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 seeking approval to operate a state regulated mobile education and care service.

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 fee

An application for service 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 within 90 days subject to your application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant. The service approval will not be granted until a provider approval has been granted.

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: Proposed mobile service details

1. **Information about proposed service:**

**Note:** This section is for the primary service / principal office location (the ‘mobile service’). Individual venue details are to be provided on the following page. If using the same premises as both the principal office and a venue, please provide these details in both sections.

|  |  |
| --- | --- |
| **Service trading name****Note: This will appear as the service approval name** | Click or tap here to enter text. |
| **Proposed commencement date** | Click or tap to enter a date. |

1. **Address details:**

|  |
| --- |
| **Mobile service principal office location:** |
| **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 location 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. |
| **After hours / emergency phone no.**  | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

Part C: Proposed mobile venue details

1. **Please detail all the proposed mobile venues (location where education and care will be provided) that will be operated under the service approval:**

|  |
| --- |
| **Mobile venue 1**  |
| **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. |

|  |
| --- |
| **Mobile venue 2**  |
| **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. |
| **Mobile venue 3**  |
| **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. |
| **Mobile venue 4**  |
| **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. |
| **Mobile venue 5**  |
| **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 D: Service policies and procedures

1. **Have the following policies and procedures been prepared? By ticking each box you are declaring the policy/procedure has been prepared in accordance with regulation 168 of the National Law Regulations:**

|  |  |
| --- | --- |
| **Policy/procedure** | **Prepared** |
| Health and safety, including matters relating to:- nutrition, food and beverages, dietary requirements;- sun protection;- water safety, including safety during any water based activities - the administration of first aid; and- Sleep and rest for children.  |[ ]
| 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 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 praticum 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 E: Nominated supervisor details

1. **Nominated supervisor details:**

|  |  |
| --- | --- |
| **First name** | Click or tap here to enter text. |
| **Middle name** | Click or tap here to enter text. |
| **Last name** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Daytime 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. |
| **Date of commencement as nominated supervisor**  | Click or tap to enter a date. |

|  |
| --- |
| **Nominated supervisor declaration** |

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

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

|  |  |  |
| --- | --- | --- |
| consent to beingnominated supervisor for | Click or tap here to enter text.  | (insert name of education and care service) |

|  |  |  |
| --- | --- | --- |
| 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) |

 Part F: Supporting documentation

1. **Please attach the following supporting documents for the mobile service (primary service / principal office location):**

|  |  |
| --- | --- |
| **Document** | **Attached** |
| Proof of right to occupy (e.g. lease agreement) | [ ]  |
| Insurance policy per regulation 29 of the National Law Regulations (if available at time of application) |[ ]
| Occupation certificate (if required under regulation 16 of the Supplementary Regulations) |[ ]

1. **Please attach the following supporting documents for each proposed mobile venue:**

|  |  |
| --- | --- |
| **Document** | **Attached** |
| Venue information form |[ ]
| Declaration of non-compliance and venue management plan (if required) |[ ]
| 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) |[ ]

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

Part G: 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 H : 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.