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 the intended surrender of the provider approval in line with the National Law Alignment Provisions.

Under the National Law Alignment Provisions you must notify parents of children enrolled at the services you operate of the intention to surrender the provider approval, at least 14 days before the surrender is intended to take effect. If the provider approval is surrendered, the approval is cancelled on the date specified in the notification. Where a provider approval is cancelled, any service approval held by the provider is also taken to be surrendered.

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. |
| **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: Surrender details

1. **Reasons for surrendering provider approval:**

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

1. **Please provide the date on which you intend the surrender to take effect (must be after the notice is given):**

|  |  |
| --- | --- |
| **Surrender effective date** | Click or tap to enter a date. |

1. **Has the approved provider notified the parents of children enrolled at all the education and care service(s) that are operated under this approval of the intended surrender in accordance with the National Law Alignment Provisions?**

|  |  |
| --- | --- |
| [ ]  Yes – please attach evidence that the parents were notified within the required timeframe (e.g. dated copy of notice to parents) | [ ]  No – you must notify the parents at least 14 days before the surrender is to take effect (see section 86(3) of the National Law |

Part C: 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 D: 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.