



## Important information before you begin

You can submit applications and notifications to your state or territory regulatory authority through the National Quality Agenda IT System at [www.acecqa.gov.au/national-quality-agenda-it-system](http://www.acecqa.gov.au/national-quality-agenda-it-system) rather than use this paper-based form. The **NSW** and **Victorian** regulatory authorities **only** accept applications and notifications submitted online using the NQA ITS.

You must ensure you are familiar with your obligations under the *Education and Care Services National Law* (National Law) and the Education and Care Services National Regulations (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your regulatory authority for information.

Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.

Applications will be assessed and a determination made as soon as practicable following validation by the regulatory authority.

An applicant for a provider approval under section 40 of the National Law can only be made by the legal representative or guardian of an incapacitated approved provider. This application must be made within 30 days of the approved provider becoming incapacitated.

---

### Privacy statement

ACECQA and the regulatory authorities are 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 or notification and may be provided to other authorities or government agencies in accordance with the National Law.


ACECQA, the regulatory authorities and the Australian Government may publish information about you in accordance with the National Law.

---



## Part A: Entity and management type

1. Please select one of the following:
- Guardian of incapacitated Approved Provider
  - Legal personal representative of incapacitated Approved Provider

2. Are there multiple applicants applying for provider approval?
- Yes  **Please answer the following for one applicant and on a separate sheet of paper attach the same information for all other applicants.**
  - No

3. What is your legal entity type?
- Note:** One selection allowed. The type of legal or social entity responsible for managing the delivery of an early childhood education and care service.
- Company
  - Sole proprietor
  - Partnership
  - Incorporated entity/body
  - Unincorporated entity/body
  - Registered co-operative
  - Commonwealth Government
  - State/Territory Government
  - Local Government
  - Educational institution
  - A parents' and citizens' association formed under Chapter 7 of the *Education (General Provisions) Act 2006* of Queensland (an eligible association)
  - Other (please specify):

4. What best describes your management type?
- Note:** One selection allowed, see description over page.
- Private not for profit community managed
  - Private not for profit other organisations
  - State/Territory and Local Government managed
  - Private for profit
  - State/Territory Government schools
  - Independent schools
  - Catholic schools
  - Other (please specify):



## Part A: Entity and management type - continued

### Further information on management type

**Private not for profit - community managed:** Includes services that are managed by organisations based in the community through a membership made up of community members (e.g. the parents). The membership elects a management committee and the committee is accountable to the membership. No profit is distributed to the management committee or the members, any surplus funds are redirected to the service.

**Private not for profit - other organisations:** Include services that are managed by non-profit organisations such as charity organisations, consortium of charity organisations and church groups. Excludes Independent and Catholic schools.

**State and Territory and Local Government managed:** Include services that are managed by the State, Territory or Local Government. Excludes State and Territory Government schools

**Private for profit:** Includes for-profit services provided or managed by a company or private individual.

**State and Territory Government schools:** Schools that are funded and managed by the respective State Government.

**Independent schools:** Includes non-government schools that are governed, managed and accountable at the level of the individual school and are not affiliated with the diocesan Catholic Department of Education.

**Catholic schools:** Schools affiliated with the diocesan Catholic Department of Education. Catholic schools, as with other classes of non-government schools, receive funding from the Commonwealth Government.

**Other** (e.g. employer sponsored services)

## Part B: Current approved provider details

5. Please complete the following  
in relation to the current  
approved provider:

Legal entity name:

Trading name:

Provider approval no:

6. Please provide details of  
the nature of the approved  
provider's incapacity:


7. Please attach evidence to confirm the applicant is the guardian or legal personal representative of the approved provider.



▶ For applications made by individuals continue to Part B

▶ For applications made by non-individuals go to Part C



Part C: Applications made by individuals

8. Please complete the following:

Title:  First name:

Middle name:  Last name:

Date of birth:  Place of birth:   
DD/MM/YYYY

9. ABN:

10. Business trading name:

11. Please complete the following:

Phone number:

Mobile number:

Fax number:

Email:

12. Residential address:

Address line 1:

Address line 2:

Suburb/Town:

State/Territory:  Postcode:

13. Postal address:

As above

Address line 1:

Address line 2:

Suburb/Town:

State/Territory:  Postcode:

14. Are you a trustee?

Yes ► Please provide the following details of the trust:

Name:

ABN:

No



**Part C: Applications made by individuals - continued**



15. Please complete a Declaration of Fitness and Propriety (PA02) for the applicant and attach it to this application.

16. What is the proposed duration  
of the provider approval?

Number of days:

► **Note:** *This period cannot exceed 6 months. This may be extended for a further period of not more than 6 months at the discretion of the Regulatory Authority.*

► **Go to Part E**





## Part D: Applications made by non-individuals

17. Legal entity name:

18. Business trading name:

19. ABN:

20. ACN (if applicable):

21. What is the proposed duration  
of the provider approval? Number of days:

► **Note:** This period cannot exceed  
6 months.

22. Street address of the  
applicant's principal office: Address line 1:   
Address line 2:   
Suburb/Town:   
State/Territory:  Postcode:

23. Postal address of the applicant: As above   
Address line 1:   
Address line 2:   
Suburb/Town:   
State/Territory:  Postcode:

24. Please complete the following: Phone number:   
Mobile number:   
Fax number:   
Email:



**Part D: Applications made by non-individuals - continued**

25. Are you a trustee?

Yes ► **Please provide the following details of the trust:**

Name:

ABN:

No

26. Please attach documentary evidence of the legal status of the applicant and its constitution. In addition, if the applicant is a trustee, please also provide a copy of the trust deed



► **For example:**

**If a company**, a Certificate of Incorporation or Registration; and a Company Extract Report from the Australian Securities and Investments Commission, containing the names and addresses of directors and secretary, and the Australian Company Number (report must not be older than 6 months).

