



# Application for child minding service in a retail shopping centre

## 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 or organisation applying for an approval for a child minding service in a retail shopping centre.

### 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](http://www.dec.nsw.gov.au) or contact the Information and Enquiries team on 1800 619 113 or [ececd@det.nsw.edu.au](mailto: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, will be kept confidential to the Department of Education and Communities.



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## Part A: Applicant details - individuals

Please complete the following details if you are applying as an individual. If you are applying as an organisation, go to Part B:

### 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."/>



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## 4. Postal address:

As above

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 H.

## Part B: Applicant details - organisations

Please complete the following details:

### 5. Name:

Organisation name  Must match entity name for ABN / ACN Y/Inc/Reg

ABN  ACN

Y/Inc/Reg

### 6. Contact information for organisation:

Phone no.  Mobile phone no.

Fax no.

Email



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## 7. Street address of organisation:

Address line 1

Click here to enter text.

Address line 2

Click here to enter text.

Suburb/town

Click here to enter text.

State/territory

Click here to enter text.

Postcode

Click here to enter text.

## 8. Postal address of organisation:

As above

Go to question 9

Address line 1

Click here to enter text.

Address line 2

Click here to enter text.

Suburb/town

Click here to enter text.

State/territory

Click here to enter text.

Postcode

Click here to enter text.

## 9. Trustee information:

Are you a trustee?

Yes

Please provide the following details of the trust below

Trust name

Click here to enter text.

ABN

Click here to enter text.

No

Please complete a Declaration of fitness and propriety for the applicant and attach it to this application. Go to Part C.



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## Part C: Entity and management type

Please complete the following details:

### 10. Legal entity type:

What is your legal entity type (please select only one from the list below).

- |                            |                          |                            |  |
|----------------------------|--------------------------|----------------------------|--|
| Company                    | <input type="checkbox"/> | Partnership                | <input type="checkbox"/>                               |
| Incorporated entity/body   | <input type="checkbox"/> | Unincorporated entity/body | <input type="checkbox"/>                               |
| Registered co-operative    | <input type="checkbox"/> | Commonwealth government    | <input type="checkbox"/>                               |
| State/Territory government | <input type="checkbox"/> | Local government           | <input type="checkbox"/>                               |
| Educational institution    | <input type="checkbox"/> | Unincorporated entity/body | <input type="checkbox"/>                               |
| Other                      | <input type="checkbox"/> | Please specify             | <input type="text" value="Click here to enter text."/> |

### 11. Management type

What best describes your management type?

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Private not for profit – community managed   | <input type="checkbox"/> | Private not for profit – other organisation | <input type="checkbox"/> |
| State/Territory and Local government managed | <input type="checkbox"/> | Private for profit                          | <input type="checkbox"/> |
| State/Territory government schools           | <input type="checkbox"/> | Independent schools                         | <input type="checkbox"/> |
| Catholic schools                             | <input type="checkbox"/> |   |                          |



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Other

Please specify

[Click here to enter text.](#)

## Part D: Financial declaration

### 12. Insolvency information

Has the applicant ever been declared insolvent?

Yes Please provide details below

No – go to question 13

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

### 13. External administration information

Has the applicant ever been placed under external administration?

Yes Please provide details below

No – go to Part E

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

## Part E: Applicant's delegate

### 14. Delegate information

**Note:** This is the individual authorised by the applicant to make decisions and generally act on behalf of the applicant.

15. Name:



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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."/>		

## 16. 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."/>		

## 17. 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."/>

## Part F: Contact person

### 18. Contact person details

Note: All correspondence regarding the provider will be sent to this person at the applicant's postal address.



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Please complete this section if the contact person is different from the delegate listed above

Same as delegate

Go to part G

## 19. Name:

Title

Click here to enter text.

First name

Click here to enter text.

Middle name

Click here to enter text.

Last name

Click here to enter text.

Date of birth  
dd/mm/yyyy

Click here to enter a date.

Town/city of birth

Click here to enter text.

Country of birth

Click here to enter text.

## 20. Contact information:

Home phone no.

Click here to enter text.

Mobile phone no.

Click here to enter text.

Daytime phone no.

Click here to enter text.

Fax no.

Click here to enter text.

Email

Click here to enter text.

## 21. Residential address:

Address line 1

Click here to enter text.

Address line 2

Click here to enter text.

Suburb/town

Click here to enter text.

State/territory

Click here to enter text.

Postcode

Click here to enter text.

