



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.

The regulatory authority will make a decision on your application **within 60 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.

NOTE: This is not an application for Child Care Subsidy (CCS) under the Family Assistance Law. You must apply to the Australian Government for this.

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. 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.

▶ For example: Two companies, or a partnership and a company which are applying together to become an approved provider.

No

2. What is your legal entity type?

Company

Sole proprietor

Partnership

Incorporated entity/body

▶ Note: one selection allowed. For more information, see overleaf.

Unincorporated entity/body

Registered co-operative

Commonwealth government

State/territory government

Local government

Educational institution

Other (please specify):

3. What best describes your management type?
(one selection allowed, see descriptions over page)

Private not for profit - community managed

Private not for profit - other organisation

State/territory and local government managed

Private for profit

State/territory government schools

Independent schools

Catholic schools

Other (please specify):

4. What type of service do you intend to operate?

Centre-based care

Family day care



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 organisation

Include services that are managed by non-profit organisation 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 or territory 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)



▶ For applications made by individuals continue with Part B

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

Part B: Applications made by individuals

5. Please complete the following:

Title:	<input type="text"/>	First name:	<input type="text"/>
Middle name:	<input type="text"/>	Last name:	<input type="text"/>
Date of birth: <i>DD/MM/YYYY</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of birth:	<input type="text"/>
ABN: <i>(if applicable)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Business trading name:	<input type="text"/>		

6. Please complete the following:

Phone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Fax number:	<input type="text"/>
Email:	<input type="text"/>



Application for provider approval

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Part B: Applications made by individuals - continued

7. Residential address:

Address line 1:

Address line 2:

Suburb/town:

State/
territory: Postcode:

8. Postal address:

As above

Address line 1:

Address line 2:

Suburb/town:

State/
territory: Postcode:

9. Are you a trustee?

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

Name:

ABN:

No

10. Please complete form PA02 Declaration of fitness and propriety and attach it to this application.



▶ Go to Part D



Part C: Applications made by non-individuals

11. Legal entity name:

12. ABN:

13. Business trading name:

14. ACN:
(if applicable)

15. Street address of the applicant's principal office:
Address line 1:
Address line 2:
Suburb/town:
State/territory: Postcode:

16. Postal address of the applicant:
As above
Address line 1:
Address line 2:
Suburb/town:
State/territory: Postcode:

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

18. Are you a trustee? Yes No
▶ **Please provide the following details of the trust:**
Name:
ABN:



Part C: Applications made by non-individuals - continued

19. 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.

20. Has the applicant ever been declared insolvent?

Yes ► Please provide details:

No

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

Yes ► Please provide details:

No



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Part C: Applications made by non-individuals - continued

22. Please provide details for each of the individuals who will be a 'person with management or control' of an education and care service. Remember to attach form (PA02) Declaration of fitness and propriety for each one.

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.

	Title	First name	Middle name	Last name	Position title	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								



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Part C: Applications made by non-individuals - continued

23. Name and contact details for this form:

► **Note:** *this is the person the regulatory authority will contact with any questions about this form.*

Details

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 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)].

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 _____



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The fee required to be paid with a provider approval application is **\$241**

► **Note:** The regulatory authority can waive/defer/refund fees in particular circumstances

Payment by credit card

To pay your fees by credit card, complete the details below.

Amount:

Card type: Mastercard Visa

Card expiry date: / MM/YY

Card number:

Credit card CVN*

**CVN is the 3 digit security code found on the back of Mastercard and Visa credit cards*

Name on card:

Cardholder's signature: _____

Payment by cheque or money order

► **Note:** Payment by cheque or money order is not accepted by the QLD or NSW Regulatory Authorities.

Please make your cheque or money order payable to the relevant regulatory authority:

ACT: Education and Training Directorate

NT: Receiver of Territory Monies

SA: Education and Early Childhood Services Registration and Standards Board

TAS: Department of Education

VIC: Department of Education and Training

WA: Department of Local Government and Communities

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.cecqa.gov.au/contact-your-regulatory-authority