provisions of the *Children (Education and Care Services) National Law (NSW)* and the *Education and Care Services National Regulations* (the National Law Alignment Provisions).

If you require further information about the obligations of approved providers or are unsure about the information required in this application, it is important that you visit the website www.dec.nsw.gov.au or contact the Information and Enquiries team on 1800 619 113 or ececd@det.nsw.edu.au.

You must ensure that the information you set out in this form is complete and correct. The provision of false or misleading information is an offence under the National Law Alignment Provisions. Failure to comply may result in a financial penalty.

Application requirements and assessment

Applications will be assessed and a determination made within 90 days of the application being determined valid by the Early Childhood Education and Care Directorate.

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 using a black or blue pen, or
- click on the fields to type your information
- mark relevant boxes with an X
- do not use correction fluid.

Privacy statement

The Department of Education and Communities is collecting the information on this form for the purpose of assessing this application. All personal details provided, except for those which must be displayed on an approval document or in the Children's Education and Care Register, will be kept confidential to the Department of Education and Communities.



Application for approval to provide a home based education and care service

Part A: Applicant details

Please complete the following details:

1. Name:

Title	<input type="text" value="Click here to enter text."/>	First name	<input type="text" value="Click here to enter text."/>
Middle name	<input type="text" value="Click here to enter text."/>	Last name	<input type="text" value="Click here to enter text."/>
Date of birth dd/mm/yyyy	<input type="text" value="Click here to enter a date."/>	Town/city of birth	<input type="text" value="Click here to enter text."/>
Country of birth	<input type="text" value="Click here to enter text."/>		

2. Contact information:

Home phone no.	<input type="text" value="Click here to enter text."/>	Mobile phone no.	<input type="text" value="Click here to enter text."/>
Daytime phone no.	<input type="text" value="Click here to enter text."/>	Fax no.	<input type="text" value="Click here to enter text."/>
Email	<input type="text" value="Click here to enter text."/>		

3. Residential address:

Address line 1	<input type="text" value="Click here to enter text."/>		
Address line 2	<input type="text" value="Click here to enter text."/>		
Suburb/town	<input type="text" value="Click here to enter text."/>		
State/territory	<input type="text" value="Click here to enter text."/>	Postcode	<input type="text" value="Click here to enter text."/>



Application for approval to provide a home based education and care service

4. Postal address:

As above Go to question 5

Address line 1

Address line 2

Suburb/town

State/territory

Postcode

Please complete a Declaration of fitness and propriety and attach it to this application. Go to Part B.

Part B: Service details

Please complete the following details:

5. Service name:

Service name

6. Proposed opening date

Proposed opening date

7. Postal address for the service premises:

As per postal address above Go to question 8

Address line 1

Address line 2

Suburb/town



Application for approval to provide a home based education and care service

State/territory

Click here to enter text.

Postcode

Click here to enter text.

8. Proposed number and ages of children to be cared for:

Maximum no. of children at any one time

Click here to enter text.

Proposed ages of children to be educated and cared for:

0-24 months

25-36 months

36 months - preschool

School age

9. Days, hours and weeks of operation

Please provide information about the days, hours and weeks that the service will be operating:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening time	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Closing time	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Number of weeks per year

Click here to enter text.

10. Policies and procedures:

By ticking the boxes you confirm that the following policies and procedures have been prepared in accordance with regulation 85 for the proposed education and care service and that these will be available upon request by the Regulatory Authority. You do not need to provide copies of the policies with this application.

Child protection

Ethical conduct



Application for approval to provide a home based education and care service

- Development and education

- The treatment of children with special needs
- Interactions with children
- Procedures for handling complaints
- Parental involvement
- Access
- Arrival and departure
- Excursions
- Confidentiality of records
- Child health
- Illness, accident and emergency treatment
- Administration of medication
- Infectious diseases
- Food and nutrition
- Water safety
- Sun protection
- Storage of dangerous substances and dangerous equipment

Part C: Statement of skills and experience



Application for approval to provide a home based education and care service

Please complete the following details:

11. Statement of skills and experience:

I, [Click here to enter text.](#)

(insert full name of applicant)

1. Understand my responsibilities under the *Children (Education and Care Services) Supplementary Provisions Act 2011* and the *Children (Education and Care Services) Supplementary Provisions Regulation 2004*, which includes the National Law Alignment Provisions.
2. Provide the following information to demonstrate, as required by regulations 6 and 8 of the *Children (Education and Care Services) Supplementary Provisions Regulation 2004*, that I have:
 - a. the required abilities to care for children, and
 - b. experience in caring for children, and
 - c. a demonstrated capacity to exercise overall supervision of the provision of an education and care service, and
 - d. have an understanding of nutrition, safe food handling, health, hygiene and safety in caring for children.

Provide your statement of skills and experience in the space below:



Application for approval to provide a home based education and care service

Click here to enter text.

Part D: Previous licence/approval details

Please complete the following details:

12. Previous licence/approval details:

Have you ever previously held a children’s service provider licence or approval in NSW or any other State/territory?

Yes

Please provide details below

Licence/
approval name

Click here to enter text.

Licence/
approval no.

Click here to enter text.

Licence/
approval name

Click here to enter text.

Licence/
approval no.

Click here to enter text.

No



Application for approval to provide a home based education and care service

Part E: Documents to attach to this form

Please attach the following documents:

Document	Document attached
Declaration of fitness and propriety	<input type="checkbox"/> Yes <input type="checkbox"/> No
A copy of the service's proposed water safety policy (only if a swimming pool or other water hazard is situated on the proposed education and care service premises)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter or advice confirming that local council has been consulted about the proposed service and has no objections to the operation of the proposed service.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A copy of the applicant's current approved first aid qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part F: Applicant declaration

I, [Click here to enter text.](#)

(insert full name of person signing the declaration)

of [Click here to enter text.](#)

(insert address)

declare that:

1. The information provided in this application form (including any attachments) is true, complete and correct.
2. I have read and understood, and I agree to, the conditions and the associated material contained in this application form.
3. I understand that the Department of Education and Communities will have the right (but will not be obliged) to act in reliance upon the contents of this application form, including its attachments.
4. I have read and understood a provider's legal obligations under the *Children (Education and Care Services) Supplementary Provisions Act 2011* and the *Children (Education and Care Services)*



Application for approval to provide a home based education and care service

Supplementary Provisions Regulation 2004, which includes the National Law Alignment Provisions.

5. The Department of Education and Communities is authorised to verify any information provided in this application
6. I am aware that I may be subject to penalties under the National Law Alignment Provisions if I provide false or misleading information in this application form.

Signature of person making the declaration

Signed at

On the

Please send your completed form and all associated documents to:

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

Part G: Payment of fees

This application must be accompanied by the relevant application fee and the annual fee for the first year of the approval. Fees can be paid by credit card, cheque or money order.

Service type	Application fee	Annual fee	Total fee
Home based children's service	\$400	\$185	\$585

Payment by credit card:

To pay your fees by credit card, complete the details below:

Amount



Application for approval to provide a home based education and care service

Card type MasterCard Visa

Card expiry date

Click here to enter text.

Card number

Click here to enter text.

Credit card CVN*

Click here to enter text.

Name on card

Click here to enter text.

Card holder's signature

Click here to enter text.

* The CVN is the 3 digit security code found on the back of MasterCard and Visa credit cards.

Payment by cheque or money order

Please make your cheque or money order payable to the Department of Education and Community Services and attach it to this form.