



## Important information before you begin

You can submit applications and notifications to your state or territory regulatory authority through the National Quality Agenda IT System at [www.acecqa.gov.au/national-quality-agenda-it-system](http://www.acecqa.gov.au/national-quality-agenda-it-system) rather than use this paper-based form. The **NSW** and **Victorian** regulatory authorities **only** accept applications and notifications submitted online using the NQA ITS.

You must ensure you are familiar with your obligations under the *Education and Care Services National Law* (National Law) and the Education and Care Services National Regulations (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your regulatory authority for information.

Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.

The regulatory authority will make a decision on your application **within 90 days** subject to your application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant. The service approval will not be granted until a provider approval has been granted.

**NOTE: This is not an application for Child Care Benefit (CCB) under the Family Assistance Law. You must apply to the Australian Government for this.**

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### Privacy statement

ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in accordance with the National Law.

ACECQA, the regulatory authorities and the Australian Government may publish information about you in accordance with the National Law.

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## Section 1: Provider information

### Part A: Provider details (individual applicants)

1. **Provider name:** Title:  First name:   
Middle name:  Last name:

2. **Provider approval number:**   
*(If you do not yet have a provider approval number you will need to provide contact details at question 5)*

### Part B: Provider details (non-individual applicants)

3. **Provider name:**

4. **Provider approval number:**   
*(If you do not yet have a provider approval number you will need to provide contact details at question 5)*

### Part C: Provider contact details

To be completed if you have not yet been issued a provider approval number.

5. **If you do not yet have a provider approval number please provide contact details for the provider:**  
*(Otherwise, go to section 2)*

Title:  First name:   
Last name:  Mobile number:   
Phone number:  Fax number:   
Email:



## Section 2: Service information

### Part A: Service name

6. Service business name:

Service legal entity name:

### Part B: Proposed service address and location

7. Please provide the following  
details for the service premises:

Phone  
number:

Mobile  
number:

Fax number:

Email:

#### Location address for the service premises:

Address line 1:

Address line 2:

Suburb/Town:

State/Territory:

Postcode:

#### Postal address for the service:

As above

Address line 1:

Address line 2:

Suburb/Town:

State/Territory:

Postcode:

8. Location of the service:

Government school site

Non-Government school site

Non-school site



**Part C: Service contact details**

9. Please provide details of the primary contact for the service:

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"/>		

10. After hours emergency phone number:

*(Required in the case of an emergency)*

**Part D: Service details**

11. Proposed service commencement date: DD/MM/YYYY

12. What is the expected nature of education and care to be provided?

*(Please tick any that apply)*

- Long day care
- Preschool/kindergarten – stand-alone
- Preschool/kindergarten – part of school
- Outside school hours care – before school
- Outside school hours care – after school
- Outside school hours care – vacation care
- Other (please specify):

**Further Information**

**Long day care**

Long day care is a centre-based form of child care service providing all-day or part-time care for children of working families and the general community (services may cater to specific groups within the general community). For-profit and not-for-profit organisations, local councils, community organisations and employers may run these services.

Long day care primarily provides long day care services for children aged 0–5 years. Some long day care may also provide preschool and kindergarten programs and care for school children before and after school and during school holidays. The service may operate from stand-alone or shared premises, including those on school grounds.

**Preschool/Kindergarten – stand-alone**

Stand-alone preschool, comprises separately located services dedicated to provide structured educational programs to children in the one or two years before they commence full-time schooling only.

**Preschool/kindergarten – part of school**

Preschool as part of a school, comprises services that are co-located with a school that provide structured educational programs to children in the one or two years before they commence full-time schooling. These services may also be integrated with a school.



**Part D: Service details - continued**

**Outside school hours care – before school**

Outside school hours care, comprises services that provide care for school age children before school, after school, during school holidays, and on pupil free days. Outside school hours care may use stand-alone facilities, share school buildings and grounds and/or share facilities such as community halls.

**Outside school hours care – after school**

Outside school hours care, comprises services that provide care for school age children before school, after school, during school holidays, and on pupil free days. Outside school hours care may use stand-alone facilities, share school buildings and grounds and/or share facilities such as community halls.

