



Provider approval number: PR-
(Office Use Only)

Before you begin

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

Use this form to...

Apply to amend service approval to change:

- the name of the education and care service
- the maximum number of children that may be educated and cared for at any one time at a centre-based service
- a condition.

To change the location of a centre-based service, the approved provider must apply for a new service approval using form SA01 *Application for service approval – centre-based service*.

Application requirements

Applications will be assessed and a determination made within 60 days of the application being determined valid by the receiving regulatory authority.

The application must be submitted to the regulatory authority in the state or territory where the service is located.

► **Note:** *Providers of family day care services do not need to apply to have their service approval amended to change the location of the principal office of the service. Providers should complete form SA12 Notice of change to information about an approved service.*

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



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.



Part A: Information

1. **Approved provider name:**

2. **Approved provider number:**

3. **Service legal entity name:**

► **Note:** Entity name refers to the name that appears on all official documents or legal papers. The entity name may be different from the business name

4. **Service trading name:**

► **Note:** A business name is simply a name or title under which a person or entity conducts a business.

5. **Please provide the address of the service (principal office for a family day care service):**

Address line 1:

Address line 2:

Suburb/town:

State/territory: Postcode:

6. **Service approval number:**

7. **Which part of the service approval are you applying to amend?**

The name of the education and care service

- Please state the proposed amended name of the service:

► **Note:** Providing sufficient reasons and attaching evidence will help make sure your application is processed quickly. Evidence might include plans prepared by a building practitioner including a floor plan showing the amount of unencumbered indoor and outdoor space suitable for children has increased. If structural changes have been made to the service, remember to complete form SA12 Notice of change to information about an approved service.

The maximum number of children that may be educated and cared for at any time (centre-based service only)

- Please state the proposed maximum number of children:

Please provide reasons for seeking to have the maximum number of children amended:



► **Note:** Providing sufficient reasons and attaching evidence will help make sure your application is processed quickly. For example, if the condition is that the service does not educate and care for children under 24 months old, and the provider is now seeking to have the condition removed, evidence might be provided of the changes to the service environment to accommodate infants.

A condition

- Please state the condition you are seeking to have amended:

- Please provide reasons you are seeking to have the condition revised or removed:

8. Name and contact details for this form:

► **Note:** This is the person the regulatory authority will contact with any questions about this form.

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"/>		

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 A: 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: the public officer and one other member of the management committee
- 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 approved provider of the service
- A person authorised to sign on the approved
 provider'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 (as 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
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Signature of person making the declaration: _____

Signed at: _____ on the _____
(address) (date)

Submitting this form

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