

Residual early childhood services

Notification form

Residual Early Childhood Services NOTIFICATION FORM

- Change to information about **approved provider** (National Law s173)
- Change to information about **approved service** (National Law s173)
- Change to information about **nominated supervisor** (National Law s56)

Before submitting this form, you must ensure you are familiar with the requirements and obligations set out under the Education and Care Services National Law (South Australia) as it applies to residual early childhood services and the Education and Early Childhood Services (Registration and Standards) Regulations 2011.

If you require further information or are unsure about the information required in this notification, it is important that you visit our website <http://www.esb.sa.gov.au/> or contact the Education Standards Board for clarification.

You must ensure that the information you provide in this form is complete and correct. The provision of false or misleading information to the regulatory authority is an offence under the National Law.

Contact Details: Provider Information

Approved provider name:

Approved provider number:

Contact Details: Service Information

Approved service name:

Approved service number:

Service Address and Location (For Mobile Care services please provide an address for all sites that provide education and care)

Please provide the following details for the service premises:

Phone number:
Mobile number:
Fax number:
Email:

Location address for the service premises:

Address line 1:	
Address line 2:	
Suburb/Town:	
State/Territory:	Postcode:

Postal address for the service:

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

Name and Contact details for this form:

Title:	First Name:
Last Name:	Position:
Phone number:	Mobile number:
Email:	

Service Type

- In-Home Care Occasional Care
- Mobile Care Individual Family Day Care (Not Part of a Scheme)

Change to Information

Change to information about **approved provider** (National Law s173)

Please advise what you are applying to change.

Relating to the approved provider

- Change of contact details please specify (eg phone number, postal or email address)
- Any appointment or removal of a person with management or control of the service
- Any change to whether the approved provider is a fit and proper person to be involved in the provision of an education and care service
- Failure to commence operating an education and care service within 6 months (or within the time agreed with the regulatory authority) after being granted a service approval
- Death of approved provider – the nominated supervisor or other person having day-to-day control of an early childhood service must notify of the approved provider's death within 7 days after the death

Please advise and specify the details of what has changed.

Change to information about **approved service** (National Law s173)

Relating to a service approval

- Change to approved Service Contact details eg phone number, postal or email address.
- A failure to commence operating an early childhood service within 6 months of the service approval being granted
- If the approved provider is notified of a suspension or cancellation of their teacher registration or working with children check for a nominated supervisor
- If the nominated supervisor ceases to be employed or engaged by the early childhood service or withdraws their consent to be the nominated supervisor (Please complete Section 6)
- If the approved provider ceases to operate the early childhood service
- A change to the hours and days of operation of the service
- A change in the location of the premises or principal office
- An intention to transfer a service approval
 - the transferring approved provider and the receiving approved provider must jointly notify the Regulatory Authority of the transfer at least 42 days before the transfer is intended to take effect
 - confirmation of the transfer, the transferring approved provider and approved provider must give notice to the Board within 2 days after the transfer takes effect.

Please advise and specify the details of what has changed.

If applicable, please advise the changes to the service's hours and days of operation.

Current Hours and Days of Operation				
	Session 1		Session 2	
Day	Start Time	Finish Time	Start Time	Finish Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

New Hours and Days of Operation				
	Session 1		Session 2	
Day	Start Time	Finish Time	Start Time	Finish Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Service Type

Change to information about **nominated supervisor** (National Law s56)

Please attach a Nominated Supervisor consent form completed by the new Nominated Supervisor

Relating to a supervisor

- Change to nominated supervisor of an early childhood service within 7 days before the new supervisor is to commence work as the nominated supervisor or if not possible; as soon as practicable and not more than 14 days after the nominated supervisor commences work as the nominated supervisor.

Change of nominated supervisor details

Name of outgoing nominated supervisor:

Date outgoing nominated supervisor ceased to be employed or engaged by the service, or date the nominated supervisor withdrew his or her consent to the nomination:

Incoming nominated supervisor details

Name of incoming nominated supervisor:

Date new nominated supervisor will commence/commenced in the role

Who May Sign?

- **Individuals:** The individual Applicant/Notifier.
- **Company:** Two directors of the company, or a director and company secretary, or if sole proprietor the sole director.
- **Incorporated association:** The public officer and one other member of the management committee.
- **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. This signature binds all partners.
- **Corporation/Government School Council:** Signed in accordance with rules of the corporation/council.

Notifier Declaration

I, _____(insert full name of person signing the declaration)
of _____(insert address),
am _____(insert position/title for example, Proprietor, Director, Partner)

and I am

the approved provider of the service, or

a person authorised to sign on the approved provider'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 has the right (but is 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, and
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration: _____

Signed at: _____(address) on the _____(date)

Second Notifier Declaration (if applicable)

I, _____(insert full name of person signing the declaration)
of _____(insert address),
am _____(insert position/title for example, Proprietor, Director, Partner)

and I am

the approved provider of the service, or

a person authorised to sign on the approved provider'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
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7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration: _____

Signed at: _____(address) on the _____(date)

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

Education Standards Board
GPO Box 1811
ADELAIDE SA 5001

Enquiries to:

Email: educationstandardsboard@sa.gov.au

Phone: 1800 882 413(toll free)

Fax: (08) 8226 1815

Website: <http://www.esb.sa.gov.au>