



Provider Approval Number:
(Office Use Only)

Before You Begin

You must read the following information before completing and submitting this application form.

Your Obligations

Before submitting this application, you must ensure you are familiar with the requirements and obligations set out under the National Quality Framework for Early Childhood Education and Care (National Quality Framework) which includes the *Education and Care Services National Law** and the *Education and Care Services National Regulations*.

If you require further information about the obligations of Approved Providers under the National Quality Framework or are unsure about the information required in this application, it is important that you visit the website www.acecqa.gov.au or contact the relevant Regulatory Authority in your state or territory for clarification.

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

Note: This is not an application for CCB Approval under the *Family Assistance Law*. The information you provide in this application will not be transferred to the Department of Education, Employment and Workplace Relations (DEEWR) for the purposes of assessing your service's approval under *Family Assistance Law* for Child Care Benefit (CCB) purposes. You must apply separately to DEEWR to have your service approved under the *Family Assistance Law* for CCB purposes.

***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' as applied as a law of the state or territory in which you are seeking approval under this form. References to ACECQA are to the Australian Children's Education and Care Quality Authority; established under section 224 of the Education and Care Services National Law.

Application Requirements and Assessment

An Applicant for Service Approval must:

- Be an Approved Provider or have already applied for a Provider Approval; and
- only apply for a Service Approval for an education and care service if they are or will be the operator of the education and care service, and are or will be responsible for the management of the staff members and nominated supervisor of that service; and
- ensure that the person you intend to nominate as the Nominated Supervisor has a Supervisor Certificate or has applied for one (in the case of prescribed classes the Provider must ensure that they have sought a prescribed class Supervisor Certificate from their Regulatory Authority see *Regulation 49*).

This Service Approval will not be approved until a Provider Approval and a Supervisor Certificate for the Nominated Supervisor have been granted.

Applications will be assessed and a determination made within 90 working days of the application being determined valid by the receiving Regulatory Authority.

Office use only: Approved Not Approved Date:

In Confidence, When Completed

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 and use a black pen. Do not use correction fluid. The signatory should initial any corrections to this form.
- Applications will be assessed by the Regulatory Authority of the jurisdiction in which the service is located.

Privacy Statement

ACECQA and the Regulatory Authorities are committed to ensuring that all actions taken in the administration of the National Quality Framework are in compliance with the *Information Privacy Principles of the Privacy Act 1988 (Cth)*.

ACECQA and the Regulatory Authorities are collecting the information on this form for the purpose of assessing this application under the National Quality Framework. 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 Authority and the Commonwealth Government may publish information about you in accordance with the *Education and Care Services National Law*.

Section 1 - Provider Information

Part A: Provider Details (Individual Applicants)

1. **Provider name:**

Title:	<input type="text"/>	First name:	<input type="text"/>
Middle name:	<input type="text"/>	Last name:	<input type="text"/>

2. **Provider Approval number:**

(If you do not yet have a Provider Approval number you will need to provide contact details at question 7)

3. **ABN:**

Part B: Provider Details (Non-Individual Applicants)

4. **Provider name:**

5. **Provider Approval number:**

(If you do not yet have a Provider Approval number you will need to provide contact details at question 7)

6. **ABN:**

Part C: Provider Contact Details

To be completed if you have not yet been issued a Provider Approval number.

7. **If you do not yet have a Provider Approval number please provide contact details of a contact for the Provider:**
(Otherwise, go to Section 2)

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>	Mobile no. (BH):	<input type="text"/>
Phone number (BH):	<input type="text"/>	Fax number:	<input type="text"/>
Email:	<input type="text"/>		

Section 2 - Service Information

Part A: Service Name

8. Service legal entity name:

9. Service trading name:

10. Service ABN:

Part B: Proposed Service Address and Location

11. Please provide the following details for the principal office of the family day care service:

Phone number:

Mobile number:

Fax number:

Email:

Location address for the principal office of the family day care service:

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:

Part C: Service Contact Details

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

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>	Phone (BH):	<input type="text"/>
Mobile (BH):	<input type="text"/>		
Email:	<input type="text"/>		

13. After hours emergency phone number:

(Required in the case of an emergency)

Part D: Service Details

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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15. How many family day care educators do you expect to be engaged or registered with the family day care service within six months of commencement?

16. How many family day care coordinators are expected to be engaged or registered with the family day care service within six months of commencement?

17. Please select all the jurisdictions in which the family day care educators are expected to provide education and care?

