

## Residual early childhood services

# Application for provider approval

## Residual Early Childhood Services APPLICATION FOR PROVIDER APPROVAL

*Education and Early Childhood Services (Registration and Standards) Act 2011*  
Part 2 and Schedule 2

### 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 applicants.

No

2. What is your legal entity type?  
(Only one selection allowed)

Company

Sole Proprietor

Partnership

Incorporated entity/body

Unincorporated entity/body

Registered co-operative

Commonwealth Government

State/Territory Government

Local Government

Educational Institution

Other – please specify:

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3. What best describes your management type?  
(Only one selection allowed)

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:
- 

## Applications made by Individuals

1. Please complete the following

Title:	First Name:
Middle Name:	Last Name:
Date of Birth:	Place of Birth:

ABN:	
Business Trading Name:	

2. Please complete the following

Phone number:	Mobile number:
Fax number:	
Email:	

3. Residential Address

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

4. Postal Address

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

5. Are you a trustee?

No  Yes > please provide the following details of the trust

Name

ABN

6. Please complete a Declaration of Fitness and Propriety for the Applicant and attach it to this application.

➤ [Go to Application Declaration.](#)

### Applications made by Non-Individuals

1. Legal entity name

2. Business trading name

3. ABN

4. ACN (if applicable)

5. Street address of the Applicant's principal office

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

6. Postal address of the Applicant

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

7. Please complete the following

Phone Number:	Mobile Number:
Fax Number:	
Email:	

8. Are you a trustee?

No

Yes > please provide the following details of the trust

Name:

ABN:

9. 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; 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.

10. Has the Applicant ever been declared insolvent?

Yes – Please Provide Details


No

11. Has the Applicant ever been placed under external administration?

Yes – Please Provide Details


No

12. 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 and attach with this application.

Under the Law, a Person with Management or Control Means:

- 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
- 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
- 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
- in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service.

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 for each of the listed individuals to this application.

	Title	First Name	Middle Name	Last Name	DOB	Place of Birth	Declaration attached?
Person 1							
Person 2							
Person 3							
Person 4							
Person 5							
Person 6							
Person 7							

13. 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:	First Name:	Last Name:
Mobile Number:	Phone Number(BH):	
Email:		

14. Postal Address:

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

### Who May Sign?

- **Individuals:** The individual Applicant.
- **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.

## Applicant Declaration

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 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)

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## Second Applicant Declaration (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)  
and I am authorised to make this declaration on the Applicant's behalf.

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
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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)

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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](mailto:educationstandardsboard@sa.gov.au)

Phone: 1800 882 413(toll free)

Fax: (08) 8226 1815

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



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## Payment Details

The fee required to be paid with a Provider Approval application is \$200. Fees can be paid by credit card, cheque or money order.

Amount:

Card Type:

MasterCard

Visa

Card expiry date:

/

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

Please make your cheque or money order payable to Education and Early Childhood Services Registration and Standards and send it with this application to:

Education Standards Board,  
GPO Box 1811,  
ADELAIDE SA 5001.