Before you begin

You must read the following information before completing and submitting this notification form. This notification form is to be completed by a state regulated approved provider to notify the Regulatory Authority of a change to the provider approval in line with legislative requirements.

Use this form to notify the Regulatory Authority of the following:

* Appointment or removal of a person with management or control of the service(s) operated under the provider approval (within 14 days)
* Appointment or removal of receivers or liquidators or administrators, or matters that affect the financial viability and ongoing operation of the service (within 7 days)
* A change to approved provider’s fitness and propriety or fitness of a person with management or control
* Death of approved provider (within 7 days)
* Change to approved provider contact details

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 notification will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied where applicable.

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

Your obligations

Before submitting this notification, 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.

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 reviewing this notification 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: Notification details

1. **Select the notification sub-type and provide the required information:**

|  |
| --- |
| [ ]  **Appointment or removal of a person with management or control (PMC)** |
| 1. Details of person(s) removed:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 |

1. Details of person(s) appointed:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 |

Note: A person with management or control (PMC) is defined in section 5 of the National Law.  |
| [ ]  Refer to Part C for required supporting documents |

|  |
| --- |
| [ ]  **Appointment or removal of receivers or liquidators or administrators, or matters that affect the financial viability and ongoing operation of the service(s)** |
| **Further information:** Click or tap here to enter text. |
| [ ]  Attach supporting documents  |

|  |
| --- |
| [ ]  **Change to approved provider’s fitness and propriety or fitness of a person with management or control**  |
| **Further information:** Click or tap here to enter text. |
| [ ]  Attach supporting documents  |

|  |
| --- |
| [ ]  **Death of approved provider** |
| **Further information:**Click or tap here to enter text. |

|  |
| --- |
| [ ]  **Change to approved provider contact details**  |
| **New primary contact person** | Click or tap here to enter text. |
| **New day time phone no.**  | Click or tap here to enter text. |
| **New mobile phone no.**  | Click or tap here to enter text. |
| **New email address** | Click or tap here to enter text. |
| **New postal address:** | 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. |
| **Date above changes effective** | Click or tap to enter a date. |

Part C: Supporting documentation

1. **If you are notifying the Regulatory Authority of the appointment of additional persons with management or control, please attach the following supporting documents per the provider legal entity type:**

|  |  |  |
| --- | --- | --- |
| **Document** | **Attached** | **N/A** |
| **Company** |
| Australian Securities and Investments Commission (ASIC) extract |[ ] [ ]
| **Incorporated Association** |
| Annual General Meeting (AGM) minutes showing elected office bearers / committee members |[ ] [ ]
| **Registered Charity** |
| Australian Charities and Not-for-profits Commission (ACNC) summary |[ ] [ ]
| **Local Government Council** |
| Proof of appointment for each PMC (e.g. employment contact) |[ ] [ ]

1. **If you are notifying the Regulatory Authority of the appointment of additional persons with management or control, please attach the following supporting documents for each person that has been appointed:**

|  |  |
| --- | --- |
| **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 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 the fitness and propriety of the PMC(s).

Part D: Contact details for notification

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

|  |  |
| --- | --- |
| **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 this notification, an email request will be directed to the above recipient.

Part E: 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 notification 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 notification 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 notification 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 notification.
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 notification 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 notification 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.