Before you begin

You must read the following information before completing and submitting this form. This form is to be completed by a state regulated approved provider to accompany an application for service approval for a mobile education and care service or an application for amendment of service approval to add a mobile venue.

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.

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

Your obligations

Before submitting this form, 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 form 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: Mobile service approval details

1. **Please provide the following mobile 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. |

Part C: Proposed mobile venue details

1. **Information about proposed venue:**

|  |  |
| --- | --- |
| **Venue name** | Click or tap here to enter text. |
| **Proposed maximum number of children to be educated and cared for at venue** | Click or tap here to enter text. |
| **Proposed commencement date** | Click or tap to enter a date. |
| **Is there a swimming pool or other water hazard situation on the premises** | [ ]  Yes  | [ ]  No |
| **Is the service located on government or registered private school grounds** | [ ]  Yes – registered private school grounds [ ]  Yes – government school grounds  | [ ]  No |

1. **Venue location / premises 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. **Proposed age groups:**

|  |  |  |
| --- | --- | --- |
| 0 – 24 months  | [ ]  Yes  | [ ]  No |
| 25 – 35 months  | [ ]  Yes  | [ ]  No |
| 36 months – 6 years | [ ]  Yes  | [ ]  No |

1. **Operational days and hours:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Mondays  | **Start** | : | **End** | : |
| [ ]  Tuesdays | **Start** | : | **End** | : |
| [ ]  Wednesdays | **Start** | : | **End** | : |
| [ ]  Thursdays | **Start** | : | **End** | : |
| [ ]  Fridays | **Start** | : | **End** | : |
| [ ]  Saturdays | **Start** | : | **End** | : |
| [ ]  Sundays | **Start** | : | **End** | : |

Part D: Mobile venue compliance information

1. **Does the proposed mobile venue comply with regulations 80, 104–110 or 112–115 of the National Law Regulations?**

|  |  |
| --- | --- |
| [ ]  Yes  | [ ]  No – attach a copy of the proposed venue management plan  |

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 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 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 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 form.
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 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.