# National Quality Agenda IT System





## Introduction

This **Quick Reference Guide (QRG)** provides details about registering on and logging in to the **National Quality Agenda IT System (NQA IT System)** portal.

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser
- An existing email account

## **Table of Contents**

- <u>Access NQA IT System</u>
  - Methods of accessing the NQA IT System portal.

#### <u>Create Account</u>

- Register a new account / email address.
- <u>Set Password</u>
  - As part of creating an account on the NQA IT System portal, set a password for the account.

## <u>Sign In</u>

- Steps to log in the NQA IT System portal with the account and password credentials.
- Reset Password
  - Steps to change the password (if needed).



## Access NQA IT System

Access the NQA IT System, by performing the following steps:

1. In your Web browser, enter the URL of ACECQA Website in the Address Bar http://www.acecqa.gov.au/. Press Enter.



#### 2. In the top-right corner, click NQA IT System Log In.



#### The National Quality Agenda IT System (NQA IT System) portal opens.





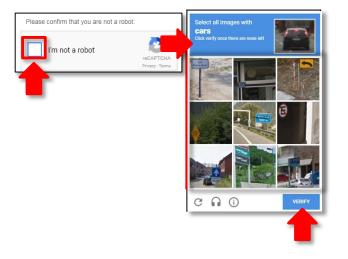
## **Create Account**

As a first-time user of the NQA IT System, you need to register to the portal.

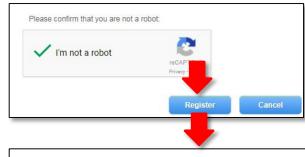
#### 1. Click Register.



\* First Name: Test \* Last Name: User \* Email Address: testuser2102@gmail.com **3.** Select I'm not a robot. Follow the instructions on the screen to verify that you are not a robot. Click Verify.



**4.** Click **Register**. An email with login instructions is sent to the email address supplied in **Step 2**.



An email with login instruction has been sent to the email address supplied.

Note: Check your Junk or Spam folder should you not find the email in your inbox.



#### Set Password After creating an account, set up password. 1. From your email account, open the NQA ITS Confirmation of Registration email. Primary 💒 Social COMPOSE NQA ITS - Confirmation of Registration Inbox (1) ngaits 2. Check if the details in the Confirmation of Registration email are correct and follow the instructions to set the password. Click the Set Password link. NQA ITS - Confirmation of Registration Inbox x - 0 ngaits@acecga.gov.au 11:21 AM (20 minutes ago) \* to me 💌 Dear Test User Confirmation of Registration Thank you for registering with the National Quality Agenda IT System (NQA ITS). Your login ID is testuser2102@gmail.com. To gain full access to the site, you must also create a secure password. Your password must be at least seven characters in length, consisting of at least three of the following: lowercase characters (a-z) uppercase characters (A-Z) digits (0-9) special characters(!@#\$%^&\*()) Please click on the link below to create your password. If the URL does not work by clicking it, please copy and paste the text into the address bar of your browser https://public.test.ngaits.acecga.gov.au/Pages/SetPassword.aspx?m=1&i=5c67b59e-c1ff-4ec7-aa85 eb738d1054da Kind regards NQA ITS Service Desk This message has been automatically generated. Please do not reply to this email. Enquiries: For any enquiries regarding the progress of your applications, progress of notifications or any general enquiries please contact the relevant Regulatory Authority.

**3.** Enter password in the **Password** field based on the selection criteria displayed on the screen and enter the same password in the **Re-enter Password** field. Click **Submit**.

	ew password.		
Email Address:	testuser2102@gmail.	com	
Password:	•••••		
Re-enter Password:	••••••	_	
	••••••		
Password:	assword must be at least seven of	characters in length, consistin	g of at least three of the fo
Password: ease note: Your p lowercase char uppercase char digits (0-9)	acters (a-z)	characters in length, consistin	g of at least three of the fo

**4.** After successful password update, the screen displays the **Password changed successfully** message. Click **OK**. The **My Details** page is displayed.





#### Sign In **Reset Password** Log in to the NQA IT System portal. If you have forgotten your password, you can reset it to a new password. **1.** Enter your **Email Address** registered with 1. On the SIGN IN screen, click Forgotten Password. SIGN IN NQA IT System and Password. Click Sign In. SIGN IN testuser2102@gmai Email Address: Password: ..... Forgotten Password Email Address: Sign In Register Password: Forgotten Password My Details Sign In Register My Details Manage My Account Saved Forms Invoices The My Details page is 2. In the Email Address field, enter your registered email address. Click Submit. displayed. **My Services** Enter your registered email address and instructions on how to reset your password will be sent to you. You have no Services. \* Email Address: testuser2102@gmail.com My Providers Submit Cancel You have no Providers. Add Provider



