



1. **Approved provider number**

**Approved provider name**

2. **Service approval number**

**Service approval name**

3. **Nominated supervisor contact details:**

First name

Last name

Email

Mobile number

Phone number (Day time)

Date of birth         DD/MM/YYYY

The date of commencement as Nominated Supervisor         DD/MM/YYYY

**Nominated Supervisor Declaration**

I, \_\_\_\_\_

consent to being the Nominated Supervisor for \_\_\_\_\_ (name of education and care service)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.