## Part G: Individuals with management and control





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Please complete the following details for each person who will be a person with management or control of an education and care service. Each of these people must also complete a Declaration of Fitness and Propriety and attach it to this application.

A person with management or control means:

- If the provider or intended provider of the service is a body corporate, an officer of the body corporate within the meaning of the *Corporations Act 2001 (Cth)* who is responsible for managing the delivery of the education and care service; or
- If the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service; or
- If the provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or
- In any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service.

Title	First name	Middle name	Last name	Date of birth	Place of birth
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	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 a date.	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 a date.	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 a date.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	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 a date.	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 a date.	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 a date.	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 a date.	Click here to enter text.



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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 a date.	Click here to enter text.

## Part H: Contact details for application

Please complete the following details:

### 22. Contact details:

Please complete this section if the contact person is different from the contact person listed above or the individual listed at question 1.

Same as applicant /contact

Go to Part I

Name	Click here to enter text.		
Home phone no.	Click here to enter text.	Mobile phone no.	Click here to enter text.
Daytime phone no.	Click here to enter text.	Fax no.	Click here to enter text.
Email	Click here to enter text.		
Postal address line 1	Click here to enter text.		
Postal address line 2	Click here to enter text.		
Postal address Suburb/town	Click here to enter text.		
Postal address State/territory	Click here to enter text.	Postcode	Click here to enter text.

## Part I: Service details

Please complete the following details:



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## 23. Service name:

Child minding service name

Click here to enter text.

## 24. Proposed opening date

Proposed opening date

Click here to enter a date.

## 25. Retail shopping centre name:

Shopping centre name

Click here to enter text.

## 26. Location address for the child minding service:

Address line 1

Click here to enter text.

Address line 2

Click here to enter text.

Suburb/town

Click here to enter text.

State/territory

Click here to enter text.

Postcode

Click here to enter text.

## 27. Postal address for the child minding service:

As per postal address above

Go to question 28

Address line 1

Click here to enter text.

Address line 2

Click here to enter text.

Suburb/town

Click here to enter text.

State/territory

Click here to enter text.

Postcode

Click here to enter text.



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## 28. Proposed number and ages of children to be minded:

Maximum no. of children at any one time

Proposed ages of children to be minded:

0-24 months

25-36 months

36 months - preschool

School age

## 29. 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
<b>Opening time</b>	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.
<b>Closing time</b>	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

## 30. Policies and procedures:

By ticking the boxes you confirm that the following policies and procedures have been prepared in accordance with regulation 28 of Schedule 1A for the proposed child minding 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.

- The conditions of service applying to the parents and other persons who deliver a child to the service (including the requirements referred to in regulations 6, 7 (1), (3) and (4) and 9 (3) of Schedule 1A) and the procedures that are to apply if a condition is contravened or persistently contravened
- Child health and safety



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- Infectious diseases
- Procedures for making complaints (including how complaints may be made to the Department) and for handling complaints
- Confidentiality of records
- Emergency (including evacuation) procedures

## Part J: Previous licence/approval details

Please complete the following details:

### 31. 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  No Please provide details below

Licence/ approval name

Licence/ approval no.

Licence/ approval name

Licence/ approval no.

No

## Part K: Documents to attach to this form

Please attach the following documents:

Document	Document attached
Declaration of fitness and propriety for the applicant and, if applicable, for each person in management or control	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of the legal status and constitution of the organisation, e.g. a certificate of incorporation or registration, deed of partnership, rules, constitution of association, extract from the Australian Securities and Investments Commission (ASIC) listing the current company directors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement of compliance with Part 4 of Schedule 1A	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Statement of undertakings Schedule 1A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies of local government documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Part L: Applicant declaration

I, [Click here to enter text.](#) (insert full name of person signing the declaration)

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

am [Click here to enter text.](#) (insert position/title of Applicant (e.g. proprietor, director, partner, delegate))

declare that:

1. The information provided in this application form (including any attachments) is true, complete and correct.
2. I am authorised to make this declaration on the applicant's behalf.
3. I have read and understood, and I agree to, the conditions and the associated material contained in this application form.
4. 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.
5. 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) Supplementary Provisions Regulation 2004*, which includes the National Law Alignment Provisions.
6. The Department of Education and Communities is authorised to verify any information provided in this application
7. 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

[Click here to enter text.](#)

On the

[Click here to enter a date.](#)



Education &  
Communities  
Office of Education

*Early Childhood Education and Care*

# Application for child minding service in a retail shopping centre

**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