**Outside school hours care – vacation care**

Vacation care, comprises services provided for school aged children during school holidays only.

13. Do you intend to operate an associated children's service?

Yes ► *Please go to question 14*

No ► *Please go to question 16*

**Associated Children's Service**

The National Law recognises that not all services will be covered in the first stages of implementing the National Quality Framework.

In a circumstance where a Provider is offering a service covered by the National Law, for example a long day care service, and it also operates at the same premises as a service not covered, such as an occasional care service, the Provider may seek approval under the National Law and this approval will cover the associated service where that service type is required to be approved under local law.

Under the new approvals process, the playgroup service would be described as an associated children's service.

The playgroup component of the service would need to continue to comply with any relevant state or territory legislation, including regard to standards for educator-to-child ratios and qualification requirements. The long day care service would be subject to the new National Law and Regulations including the National Quality Standard.

14. Do you wish to include the associated children's service in the service approval?

Yes

No

► **Note:** *You should check whether you are required to be licensed for this service under State/Territory or local law.*



Part D: Service details - continued

15. If you answered 'Yes' to question 13, in the box below, please provide the following details (if available) for each associated children's service:

- i. the name of the associated children's service;
- ii. the proposed date on which the associated children's service will commence operation;
- iii. if known, the contact details, including an after-hours telephone number, for the associated children's service;
- iv. the proposed ages of children to be educated and cared for by the associated children's service;
- v. the proposed maximum number of children to be educated and cared for by the associated children's service;
- vi. the hours and days of operation of the associated children's service; and
- vii. the location of this service within the service premises.


16. Proposed ages of children to be educated and cared for:  
(Please tick all that apply)

- 0-24 months
- 25-35 months
- 36 months – preschool age
- School age

17. What is the proposed maximum number of children to be educated and cared for by the centre based service?

18. Please attach evidence that the approved provider:

- holds a current insurance policy providing adequate cover for the service against public liability with a minimum cover of \$10,000,000; or
- a current insurance policy or an indemnity against public liability provided by the Government of a State or Territory in respect of the education and care service.





## Part E: Proposed hours and days of operation of the service

19. Please select the operational period type and enter the proposed hours and days of operation applicable to the service.

► **Note:**

- Please use 24 hour time format (e.g. 17:00, and not 5pm).
- If the service 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 service is open for business.

### Operational period types

#### Annual

General operating hours that are not specifically related to 'Holiday Care' and 'School Terms'.

	Start time	End 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"/>

#### Holiday Care - If applicable

Operating hours during school holidays including public holidays.

	Start time	End 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"/>

#### School Terms Only - If applicable

Operating hours when schools are open.

	Session 1			Session 2	
	Start time	End Time		Start time	End Time
Monday	<input type="text"/>	<input type="text"/>	Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	Sunday	<input type="text"/>	<input type="text"/>



## Part F: Policies and procedures

20. 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





## Part G: Building premises information

21. Please supply plans prepared by a building practitioner which shows all of the following information:

► **Note:** The regulatory authority may agree to accept an application that does not include this information if you are seeking to operate a service on a school site, or to temporarily relocate a service for up to 12 months. If this applies to you, contact your regulatory authority before submitting your application.

- The location of all buildings, structures, outdoor play areas and shaded areas
- The location of all entries and exits
- The location of all fences and gates, specifying the type of fence or gate used or to be used
- The location of toilet and washing facilities, nappy changing areas and any food preparation areas
- The boundaries of the premises
- The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided
- A floor plan, indicating unencumbered indoor spaces and a site plan indicating the unencumbered outdoor spaces that will be used by children
- The location of any associated children's service (if applicable)
- Calculations carried out by a building practitioner of the areas referred to in regulations 107 and 108 relating to unencumbered indoor and outdoor space
- The elevation plans of the premises

