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 a service or temporary waiver from a requirement as provided for in the National Law Alignment Provisions.

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 or temporary waiver 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 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 – Please provide the following details of the mobile venue for which you are seeking the service or temporary waiver:**

|  |  |
| --- | --- |
| **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: Waiver details

1. **Regulation for which waiver is sought:**

|  |
| --- |
| [ ]  104 – Fencing requirements  |
| [ ]  107 – Indoor space requirements  |
| [ ]  108 – Outdoor space requirements  |
| [ ]  110 – Ventilation and Natural Light |
| [ ]  111 – Administrative space |
| [ ]  112 – Nappy change facilities  |
| [ ]  113 – Outdoor space - natural environment  |
| [ ]  114 – Outdoor space - shade |
| [ ]  115 – Premises designed to facilitate supervision  |
| [ ]  120 – Supervision requirements for educators under 18 years |
| [ ]  123 – Educator-to-child ratios |
| [ ]  126 – General educator qualifications  |
| [ ]  130 – Early childhood teacher requirements (fewer than 25 approved places) |
| [ ]  131 – Early childhood teacher requirements (25 or more approved places, but fewer than 25 children) |
| [ ]  272 – Early childhood teacher requirements (30 or more children) |

**Note:** Mobile services should refer to regulation 17 of the Supplementary Regulations regarding venue management plans before submitting an application for service or temporary waiver.

1. **Type of waiver sought (select one):**

|  |
| --- |
| [ ]  Service waiver – Proceed to Part D |
| [ ]  Temporary waiver (not more than 12 months) – Complete Part C, section 6 |

1. **Temporary waiver period (cannot exceed 12 months):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested start date:** | Click or tap to enter | **Requested end date:**  | Click or tap to enter |

Part D: Prescribed information

1. **Please provide the reason(s) that the education and care service seeks the waiver:**

|  |
| --- |
| Click or tap here to enter text. |

1. **Please identify the measures being taken or to be taken to protect the wellbeing of children being cared for by the service while the temporary waiver is in force:**

|  |
| --- |
| Click or tap here to enter text. |

1. **Please provide details of any attempts made to comply with the specified elements or regulations:**

|  |
| --- |
| Click or tap here to enter text. |

**Note:** Following initial review of your application, the nature of the waiver 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 E: 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 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.