(Please check all that apply)

<input type="checkbox"/> ACT	<input type="checkbox"/> SA
<input type="checkbox"/> NSW	<input type="checkbox"/> TAS
<input type="checkbox"/> NT	<input type="checkbox"/> VIC
<input type="checkbox"/> QLD	<input type="checkbox"/> WA

18a. Please list the Local Government areas in which the family day care educators are expected to provide education and care:

(If applicable)

Part D: Service Details - continued

18b. Do you intend to operate any family day care venues: Yes, if known, please attach a list of addresses of all proposed family day care venues
 No

19. Do you intend to operate an associated children's service: Yes ► **Please go to question 20**
 No ► **Please go to question 22**

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 a playgroup 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.

20. 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)

21. If you answered 'Yes' to question 19, 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.

22. Please attach evidence that the Approved Provider:

- Holds a current policy or insurance providing adequate cover for the service against public liability with a minimum cover of \$10 000 000; or
- a policy of insurance 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

23. For each operational period type please provide the start date, end date and a description of the operational period. (DD/MM/YYYY)
(If you have more than two operational periods please provide the following information for these periods on a separate sheet of paper)

Operational Period 1

Type (i.e. annual or holiday care):

Start date: End date:

Operational period description:

Number of operational weeks per year:

What are the proposed hours and days of operation of the service for this operational period?

Day	Opening Time	Closing 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"/>

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.
- Use DD/MM/YYYY format.

Operational Period 2

Type (i.e. annual or holiday care):

Start date: End date:

Operational period description:

Number of operational weeks per year:

What are the proposed hours and days of operation of the service for this operational period?

Day	Opening Time	Closing 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"/>

Part F: Policies and Procedures

24. 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.

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; and
 - 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; and
 - 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 F: Policies and Procedures - continued**25. Please provide copies of the following proposed policies and procedures relating to:**

For further information on these policies and procedures please refer to the *Regulation 169*.

- Assessment, approval and reassessment of approved family day care venues and family day care residences (including matters to meet the requirements of *Regulation 116*).
- Engagement or registration of family day care educators.
- Keeping of a register of family day care educators under *Regulation 153*.
- Monitoring, support and supervision of family day care educators, including how the service will manage educators in remote locations.
- Assessment of family day care educators, family day care educator assistants and persons residing at family day care residences, including the matters required under *Regulation 163*.
- Visitors to family day care residences and venues while education and care is being provided to children as part of a family day care service.
- The provision of information, assistance and training to family day care educators.
- The engagement or registration of family day care educator assistants.
- If the family day care service will permit a family day care residence or venue with a swimming pool or something that may constitute a water hazard, a copy of the service's proposed water safety policy (Please note – swimming pools are prohibited in Tasmania for all education and care services).

Part G: Nominated Certified Supervisor Details

26. Does the Nominated Supervisor have a Supervisor Certificate number?

Yes ► **Please provide:**

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.
(Note: this Provider Approval application will not be approved until the Supervisor Certificate for the Nominated Supervisor has been granted.)

27. Is the Nominated Supervisor a Certified Supervisor under a prescribed class?

Yes

No

28. Please provide details of the Nominated Supervisor for the service:

Title: First name:

Middle name: Last name:

Phone (BH): Mobile:

Phone (AH):

Email:

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:

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

Part H: Application Contact Details

30. Name and contact details for this application:

(Note: the contact for this application must be an individual who is authorised by the Applicant to act on their behalf with regard to the details of this form)

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 I: Applicant 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 authorised to make this declaration on the Applicant's behalf.

I 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 the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application 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 application;
6. Some of the information provided in this application may be disclosed to 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 I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.

Signature of person making the declaration: _____

Signed at: _____ On the: _____

.....
Second applicant (if applicable)

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 authorised to make this declaration on the Applicant's behalf.

I 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 the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application 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 application;
6. Some of the information provided in this application may be disclosed to 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 I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.

Signature of person making the declaration: _____

Signed at: _____ On the: _____

Who May Sign?

- **Individuals:** The individual Applicant.
- **Company:** Two directors of the company, or a director and company secretary, or if 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 director and one other officer of the cooperative.
- **Partnership:** A managing partner who is authorised to sign on behalf of the partnership. This signature binds all partners.
- **Corporation/Government School Council:** Signed in accordance with rules of the corporation/council.

Part J: Payment Details

The fee required to be paid with a service approval application for a family day care service is \$600.

Note: The Regulatory Authority can waive/defer/refund fees in particular circumstances

Fees can be paid by credit card, cheque or money order.

Payment by Credit Card

(Note: The Australian Capital Territory, Northern Territory and Queensland Regulatory Authorities are unable to process payments by credit card.)