Inbox (1)

NQA ITS - Password Reset -

#### Back to Main Menu

## **Reset Password**

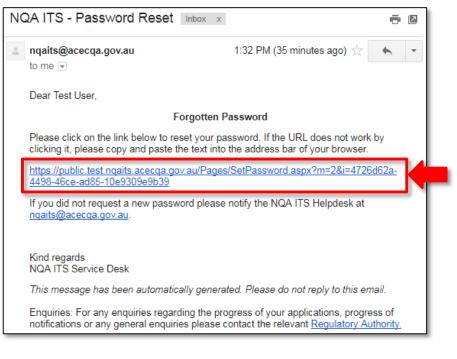
**3.** The Password Reset Confirm message is displayed with the following text: "An email with Password Reset Instructions has been sent to the email address supplied". Click Ok.

An e	email with Password Reset in	nstructions has been sent to t	he email address supplied
		Ok	
. From your registe	ered email account, oper	n the NQA ITS - Password	d Reset email.
. From your registe	ered email account, oper		d Reset email.

ngaits

Reset the password according to the instructions in the Forgotten Password email.

**5.** Check if the details in the **Forgotten Password** email are correct and follow the instructions to reset the password. Click the **Set Password** link.





## **Reset Password**

**6.** Enter password in the **Password** field based on the selection criteria displayed on the screen and enter the same password in the **Re-enter Password** field. Click **Submit**.

r infra → Se	t Password			
Pleas	se enter your nev	w password.		
En	nail Address:	testuser2102@gmail.com		
	Password:			
	Re-enter Password:	••••••		
:	lowercase chara uppercase chara digits (0-9)	assword must be at least seven characters i acters (a-z) acters (A-Z) ers(!@#\$%^&*())	n length, consisting of at least three	of the following:
			Submit	

**7.** After successful password update, the screen displays the **Password changed successfully** message. Click **OK**.

public.test.nqaits.acecqa.gov.au says:

Password changed successfully!



#### **Further References:**

• To learn how to navigate the NQA IT System portal, refer to the Portal Overview section, which is next.



## **Introduction**

This Quick Reference Guide (QRG) provides an overview of the National Quality Agenda IT System (NQA IT System) portal.

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any modern browser
- An existing email account that is already registered on the NQA IT System portal, refer the Register and Log-In QRG.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.

## **Table of Contents**

- Navigate the Portal
  - Components of the My Details page with portal navigation
- Manage Account Details
  - Account details management, such as editing user's name and changing password
- <u>Work with Saved Forms</u>
  - Viewing the list of saved forms
  - Editing a saved form
  - Deleting a saved form
  - Submitting a saved form

## **Table of Contents**

#### Work with Invoices

- Viewing the list of all paid / unpaid invoices
- Searching invoices based on a search criteria
- Making payments.
- Work with My Services
  - Viewing service details and editing details
  - Adding new services
  - Opening and submitting new application and notification forms
  - Viewing submitted forms
  - Reporting incidents
  - Filing complaints
  - Managing users
  - Viewing the list of all services
- Work with My Providers
  - Viewing provider details and editing details
  - Adding new providers
  - Opening and submitting new application and notification forms
  - Viewing submitted forms
  - Managing users
  - Viewing the list of all providers





## **Navigate the Portal**

On logging in to the public portal, the My Details page is displayed as the landing page. It provides your account details and access to various forms.



Above screenshot shows the **My Details** page for a first-time user with no services and providers linked.

Refer to the next slide for the explanation on each numbered area.

My Details <u>stalls</u> four password has been successfully set	and you have been automatical	lý signed in.	Sa	Imple User   L Sign in as Differe Login with a diffe Sign Out Logout of this site	rent account.
Manage My Account	Saved Forms	Involces	Re-open Service	Bulk Ck	osure
v Services					
Services	9	Service	Name	State	Status
SE-50001019		sample		NSW	Approved
SE-50001030		Service	Trading Sample 1	NSW	Approved
Add Service New Form	ns Submitted Forms	Incident	Complaint	Manage Users	
Providers Provider ID	10	Provide	r Name	State	Status
PR-50000681		Sonal C	houdhary	NSW	Approved
~					
O PR-50000691		test enti	ty	NSW	Approved

Above screenshot shows the My Details page for a user that has services and providers linked.



