



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 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.

Decisions listed under section 190 of the National Law can be reviewed. An application for internal review of a reviewable decision must be made within 14 days after the day on which the person is notified or becomes aware of the decision.

The regulatory authority will make a decision on your application **within 30 days** subject to your application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant.

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: Applicant details

1. Please provide your full name:

Title:

First name:

Middle name:

Last name:

2. Please provide your contact details:

Phone
number:

Mobile
number:

Fax number:

Email:

3. Please provide your postal address:

Address line 1:

Address line 2:

Suburb/Town:

State/Territory:

Postcode:



Part A - continued

4. Please specify the decision made by a regulatory authority that you are applying to have reviewed:

- Refuse to grant a Provider Approval
- Refuse to grant a Service Approval
- Amendment of a Provider Approval
- Refuse to amend a Provider Approval
- Amendment of a Service Approval
- Refuse to amend a Service Approval
- Impose condition on a Provider Approval
- Impose condition on a Service Approval
- Suspension of a Provider Approval under s28
- Suspension of a Service Approval under s73
- Refuse to consent to the transfer of a Service Approval
- Revoke a Service Waiver
- Issue of a compliance direction
- Issue of a compliance notification


Part B: Provider details

Complete this section if you are applying for an internal review decision related to the Provider.

5. Provider approval number:
(if applicable)

6. Please provide the full name of the person to whom the provider approval was granted/refused:	Title:	<input type="text"/>	First name:	<input type="text"/>
	Middle name:	<input type="text"/>	Last name:	<input type="text"/>

7. State the details of the decision or part of the decision you are seeking to be reviewed:


▶ Please attach any supporting documentation



Part C: Service details

Complete this section if you are applying an internal review decision related to the service.

8. Service approval number:

9. Service legal entity name:

10. Trading name of the service:

11. Please provide the address of the service:

Address line 1:

Address line 2:

Suburb/Town:


State/Territory: Postcode:

12. Please provide the full name of the person to whom the Service Approval was granted:

Title: First name:

Middle name: Last name:

13. State the details of the decision or part of the decision you are seeking to be reviewed:

 Please attach any supporting documentation



Part D: 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 direct and one other officer of the cooperative
- Partnership: a managing partner who is authorised to sign on behalf of the partnership
- Corporation: signed in a 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 authorised to make this declaration on the applicant's behalf.

I declare that:

1. The information provided in this application form (including any attachments) is true, complete and correct
2. I have read and understood and the applicant agrees to the conditions and the associated material contained in this form
3. The applicant understands that the regulatory authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application 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 application
6. Some of the information provided in this application may be disclosed to 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 I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form., 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: _____



► **Second applicant (if applicable)**

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 authorised to make this declaration on the applicant's behalf.

I declare that:

1. The information provided in this application form (including any attachments) is true, complete and correct
2. I have read and understood and the applicant agrees to the conditions and the associated material contained in this form
3. The applicant understands that the regulatory authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments
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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