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

Amount:

Card Type: Mastercard Visa

Card expiry date: /

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: _____

Payment by Cheque or Money Order

Please make your cheque or money order payable to the relevant Regulatory Authority:

- ACT:** Community Services Directorate
- NSW:** NSW Department of Education and Communities
- NT:** Receiver of Territory Monies
- QLD:** Department of Education and Training
- SA:** The Education and Early Childhood Services Registration and Standards Board
- TAS:** Department of Education
- VIC:** Department of Education and Early Childhood Development
- WA:** Child Care Licensing and Standards Unit

Appendix A - Nominated Supervisor Consent Form

1. Name of Approved Provider:

2. Name of education and care service:

3. Service Approval number:

4. Nominated Supervisor details:

Title:	<input type="text"/>	First name:	<input type="text"/>
Middle name:	<input type="text"/>	Last name:	<input type="text"/>

5. Certified Supervisor number:

6. After hours emergency phone number:

7. The date of commencement as Nominated Supervisor:
DD/MM/YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Declarations

Provider Declaration

I, _____ (name of Approved Provider)
nominate _____ (name of Certified Supervisor)
to be the Nominated Supervisor for _____ (name of education and care service)

Signature: _____ Date: _____

Supervisor Declaration

I, _____ (name of Certified Supervisor)
consent to being the Nominated Supervisor for _____ (name of education and care service)

Signature: _____ Date: _____

Privacy Statement

ACECQA and the Regulatory Authorities are committed to ensuring that all actions taken in the administration of the National Quality Framework are in compliance with the *Information Privacy Principles of the Privacy Act 1988 (Cth)*.

ACECQA and the Regulatory Authorities are collecting the information on this form for the purpose of assessing an application under the National Quality Framework. 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 Authority and the Commonwealth Government may publish information in accordance with the *Education and Care Services National Law*.

Lodging Your Application

Please lodge your application along with all of the required documentation by posting or faxing to the Regulatory Authority in the state or territory in which the service is to be located.

The address details for each state and territory Regulatory Authority are below:

Australian Capital Territory

Children's Policy and Regulation Unit
Community Services Directorate
GPO Box 158
CANBERRA CITY ACT 2601
Fax: (02) 6207 1128

South Australia

Education and Early Childhood Services Registration and
Standards Board of South Australia
GPO Box 1811
ADELAIDE SA 5001
Fax: (08) 8226 1815

New South Wales

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

Tasmania

Department of Education
Education and Care Unit
GPO Box 169
HOBART TAS 7001
Fax: (03) 6233 6042

Northern Territory

Quality Education and Care NT
Department of Education and Training
GPO Box 4821
DARWIN NT 0801
Fax: (08) 8999 5677

Victoria

Department of Education and Early Childhood Development
Quality Assessment and Regulation Division
GPO Box 4367
MELBOURNE VIC 3001
Fax: (03) 9651 3586

Queensland

Office for Early Childhood Education and Care
Department of Education, Training and Employment
PO Box 15033
CITY EAST QLD 4002
Fax: (07) 3234 0310

Western Australia

Department for Communities
Education and Care Regulatory Unit
PO Box 6242
East Perth Business Centre
EAST PERTH WA 6892
Fax: (08) 6210 3300

Enquiries

Australian Capital Territory

Children's Policy and Regulation Unit

Community Services Directorate

E-mail: ocyfschildrensservices@act.gov.au

Phone: (02) 6207 1114

Website: www.dhcs.act.gov.au

South Australia

Education and Early Childhood Services Registration and

Standards Board of South Australia

E-mail: nationalqualityframework@sa.gov.au

Phone: 1800 882 413 (toll free)

Website: www.decs.sa.gov.au/childrensservices/

New South Wales

NSW Early Childhood Education and Care Directorate

E-mail: ececd@det.nsw.edu.au

Phone: 1800 619 113 (toll free)

Website: www.det.nsw.edu.au

Tasmania

Department of Education

Education and Care Unit

E-mail: ecu.comment@education.tas.gov.au

Phone: 1300 135 513

Website: www.education.tas.gov.au

Northern Territory

Quality Education and Care NT

Department of Education and Training

E-mail: qualityecnt.det@nt.gov.au

Phone: (08) 8999 3561

Website: www.det.nt.gov.au

Victoria

Department of Education and Early Childhood Development

Quality Assessment and Regulation Division

E-mail: licensed.childrens.services@edumail.vic.gov.au

Phone: 1300 307 415

Website: www.education.vic.gov.au/ecsmanagement/
educareservices

Queensland

Office for Early Childhood Education and Care

Department of Education, Training and Employment

E-mail: ecec@dete.qld.gov.au

Phone: 1800 637 711 (toll free)

Website: www.deta.qld.gov.au/earlychildhood

Western Australia

Department for Communities

Education and Care Regulatory Unit

E-mail: ccluinfo@communities.wa.gov.au

Phone: (08) 6210 3333

OR

1800 199 383 (toll free)

Website: www.communities.wa.gov.au