Before you begin

You must read the following information before completing and submitting this application form. This application form is to be completed by an approved provider of a state regulated education and care service (mobile or occasional care) to request an amendment of service approval.

Use this form to request the following amendments:

* Change the name of the service
* Change or remove conditions of service approval
* Increase or decrease the maximum number of children that may be educated and cared for at any one time at the service
* Add or remove a mobile venue
* Add or change a venue management plan for an approved mobile venue

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 within60 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. |

Part B: Service approval details

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

|  |  |
| --- | --- |
| **Service approval name** | Click or tap here to enter text. |
| **Service 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. |

1. **For mobile services only – If you are seeking to amend a specific venue, please provide the venue details below (you must also provide the primary mobile service details above):**

|  |  |
| --- | --- |
| **Mobile venue name**  | 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 C: Amendment details

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

|  |
| --- |
| [ ]  **Change the name of education and care service / mobile venue** |
| **New proposed name** | Click or tap here to enter text. |

|  |
| --- |
| [ ]  **Change or remove conditions of service 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  |

|  |
| --- |
| [ ]  **Increase or decrease the maximum number of children that may be educated and cared for at any one time at the service / mobile venue** |
| **Are you requesting an increase or decrease?** | [ ]  Increase | [ ]  Decrease |
| **New proposed maximum number** | Click or tap here to enter text. |
| **Have there been structural changes to the service premises or a change to the accessible indoor/outdoor play space?** | [ ]  No | [ ]  Yes – you must submit a notification of change to information about approved service |
| **Supporting information**  | Click or tap here to enter text. |
| [ ]  Refer to Part D section 5 for required supporting documents |

|  |
| --- |
| [ ]  **Mobile services only – Remove a mobile venue**  |
| **Removal effective date**  | Click or tap to enter a date. |
| [ ]  Provide the venue details in Part B section 3  |

|  |
| --- |
| [ ]  **Mobile services only – Add a mobile venue**  |
| [ ]  Refer to Part D section 6 for required supporting documents  |

|  |
| --- |
| [ ]  **Mobile services only – Add or change a venue management plan (VMP) for an approved mobile venue** |
| **Are you adding a new VMP or changing an existing VMP?**  | [ ]  Adding | [ ]  Changing |
| [ ]  Provide the venue details in Part B section 3  |
| [ ]  Attach a declaration of non-compliance and venue management plan |

 Part D: Supporting documentation

1. **If you are requesting an amendment to the maximum number of children, please attach the following documents:**

|  |  |
| --- | --- |
| **Document** | **Attached** |
| Site plans prepared by a building practitioner per regulation 25(1)(b) of the National Law Regulations |[ ]
| Unencumbered indoor and outdoor calculations prepared by a building practitioner |[ ]
| Development consent OR; letter from council if not required |[ ]
| If development consent was required: Building compliance certification (e.g. final occupation certificate) Mobile services see regulation 16 of the Supplementary Regulations  |[ ]

1. **Mobile services only – If you are requesting to add a new mobile venue, please attach the following documents:**

|  |  |
| --- | --- |
| **Document** | **Attached** |
| Venue information form  |[ ]
| Declaration of non-compliance and venue management plan (if applicable) |[ ]
| Site plans prepared by a building practitioner per regulation 25(1)(b) of the National Law Regulations |[ ]
| Unencumbered indoor and outdoor calculations prepared by a building practitioner |[ ]
| Proof of right to occupy (e.g. lease agreement) |[ ]
| Soil statement  |[ ]
| Development consent OR; letter from council if not required |[ ]
| Occupation certificate (if required under regulation 16 of the Supplementary Regulations) |[ ]
| Insurance policy per regulation 29 of the National Law Regulations (if available at time of application) |[ ]

**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 F: 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 for information will be directed to the above recipient.

Part F: Approved provider declaration

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

|  |  |  |
| --- | --- | --- |
| 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

**Please do not post documentation.**

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