## **Navigate the Portal**

- Various components of the My Details page are listed and described below.
- **1.** Home icon and My Details link perform the same action and give you the landing page from any other page in the portal.
- **2.** Name of the User: displays the user name and a menu for signing in as a different user or for signing out.
- **3.** Log Out: logs you out of the portal.
- 4. Manage My Account: displays the page for managing account details, such as editing first and last name, and changing password.
- 5. Saved Forms: displays the list of forms that you started but saved for completing later. You can view, edit, and submit these forms within 90 days from the start date of the form.
- 6. Invoices: displays the list of paid or unpaid invoices based on the search criteria provided and the filter selected.
- 7. Re-Open Service: allows for the re-opening of a temporarily closed service.
- 8. Bulk Closures: allows for the selection of services for notification of temporary closure (per Regulation 175 (2)(b)).
- 9.My Services: displays the list of all linked services and all action buttons to perform various functions related to these services. The action buttons include: Add Service, New Forms, Submitted Forms, Incident, Complaint, and Manage Users.

#### Notes:

- If you have no provider and no service already linked, the My Services section displays the message 'You have no Services' and does not display any action button.
- •If you have one or more providers, but no services linked, this section displays the message 'You have no Services' along with the Add Service action button and all other action buttons are unavailable.
- **10.** My Providers: displays the list of all linked providers and all action buttons to perform various functions related to these providers. The action buttons include: Add Provider, New Forms, Submitted Forms, and Manage Users.

#### Note:

• If you have no provider already linked, this section displays the message 'You have no Providers' along with the Add Provider action button and all other action buttons are unavailable.



## **Manage Account Details**

You can manage your contact details and password through Manage My Account button.

**1.** Click Manage My Account to open the Edit Personal Details page. On this page, you can save your details as default contact or change your password.

1	→ Edit Personal Details		
1	/ly Details		
	Edit My Details		
	First Name:	Test	
	Last Name:	User 1	
	Change My Password Use the below text boxes to change your password. Your password must be at least 7 characters in length, consisting - - lowercase characters (a-2) - uppercase characters (a-2) - digits (0-9) - special characters (t@#\$%%&())	ave as application/notification default contact	Change
ſ	New Password: Re-enter Password:	••••••	
			Change

**1.1.** If required, edit the First Name and Last Name details. To save these details as default contact, select Save as application/notification default contact. To save the edited details, click Change.

**1.2.** To change your password, enter the new password in the **New Password** field and re-enter it in the **Re-enter Password** field. To save the edited details, click **Change**.



## Work with Saved Forms

**1.** You should already have at least one saved form to view the list of saved forms (incomplete / pending), click **Saved Forms**.

NOTE: Forms not submitted within 90 days from the start date will be deleted from the

Ser	rvices							
	Service ID			Servio	e Name		State	Status
C	SE-50001019			sampl	a		NSW	Approved
D	SE-50001030			Servic	e Trading Sample 1		NSW	Approved
_	Add Service N	ew Forms Subr	nitted Forms	Incident	Complaint	Manage		

**1.a.** To resume and edit a saved form, click that form or click the corresponding **Resume**. This resumes the form as editable. Edit the details as required and **Submit** the form when complete.

		3 recor
Regarding <b>1.a</b>	Туре	Date Started Created Action 1.a
sample (SE-50001019) <blank></blank>	Notification of Complaints Application for Service Approval	13/12/2017 Test User Resume Del 12/12/2017 Test User Resume Del
		DELETE CONFIRMATION
		Application delete You are about to permanently delete this application. You will not be able to return to this application at a later date. Are you sure?
		OK CANCEL

**1.b.** To delete the specific saved form, click the corresponding **Delete**. The **DELETE COMFIRMATION** pop-up is displayed. To confirm deletion, click **OK**.



## Work with Invoices

**1.** You should have at least one paid or unpaid invoice for viewing invoices and their details. To view paid / unpaid invoices, click **Invoices**.

My Details					
My Details					
▲ You have outstandir	ng invoices. Click	here to view			
Manage My Account	Saved Forms	invoices	Re-open Service	Bulk Closure	
My Services					
Service ID				Service Na	me
SE-50001031				test case da	v care

The My Fees page opens and displays the list of paid or unpaid invoices based on the filter selected by default.

earch by Invoice ID or P Unpsid O Psid Search	rovider/Supervisor Name				
					1 record(s,
Invoice Number	Description	Name	Amount	Due Date	Status
INV-15014-Q0G1J9	Service Approval Family Day Care	test entity	\$649.00	07/03/2018	Pay Now

2. To view the list of all paid invoices, select Paid. The list of paid invoices is displayed.To open an invoice and view its details, click its Invoice Number.

