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 person or organisation applying for state regulated provider approval 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’).

Approved providers that are regulated under the above legislation can apply for approval to operate a state regulated education and care service (mobile or occasional care) using this form.

Applicants wishing to obtain approval to operate nationally regulated centre-based services (long day care, preschool, outside of school hours care and vacation care) or family day care services must apply for provider approval online using the [National Quality Agenda IT System](https://public.nqaits.acecqa.gov.au/Pages/Landing.aspx) (NQA ITS).

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.

Your obligations

Before submitting this application, you/your organisation must ensure all persons are familiar with an approved provider’s 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 fee

An application for provider approval incurs a fee. Please click [here](https://www.acecqa.gov.au/resources/applications/indexation-of-fees) to view the list of indexed fees for the current financial year. You will be sent an invoice for payment following receipt of application. Payment can be made by BPAY and can take up to 3 business days to be received by the Regulatory Authority. Payment must be received within 5 business days of issue or the application may be terminated.

Application requirements and assessment

Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as prescribed fees paid. The Regulatory Authority will make a decision on your application within60 days subject to the assessment of each PMCs fitness and propriety and 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: Applicant / primary entity details

1. **Which type of state regulated service(s) does the applicant intend to operate?**

|  |  |
| --- | --- |
| [ ]  Occasional Care | [ ]  Mobile Service |

**Note:** Applicants intending to operate nationally regulated services must apply online using the [National Quality Agenda IT System](https://public.nqaits.acecqa.gov.au/Pages/Landing.aspx) (NQA ITS).

1. **Legal entity details:**

|  |  |
| --- | --- |
| **Legal entity type (select one):** | **Management type (select one):** |
| [ ]  Company[ ]  Sole Proprietor [ ]  Partnership[ ]  Incorporated Entity/Body[ ]  Unincorporated Entity/Body[ ]  Registered Co-operative [ ]  Commonwealth Government [ ]  State/Territory Government [ ]  Local Government[ ]  Educational Institution [ ]  Other – please describe: Click or tap here | [ ]  Private for profit [ ]  Private not for profit - community managed [ ]  Private not for profit - other organisation [ ]  State/Territory and Local Government managed[ ]  State/Territory Government schools [ ]  Independent schools [ ]  Catholic schools [ ]  Other – please describe: Click or tap here |
| **Legal entity name** **Note: This will appear as the provider approval name** | Click or tap here to enter text. |
| **Business trading name** | Click or tap here to enter text. |
| **ABN** | Click or tap here to enter text. |
| **ACN (if applicable)** | Click or tap here to enter text. |

1. **Is the applicant a trustee?**

|  |  |
| --- | --- |
| [ ]  No – Proceed to section 4  | [ ]  Yes – Provide trustee details below: |
| **Trust name** | Click or tap here to enter text. |
| **Trust ABN** | Click or tap here to enter text. |
| [ ]  Attach a signed & dated copy of the trust deed  |

1. **Address details:**

|  |
| --- |
| **Principal office address** |
| **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. |
| **Postal address** |
| [ ]  Same as principal office address |
| **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. **Primary contact details:**

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

Part B: Financial declaration

1. **Has the applicant ever been declared insolvent?**

|  |  |
| --- | --- |
| [ ]  No – Proceed to question 7 | [ ]  Yes – Provide details below: |
| **Further details** | Click or tap here to enter text. |

1. **Has the applicant ever been placed under external administration?**

|  |  |
| --- | --- |
| [ ]  No – Proceed to Part C | [ ]  Yes – Provide details below: |
| **Further details** | Click or tap here to enter text. |

Part C: Person(s) with management or control

1. **Please provide the details for each of the individuals who will be a ‘person with management or control’ (PMC) of the education and care service(s) that will be operated by this provider should approval be granted:**

Section 5A of the Children (Education and Care Services) National Law (NSW) defines a person with management or control as the following:

(a) if the provider or intended provider of the service is a body corporate –

(i) an officer (within the meaning of the Corporations Act 2001 of the Commonwealth) of the body corporate who has authority or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service; and

(ii) any other person who –

(A) is a member of the group of persons responsible for the executive decisions made in relation to the education and care service; or

(B) has authority or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service;

(b) if the provider or intended provider of the service is an eligible association –

(i) each member of the executive committee of the association who has authority or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service; and

(ii) any other person who –

(A) is a member of the group of persons responsible for the executive decisions made in relation to the education and care service; or

(B) has authority or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service;

(c) if the provider or intended provider of the service is a partnership –

(i) each partner who has authority or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service; and

(ii) any other person who –

(A) is a member of the group of persons responsible for the executive decisions made in relation to the education and care service; or

(B) has authority or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service;

(d) in any other case, any person who –

(i) is a member of the group of persons responsible for the executive decisions made in relation to the education and care service; or

(ii) has authority or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full name** | **Date of birth** | **Position/title** |
| **1** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |
| **2** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |
| **3** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |
| **4** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |
| **5** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |
| **6** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |
| **7** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |
| **8** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |
| **9** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |
| **10** | Click or tap to enter text | Click or tap to enter a date. | Click or tap to enter text |

Part D: Supporting documentation

1. **Please attach** **the following** **documentary evidence of the legal status of the applicant and its constitution:**

|  |  |  |
| --- | --- | --- |
| **Document** | **Attached** | **N/A** |
| **Company** |
| Certificate of Registration as a Company  |[ ] [ ]
| Australian Securities and Investments Commission (ASIC) extract |[ ] [ ]
| **Incorporated Association** |
| Annual General Meeting (AGM) minutes |[ ] [ ]
| Certificate of Incorporation as an Association |[ ] [ ]
| Constitution of Association |[ ] [ ]
| **Registered Charity** |
| Australian Charities and Not-for-profits Commission (ACNC) summary |[ ] [ ]
| **Partnership** |
| Deed of partnership or partnership agreement |[ ] [ ]
| **Local Government Council** |
| Extract of relevant legislation concerning use of common seal |[ ] [ ]
| A copy of any other legislation or resolution which sets the manner in which the Council can enter into contracts |[ ]  [ ]  |
| Proof of appointment for each PMC (e.g. employment contract) |[ ] [ ]

1. **Please attach the following supporting documents for:**
* **All individuals who collectively form ‘the applicant’ (officeholders, committee members, partners, responsible persons etc.) AND;**
* **All persons with management or control**

|  |  |
| --- | --- |
| **Document** | **Attached** |
| PA02 Declaration of fitness and propriety (available from the [ACECQA website](https://www.acecqa.gov.au/sites/default/files/2018-09/PA02_DeclarationOfFitnessAndPropriety.pdf)) |[ ]
| Photo ID |[ ]
| Evidence of change of name (if applicable) |[ ]
| Working with children check (WWCC) |[ ]
| Criminal history record check (showing all prior names, not more than 6 months old) |[ ]
| Proof of management capability (see question 10 of PA02) |[ ]

**Note:** All documentation mustclear, legible andappropriately signed and dated where applicable. The Regulatory Authority may request further documentation for the purpose of assessing your application.

Part E: Applicant declaration

**This section can only be completed by a 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

**Please do not post documentation.**

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