Before you begin

You must read the following information before completing and submitting this notification form. This notification form is to be completed by an approved provider of a state regulated education and care service (mobile or occasional care), to notify the Regulatory Authority of a change to the nominated supervisor(s) of the service.

When completing of 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. |

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. |

**Note:** Mobile services only – please provide the primary service / principal office details. Do not provide individual venue details. The nominated supervisor will be updated on the primary service record, which is reflected against all mobile venues.

Part C: Notification information

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

|  |  |
| --- | --- |
| **Adding new nominated supervisor** | |
| **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 being  nominated  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) |

|  |  |
| --- | --- |
| **Ceasing/removing/withdrawing of nominated supervisor** | |
| **Full name of nominated supervisor** | Click or tap here to enter text. |
| **Finish date** | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Change to name or contact details of existing nominated supervisor** | |
| **Current name of nominated supervisor** | Click or tap here to enter text. |
| **New first name** | Click or tap here to enter text. |
| **New middle name** | Click or tap here to enter text. |
| **New last name** | Click or tap here to enter text. |
| **New daytime 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. |

|  |  |
| --- | --- |
| **Suspension or cancellation of a working with children card or teacher registration of a nominated supervisor** | |
| **Full name of nominated supervisor** | Click or tap here to enter text. |
| **Details** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Disciplinary proceeding under an education law of a participating jurisdiction in respect of a nominated supervisor** | |
| **Full name of nominated supervisor** | Click or tap here to enter text. |
| **Details** | Click or tap here to enter text. |

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) 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 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](mailto: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.