Search by Invoice ID or F	Provider/Supervisor Name				
					9 record(s,
Invoice Number	Description	Name	Amount	Due Date	Status
INV-15011-L9R9X3	Service Approval Family Day Care	test entity	\$649.00	04/03/2018	0
INV-15002-P0C0R3	Transfer of Service Approval	example	\$107.00	22/02/2018	0
INV-14992-Y8Q4D9	Service Approval Centre Based - Small	example	\$432.00	16/02/2018	0

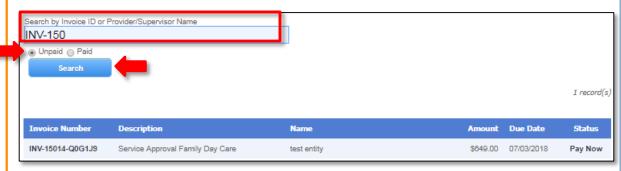
Similarly, to view the list of all unpaid invoices, select **Unpaid**. The list of unpaid invoices is displayed. To open an invoice and view its details, click its **Invoice Number**.

Search by Invoice ID or P	rovider/Supervisor Name				1 record(s)
Invoice Number	Description	Name	Amount	Due Date	Status
INV-15014-Q0G1J9	Service Approval Family Day Care	test entity	\$649.00	07/03/2018	Pay Now



## **Work with Invoices**

1. To search for invoices with a specific search criteria, enter the search text in the Search by Invoice ID or Provider/Supervisor Name field, select Paid or Unpaid and click Search. The search result is displayed based on the criteria entered and the Paid / Unpaid toggle selected.

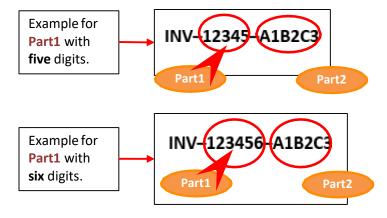


**Note:** Invoice Number / ID can be of the following format:

INV-<Part1>-<Part2>

#### Where,

- Part1 = Combination of six / five digits.
- Part2 = Combination of six characters (only alphabets and digits).



**Important:** You should have at least one invoice matching the search criteria, otherwise the "No records match the search criteria entered" message is displayed.

Search by Invoice ID or Provider/Supervisor Name	
iron man	
Unpsid Paid     Search	
	0 record(s)
No records match the search criteria entered	



## **Work with Invoices**

**1.** To make the payment for an unpaid invoice, from the list of **Unpaid** invoices, click **Pay Now** for that unpaid invoice.

Search by Invoice ID or Pro	ovlder/Supervisor Name				
					1 necord('s;
Invoice Number	Description	Name	Amount	Due Date	Status
INV-14976-Y0Y6Y5	Service Approval Centre Based - Small	Sonal Choudhary	\$432.00	17/01/2018	Pay Now

2. Follow the payment instructions to fill the MAKE PAYMENT form, click Continue.

Identifier:	INV-14976-Y0Y6Y5
Fee Description:	Service Approval Centre Based - Small
Type:	Provider
Amount:	432.00
Due Date:	17/01/2018
Credit Card Type: *	Visa 🗸
Name on Credit Card: *	TEST USER
Credit Card Number: *	1111 2222 3333 4444
Card Expiry (mm/yy):*	12 🗸 19 🗸
Card Security Code: *	123 What is a CSC?
Email payment confirmation:	testuser2102@gmail.com
	You will be e-mailed a confirmation of your pay to an email address other than your registered
	Continue Cancel

Note: You can make online payments only if your regulatory authority allows the same. Only the following regulatory authorities allow online payments: NSW, QLD, SA, TAS, VIC, and WA. **3.** Review payment details filled on the **PAYMENT COMPLETION** page. To complete the payment, click **Complete Payment**.

PAYMENT COMPLETION					
Please review your payment details carefully before selecting the Complete Payment button.					
Identifier:	INV-14976-Y0Y6Y5				
Fee Description:	Service Approval Centre Based - Small				
Туре:	Provider				
Amount:	432.00				
Due Date:	17/01/2018				
Credit Card Type: *	Visa				
Name on Credit Card:*	TEST USER				
Credit Card Number: *	1111 2222 3333 4444				
Card Expiry (mm/yy):*	12 🗸 19 🗸				
Card Security Code:*	123 What is a CSC?				
Email payment confirmation:	testuser2102@gmail.com				
	You will be e-mailed a confirmation of your payment. If you would like the pa to an email address other than your registered e-mail address, please enter the				
	Complete Payment Cancel				

4. On successful payment, the payment receipt is displayed.Click OK to close the form or clickPrint to print the receipt.

ly Details	
	Thank you for your submission
Application Reference Number:	APP-50006894
Service Number:	SE-50001030
Payment Status:	\$432.00 PAID
Click here to view your Invoice.	
A copy of your submission will be emailed to you and	the application / notification contact, if different.
For any enquiries regarding the progress of your ap	plication, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA web



## Work with My Services

The **My Services** section displays the list of services linked to your profile (if any) along with various action buttons to perform functions with the existing services. The action buttons include: Add Provider, New Forms, Submitted Forms, Incident, Complaint, and Manage Users.