22. Please provide at least one of the following:

- A soil assessment for the site of the proposed education and care service premises
- If a soil assessment for the site of the proposed education and care service premises has previously been undertaken, a statement to that effect, specifying when the soil assessment was undertaken
- A signed declaration made by the applicant that states that, to the best of the applicant's knowledge, the site history does not indicate that the site is likely to be contaminated in a way that poses an unacceptable risk to the health of children

23. Is a planning permit required under the planning and development law of your jurisdiction?

- Yes ► **Please attach a copy of the planning permit**
- No



24. Is there a swimming pool or other water hazard situated on the proposed premises?

- Yes ► **Please attach a copy of the service's water safety policy**
- No



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

25. Do you have the right to occupy the premises?

- Yes ► **Please provide any documentary evidence such as a lease or title for the premises**
- No





## Part G: Building Premises Information - continued

26. Is the education and care service premises a Government or registered school?

Yes

No ▶ **Please provide either:**



**Note:** The regulatory authority may agree to accept an application that does not include this information if you are seeking to operate a service on a school site, or to temporarily relocate a service for up to 12 months. If this applies to you, contact your regulatory authority before submitting your application.

- i. A copy of any occupancy permit, certificate of final inspection, building certificate, certificate of classification or building surveyor's statement issued or given in respect of the final construction and fit out of the education and care service premises; or
- ii. A statement made by a building practitioner that states that the education and care service premises complies with building requirements under a building law or planning and development law of the participating jurisdiction.

## Part H: Nominated certified supervisor details

27. Does the nominated supervisor have a supervisor certificate number?

Yes ▶ **Please provide:**

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▶ **Note:** This Service Approval application will not be approved until the Supervisor Certificate for the Nominated Supervisor has been granted.

No ▶ The individual nominated as the nominated supervisor has applied for a Supervisor Certificate but the application has not yet been decided, or the service is seeking a prescribed class supervisor certificate.

28. Is the nominated supervisor a certified supervisor under a prescribed class?

Yes

No



**Part I: Nominated certified supervisor details**

**29. Please provide details of the nominated supervisor for the service:**

**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"/>		

**Residential 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"/>

**Postal address**

As above	<input type="checkbox"/>			
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"/>	

**30. Please complete the nominated supervisor consent form located at Appendix A of this form and include with the application.**



## Part J: Application contact details

### 31. Name and contact details for this application:

- **Note:** *The contact for this application must be the approved provider or the operator of the education and care service with responsibility for the management of the staff members and nominated supervisors of that service.*

#### 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"/>		

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#### 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 K: 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: signed in accordance with the rules of the incorporated association
- 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 applicant
- A person authorised to sign on the applicant's behalf.

**Note:** *please tick one box only*

**Note:** *your regulatory authority may request evidence of this authorisation*

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
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided, and
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Signature of person making the declaration: \_\_\_\_\_

Signed at: \_\_\_\_\_ on the \_\_\_\_\_

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



Second signatory (if 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
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
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided, and
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Signature of person making the declaration: \_\_\_\_\_

Signed at: \_\_\_\_\_ on the \_\_\_\_\_



## Part L: Payment details

The following table relates to the fee required to be paid with a Service Approval application. The amount of the fee depends on the maximum number of children who can be cared for at any one time by the service.

	Centre-based service (Max. no of children who can be cared for at any one time)		
	24 or fewer	25-80	81 or more
<b>Application for Service Approval</b>	<b>\$432</b>	<b>\$649</b>	<b>\$866</b>

► **Note:** Fees can be paid by credit card, cheque or money order.

► **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:

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### 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:** The Education and Early Childhood Services Registration and Standards Board

**TAS:** Department of Education

**VIC:** Department of Education and Training

**WA:** Department of Local Government and Communities



## Appendix A: Nominated supervisor consent form

### Approved provider nomination

I, \_\_\_\_\_ [name of approved 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: \_\_\_\_\_

## Submitting this form

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

The contact details for each regulatory authority are available on the ACECQA website.

Please go to [www.acecqa.gov.au/contact-your-regulatory-authority](http://www.acecqa.gov.au/contact-your-regulatory-authority)