**If a partnership**, the deed of partnership.

**If an incorporated entity/body**, a Certificate of Incorporation; Rules/Constitution of Association; a copy of the Annual General Meeting Minutes that includes a list of elected office bearers; and a Letters Patent (where applicable).

**If a registered co-operative**, a list of directors with addresses and occupations; a certified copy of the rules as registered; a Certificate of Incorporation; the name of the Auditor and Solicitor for the Society (excluding Victorian child care services); and the name of the person appointed by the Board who is responsible for the daily activities of the Society.

**If a Local Government**, an extract of the relevant legislation concerning use of the common seal; a copy of any other legislation or resolution which sets the manner in which the Council can enter into contracts.

27. Has the applicant ever been declared insolvent?

Yes ► **Please provide details:**


No



**Part D: Applications made by non-individuals - continued**

28. Has the applicant ever  
been placed under external  
administration?

Yes ▶ **Please provide details:**


No





**Part D: Applications made by non-individuals - continued**

**29. Each individual who will be “a person with management or control” of an education and care service must also complete a Declaration of Fitness and Propriety (PA02) and attach with this application.**

Under the Law, a person with management or control means:

- a. If the Provider or intended Provider of the service is a body corporate, an officer of the body corporate within the meaning of the *Corporations Act 2001 of the Commonwealth* who is responsible for managing the delivery of the education and care service; or
- b. if the Provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service; or
- c. if the Provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or
- d. in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service.

**Please provide details for each of the individuals who will be a person with management or control of an education and care service under this provider approval and attach paper for further entries if required. Remember to attach all Declarations of Fitness and Propriety (PA02) for each of the listed individuals to this application.**

	Title	First name	Middle name	Last name	Position	D.O.B.	Place of birth	Declaration attached?
Person 1								
Person 2								
Person 3								
Person 4								
Person 5								
Person 6								
Person 7								
Person 8								
Person 9								
Person 10								



**Part D: Applications made by non-individuals - continued**

**30. Name and contact details for  
this application:**

► **Note:** *The contact for this  
application must be an individual  
who is authorised by the Applicant  
to act on their behalf with regard to  
the details of this form.*

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>	Mobile number:	<input type="text"/>
Phone number:	<input type="text"/>	Fax number:	<input type="text"/>
Email:	<input type="text"/>		

---

**Postal address**

Address line 1:	<input type="text"/>		
Address line 2:	<input type="text"/>		
Suburb/Town:	<input type="text"/>		
State/ Territory:	<input type="text"/>	Postcode:	<input type="text"/>



## Part E: Declaration

### Who may sign?

- Individuals: the individual applicant/notifier
- Company: two directors of the company, or a director and company secretary, or if a sole proprietor, the sole director
- Incorporated Association: signed in accordance with the rules of the incorporated association
- Cooperative: two directors of the cooperative, or a director and one other officer of the cooperative
- Partnership: a managing partner who is authorised to sign on behalf of the partnership
- Corporation: signed in accordance with the rules of the corporation
- Government school council: signed in accordance with the rules of the council.

I, \_\_\_\_\_ [insert full name of person signing the declaration] of,  
 \_\_\_\_\_ [insert address], am \_\_\_\_\_ [insert position/title of applicant (for example, proprietor, director, partner, president)].

and I am

- the applicant
- a person authorised to sign on the applicant's behalf.

**Note:** please tick one box only

I declare that:

1. the information provided in this form (including any attachments) is true, complete and correct
2. I have read, understood and agree to the conditions and the associated material contained in this form
3. I understand that the regulatory authority and/or ACECQA have the right (but are not 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 Education and Care Services National Law
5. the regulatory authority is authorised to verify any information provided in this form
6. some of the information provided in this form may be disclosed to the Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided, and
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Signature of person making the declaration: \_\_\_\_\_

Signed at: \_\_\_\_\_ on the \_\_\_\_\_

► **Note:** If necessary, please complete the second declaration over the page.



## Second signatory (if required)

I, \_\_\_\_\_ [insert full name of person signing the declaration] of,  
\_\_\_\_\_ [insert address], am \_\_\_\_\_ [insert  
position/title of applicant (for example, proprietor, director, partner, president)].

I declare that:

1. the information provided in this form (including any attachments) is true, complete and correct
2. I have read, understood and agree to the conditions and the associated material contained in this form
3. I understand that the regulatory authority and/or ACECQA have the right (but are not 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 Education and Care Services National Law
5. the regulatory authority is authorised to verify any information provided in this form
6. some of the information provided in this form may be disclosed to the Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided, and
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Signature of person making the declaration: \_\_\_\_\_

Signed at: \_\_\_\_\_ on the \_\_\_\_\_

## Submitting this form

---

Please submit this form along with any required documentation to the relevant regulatory authority.

The contact details for each regulatory authority are available on the ACECQA website.

Please go to [www.acecqa.gov.au/contact-your-regulatory-authority](http://www.acecqa.gov.au/contact-your-regulatory-authority)