#### Important:

- You should have at least one provider to add a new service.
- You should have at least one service to be able to open new forms and perform other functions related to services.

	Service Name	State	Status
	sample	NSW	Approved
	Service Trading Sample 1	NSW	Approved
Submitted Forms Incid	ent Complaint	Manage Users	
	Submitted Forms Incld	sample Service Trading Sample 1	sample NSW Service Trading Sample 1 NSW

If no providers and no services are linked, then all action buttons are unavailable.

However, if a provider is added but no services are linked with it, then only the Add Service button is available.

My Services
You have no Services.
My Services
You have no Services.
1
Add Service

If you click the **Service ID** of a service in the list of services, the **Service Detail** page opens.

The Service Detail page provides the information about the service, such as linked provider details, details of the family day care/center based care, name and contact details, management details etc.

This page also provides the New Forms, Submitted Forms, and Manage Users buttons.

These action buttons perform the same actions as the corresponding buttons on the My **Details** page in the My Services section.

Further details on these action buttons are provided in the following slides.



## Work with My Services



#### Notes:

- You should have at least one provider to add a new service.
- You should have at least one service to be able to open new forms and perform other functions related to services.

#### 1. To add a new service, click Add Service

**1.a** The **My Providers** page opens. Select a provider for which you need to add a service and then click **New Service**.

Searci	h by Provider name or Pro	vider ID		
	Search			
				3 rec
	Provider ID	Provider Name	State	Status
۲	PR-50000694	example	NSW	Approved
0	PR-50000691	test entity	NSW	Approved
0	PR-50000696	Sample Name and Try Entity	NSW	Under Assessment
	New Service			

## **1.b** In the Application for Service Approval (SA01/02) form, on the INSTRUCTIONS page, click Begin.

		Provider:	example		
	INSTRUCTIONS	DETAIL \$	CONTACT INFO	SUBMISSION	
ROVIDER DETAILS					
Provider Name: example				rovider Approval Number: R-50000694	Provider Status: Approved
MPORTANT INFORMATI	ON BEFORE YOU BEGIN				
You must ensure you are fa	millar with your obligations under	r the Education and Care	e Services National L	aw (National Law) and the Edi	lucation and Care Services
National Regulations (Natio					
Regulatory authorities in ea	ich state and territory are respons				
		-	· · · · · · · · · · · · · · · · · · ·		
Your application will not be paid where applicable.	processed unless all sections are	-	· · · · · · · · · · · · · · · · · · ·		
paid where applicable. The regulatory authority will		e deemed satisfactorily c ation within 90 days sub	ompleted and suppo	ting documents supplied, as v	well as any prescribed fees
paid where applicable. The regulatory authority will extended if further informati granted.	processed unless all sections are	e deemed satisfactorily o ation within 90 days sub ment of the applicant. Ti	ompleted and suppo lject to your applicati he service approval v	ting documents supplied, as w on being deemed complete. Th vill not be granted until a provi	well as any prescribed fees his timeframe may be ider approval has been
paid where applicable. The regulatory authority will extended if further informati granted.	processed unless all sections are I make a decision on your applica ion is requested or with the agree	e deemed satisfactorily o ation within 90 days sub ment of the applicant. Ti	ompleted and suppo lject to your applicati he service approval v	ting documents supplied, as w on being deemed complete. Th vill not be granted until a provi	well as any prescribed fees his timeframe may be ider approval has been
paid where applicable. The regulatory authority wil extended if further informati granted. NOTE: This is not an appl	processed unless all sections are I make a decision on your applica ion is requested or with the agree	e deemed satisfactorily o ation within 90 days sub ment of the applicant. Ti	ompleted and suppo lject to your applicati he service approval v	ting documents supplied, as w on being deemed complete. Th vill not be granted until a provi	well as any prescribed fees his timeframe may be ider approval has been
paid where applicable. The regulatory authority will extended if further informati granted. NOTE: This is not an appl Privacy Statement	processed unless all sections are i make a decision on your applica- ion is requested or with the agree lication for Child Care Benefit (	e deemed satisfactorily o ation within 90 days sub ment of the applicant. Ti	ompleted and suppo lject to your applicati he service approval v	ting documents supplied, as w on being deemed complete. Th vill not be granted until a provi	well as any prescribed fees his timeframe may be ider approval has been
paid where applicable. The regulatory authority will extended if further informati granted. NOTE: This is not an appl Privacy Statement	processed unless all sections are i make a decision on your applica- ion is requested or with the agree lication for Child Care Benefit (	e deemed satisfactorily o ation within 90 days sub ment of the applicant. Ti	ompleted and suppo lject to your applicati he service approval v	ting documents supplied, as w on being deemed complete. Th vill not be granted until a provi	well as any prescribed fees his timeframe may be ider approval has been
paid where applicable. The regulatory authority will extended if further informat granted. NOTE: This is not an appl Privacy Statement UPPORTING DOCUMEN - NS01 Nominated Sup The approved provider	processed unless all sections are i make a decision on your applica- ion is requested or with the agree lication for Child Care Benefit ( TRATION	e deemed satisfactorily o atton within 50 days sub ement of the applicant. Ti CCB) under the Family cCCB) context of the family vervisor for each service	they open interview of the service approval to the ser	ting documents supplied, as v on being deemed complete. Tr ill not be granted until a provi ou muet apply to the Austral	well as any prescribed fees his timeframe may be ider approval has been Illan Government for this.



