Before you begin

You must read the following information before completing and submitting this application form. This application form is to be completed by a state regulated approved provider to request an amendment of provider approval.

Use this form to request the following amendments:

* Change approved provider name
* Change approved provider principal office address
* Change or remove conditions of provider approval

When completing this form, please ensure to:

* 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.

For assistance, please contact Early Childhood Education, Information & Enquiries 1800 619 113.

Your obligations

Before submitting this application, you must ensure you are familiar with your obligations under the Children (Education and Care Services) Supplementary Provisions Act 2011 and the Children (Education and Care Services) Supplementary Provisions Regulation 2019, 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’).

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

Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied. The Regulatory Authority will make a decision on your application within **30 days** subject to your application being deemed complete.

Privacy statement

The Regulatory Authority is 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 and may be provided to other authorities or government agencies in accordance with the National Law Alignment Provisions. The Regulatory Authority and the Australian Government may publish information about you in accordance with the National Law Alignment Provisions.

Part A: Provider approval details

1. **Please provide the following provider approval details:**

|  |  |
| --- | --- |
| **Provider approval name** | Click or tap here to enter text. |
| **Provider approval no.** | Click or tap here to enter text. |
| **Address line 1** | Click or tap here to enter text. |
| **Address line 2** | Click or tap here to enter text. |
| **Suburb/town** | Click or tap here to enter text. |
| **State/territory** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |

Part B: Amendment details

1. **Select the type of amendment sought and provide the required information:**

|  |  |
| --- | --- |
| **Change approved provider name** | |
| **New legal entity name** | Click or tap here to enter text. |
| **New business trading name** | Click or tap here to enter text. |
| Attach evidence of name change (e.g. Fair Trading Certificate or ASIC company extract) | |

|  |  |
| --- | --- |
| **Change approved provider principal office address** | |
| **New postal address line 1** | Click or tap here to enter text. |
| **New postal address line 2** | Click or tap here to enter text. |
| **Suburb/town** | Click or tap here to enter text. |
| **State/territory** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |
| Attach evidence of address change (e.g. ASIC company extract) | |

|  |  |  |
| --- | --- | --- |
| **Change or remove conditions of provider approval** | | |
| **Condition number** | Click or tap here to enter text. | |
| **Are you requesting a change or removal?** | Change | Removal |
| **Details of requested change / reasons for requested removal** | Click or tap here to enter text. | |
| Attach supporting documents | | |

**Note:** Following initial review of your application, the nature of the amendment being requested and the supporting information provided, the Regulatory Authority may request further information and/or supporting documents for the purpose of assessing the application.

Part C: Contact details for application

1. **Please provide the details of the primary contact person for this application:**

|  |  |
| --- | --- |
| **Full name of contact person** | Click or tap here to enter text. |
| **Contact phone no.** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Note:** If further information is required for the assessment of this application, an email request will be directed to the above recipient.

Part D: Approved provider declaration

**This section can only be completed by an approved person with management or control (PMC).**

|  |  |  |
| --- | --- | --- |
| I, | Click or tap here to enter text. | (insert full name) |

|  |  |  |
| --- | --- | --- |
| of | Click or tap here to enter text. | (insert address) |

|  |  |  |
| --- | --- | --- |
| am | Click or tap here to enter text. | (insert position/title) |

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 I agree to, the conditions and the associated material contained in this application form.
3. I understand that the Department of Education 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) Supplementary Provisions Regulation 2019, which includes the National Law Alignment Provisions.
5. The Department of Education 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: |  | Click or tap here to enter text. |  | on the: |  | Click or tap to enter a date. |
|  |  | (insert location) |  |  |  | (insert date) |

**Completed application forms and all associated documents can be submitted by email to:**

[assessments.ececd@det.nsw.edu.au](mailto:assessments.ececd@det.nsw.edu.au)

**Please do not post documentation.**

For any enquiries, please contact Early Childhood Education, Information & Enquiries on 1800 619 113.