....

#### Back to Main Menu

Provider: test entity         DETAILS       CONTACT INFO         SUBMISSION         Operational Hours       Building Information         Supervisor Details	<b>1.c</b> Then, follow the instructions to fill the <b>DETAILS</b> , <b>CONTACT</b>
DETAILS CONTACT INFO SUBMISSION	
	DETAILS, CONTACT
Operational Hours Building Information Supervisor Details	
	INFO, and SUBMISSION
	pages of the form.
	Fill all mandatory fields
	(marked with a Red
Check ABN	Asterisk *).
- Please Select 🔻	· ·
	Make the payment,
DETAILS	finalize the information
.g 0212345678, 1800XXXXXX	and submit the form.
Please enter Phone Number or Mobile Number or both	
g 0212345678, 1800XXXXXX	
Service Location Address	
23 Street, Suburb, State	
Service Postal Address	
Postal address same as above	Tip: The Application
	for Service Approval
	( <b>SA01/02</b> ) form is
	also available in the
a 0212345678. 1800XXXXXX	My Providers section
	Please Select   DETAILS  Ig 0212345678, 1800X00000  Please enter Phone Number or Mobile Number or both Ig 0212345678, 1800X00000  Service Location Address 23 Street, Suburb, State Service Postal Address

#### Sample User | Log Ou Go through the Service Detail My Detalla pages to enter the requested New Forms Submitted Forms Manage Users information. PROVIDER DETAILS Provider Name: test entity If you need to PR-50000691 Provider Number make some Provider Status: Approved changes to a FAMILY DAY CARE DETAILS section of the NSW Managing Jurisdiction: **Service Detail** Service Approval Number SE-50001031 page, click Edit Service Status: Approved corresponding Service Approval Granted Date: to that section Trading Name: test case day care (see arrow ABN below). Family Day Care Service Type: NAME AND CONTACT DETAILS You can then 0400000000 Service Phone Number edit the Service Mobile Number: 0411111111 contents of the Service Fax Number: section. testuser2102@gmail.com Service Email: 0411111111 After Hours Number: Primary Contact Name: test case use Location Address: 26 Lydbrook St, WESTMEAD, NSW 2145 Postal Address: 26 Lydbrook St, WESTMEAD, NSW 2145 Edit

Work with My Services - Editing

#### 19



## Work with My Services

My Services						
Service ID			Service	Name	State	Status
SE-50001019			sample		NSW	Approved
SE-50001030	2		Service	Trading Sample 1	NSW	Approved
Add Service	New Forms	Submitted Forms	Incident	Complaint	Manage Users	

Note: You should have at least one service to be able to open new forms.

- **2.** To fill an application related to a service or to add a notification, select the Service ID, and click New Forms. The list of relevant forms is displayed with Form #, Form Name, and Description columns.
- a. To fill a particular application form, click Apply next to the application.
- b. To file a particular type of notification, click **Notify** next to the notification.

#### **Further References:**

- For details on applications, refer the Applications QRG.
- For details on notifications, refer the Notifications QRG.

Details	1		
Select	relevant Application or Notification		
Service Service State: Status:	Name: Service Trading Sample 1 NSW		
	Form Name	Description	
SAD3	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	Арріу
SAD6	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Apply
SAD7	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notity
SADS	Application for Service or Temporary Walver	Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the National Regulations.	Apply
SA09	Application for Revocation of Service Walver	An approved provider may apply to revoke their service walver at any time.	Apply
SA12	Notification of Change of Information About an Approved Service	Notify the regulatory authority about: • A change to the hours and days of operation of your service • A change to your service's contact details • Any proposed changes to service's premises • Service has not commenced operation within 6 months of a grant of Service Approval • Change of Principal Office of the Family Day Care Service	2. Notity
SA10	Application for Re-Assessment and Re-Rating	Apply to have your service reassessed and re-rated. For more information refer to the Guide to the National Law and National Regulations.	Apply
SA11	Application for Review of Ratings by Regulatory Authority	Request a review of your service's rating level for one or more quality areas. Please note that you may only apply for a review within 14 days of receiving the notification of the rating.	Apply
NS02	Notification of Change to Nominated Supervisor	Notify the Regulatory Authority about adding a new nominated supervisor     Notify the Regulatory Authority about ceasing, removing or withdrawing a nominated supervisor     Notify the Regulatory Authority about changes to names or contact details of nominated supervisor	Notity
C01	Notification of Complaints	Notify the regulatory authority of: • Any complaints alleging that a serious incident has occurred or is occurring while a child was or is being educated and cared for by the approved education and care service (Non VWA) • Any complaints alleging that the Law has been contravened (ALL) • Complaints alleging that the safety, health or welibeing of a child was or is being compromised (VWA Only)	Notify



## Work with My Services

My Services						
Service ID			Service	Name	State	Status
O SE-50001019		sample				Approved
SE-50001030		3	Service 1	Frading Sample 1	NSW	Approved
Add Service	New Forms	Submitted Forms	Incident	Complaint	Manage Users	

Note: You should have at least one service to be able to open related submitted forms.

3.To view the list of already submitted forms, select the Service ID and click Submitted Forms.

The list of submitted forms is displayed based on the filter selected, Application or Notification.

a.To open the submitted application / notification form and view its details, click the corresponding Identifier. The form is opened in read-only mode.

Detalls						
Applica	ation ONotification					
						1 necond(
Identifier	Regarding	Туре	Status	Submitted Date	Submitted By	Additional Documentatio
APP-50006894	Service Trading Sample 1	Application for Service Approval	Received	18/12/2017	Test User 2	Add

**3.b.** To add more documentation (if required) to the submitted form, click Add. The additional documents page is displayed.

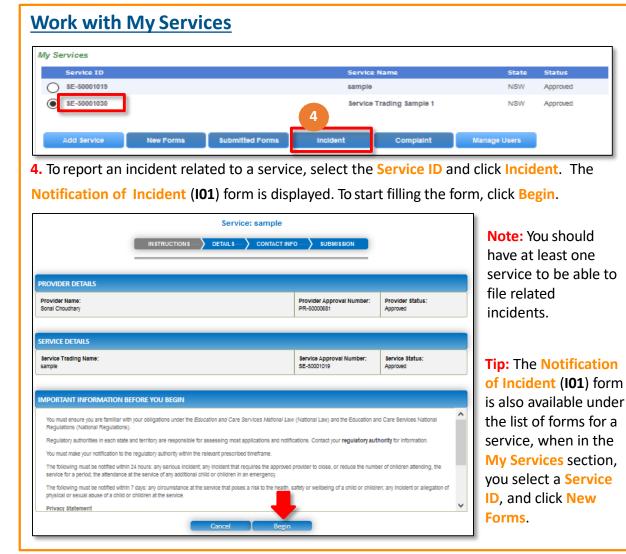
**3.b.(i)** Browse the additional documents you need to attach, add description in the **Document Description** field, and click **Upload**. Click **Submit**.

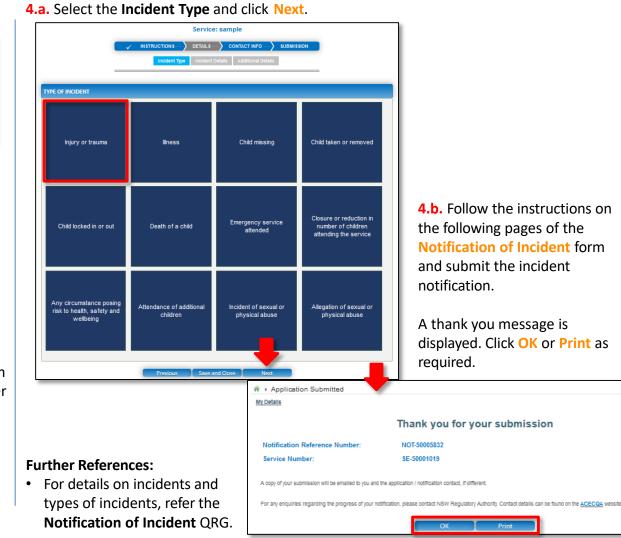
Detalls	
Additional Documentation	
Please attach any additional documentation you wish to supply that rel NOT-50005831 (RA Requested information) for Service Tradin	
NOTE: • The following file types are accepted for upload: .doc, • The file size should not exceed more than 20MB. • A file description is required for upload.	.docx, pdf, bmp, glf, jpg, jpgg, png, tilf, rff, xis, xisx, csv
File Upload Browse Document.docx	
Document Description *	
Additional Document 1	
Upload Delete	
Select Name	Document Description
Document.docx	Additional Document 1

**3.b.** A thank you message is displayed. Click **OK**.

Submit Additional Documentation	
My Details	
Thank you. Your additional documentation has been submitted successfully and a confirmation email has been sent to	you.









#### Back to Main Menu

Work with My Services					
My Services					
Service ID		ervice Name		State	Status
O 8E-50001019		ample		NSW	Approved
E-50001030	:	ervice Trading Sample	5	NSW	Approved
Add Service New Forms Submi	itted Forms Incident	Complain		Vlanage Users	
5. To file a complaint related to a	service, select th	e <mark>Service ID</mark>	and clio	ck <mark>Compl</mark> a	aint.
The Notification of Complaint (	C <b>01</b> ) form is displa	yed. To start	filling t	he form, o	click <mark>Begin</mark> .
Serv	vice: sample			1	
	CONTACT INFO     SUBMISS	N			ou should least one
PROVIDER DETAILS					to be able to
Provider Name: Sonal Choudhary	Provider Approval PR-50000681	Number: Provider Status Approved	:	file rela compla	
SERVICE DETAILS					
Service Trading Name: sample	Service Approval I SE-50001019	umber: Service Status: Approved		Tip: The	Notification
				of Com	olaint (CO1)
IMPORTANT INFORMATION BEFORE YOU BEGIN				form is a	also available
You must ensure you are familiar with your obligations under the Education and Car Regulations (National Regulations).	re Services National Law (National Law) and th	Education and Care Services Na	lonal		ne list of
Regulatory authorities in each state and territory are responsible for assessing mo	st applications and notifications. Contact your re	guiatory authority for information	L .		or a service,
Privacy statement				when in	the My
ACECQA and the regulatory authorities are committed to protecting personal inform In the Privacy Amendment (Enhancing Privacy Protection) Act 2012.	mation in accordance with the Privacy Act 1988 a	nd the Australian Privacy Principle	es contained	Services	section, you
Information provided is being collected for the purposes of assessing this applicativ accordance with the National Law.	on or notification and may be provided to other as	thorities or government agencies	h		Service ID,
ACECQA, the regulatory authorities and the Australian Government may publish in	formation about Coordance with the Natio	nal Law.	~	and clicl	k New
Cancel	Begin			Forms.	

#### 5.a. Select the Complaint Type and click Next.

		Service: sample		
		B DETAILS CONTA	ACT INFO	
				_
COMPLAINT				
Please select the relevant notificat	ion and provide/attach the in	formation required: *		
		d was or is being compromised (WA		
Complaints alleging that the La	w has been contravened			
Complaint alleging that a serior				

5.b. Follow the instructions on the following pages of the Notification of Complaint form and submit the complaint notification.

A thank you message is displayed. Click OK or Print as required.

☆ → Application Submitted <u>My Detalls</u>	
	Thank you for your submission
Notification Reference Number:	NOT-50005833
Service Number:	SE-50001019
A copy of your submission will be emailed to you and t	the application / notification contact, If different.
For any enquiries regarding the progress of your not	tification, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA website
	OK Print
urther References:	

• For details on complaints and types of complaints, refer the **Notification of** Complaint QRG.



## Work with My Services

Service ID			Servk	ie Name	State
SE-50001019			sampl	e	NSW
SE-50001030			Servic	e Trading Sample 1	NSW
Add Service	New Forms	Submitted Forms	Incident	Complaint	Manage Users

#### Notes:

- You should have at least one service to be able to manage users for the service.
- The user being added must have already registered with their email address and the current user must have admin access.

6.To manage user(s) access for a service, select the Service ID and click Manage Users. The Service User Administration form is displayed.

a.To add a new user, fill the Email Address field and click Add User. The new user is displayed in the list of users.

etalls							Note: Ensure you have the
Provider:	Sonal Choudhary						email address
Service:	Service Trading Sample 1	_					the user has
							the user has registered with
	ill adorese to add a user. se  sampleuser2102@gmail.com	Add U	ser				
		Email Add U	Service Access	Service Administrator	Provider Access	Provider Administrator	registered with
Email Addres			Service				



Provider:	Sonal Choudhary					
Service:	Service Trading Sample 1					
Enter an email	address to add a user.					
Email Address	c	Add	User			
Name		Emall	Service Access	Service Administrator	Provider Access	Provider Administrator
Name sample user		Email sampleuser2102@gmail.com				
			Access		Access	
sample user		sampleuser2102@gmail.com			Access	Administrator

When a user is linked to a provider, they are automatically linked to all services for that provider. You may also give access to a specific service. Here you can choose the access level that a user has:

- Service Access
  - User can submit Application and Notification forms for this service.
- Service Administrator
  - User can submit Application and Notification forms for this service.
  - User can add other users to this service.



## **Work with My Services**

- Provider Access
  - User can submit Application and Notification forms for this provider and all services related to the provider.
  - User can view and pay invoices.

#### • Provider Administrator

- User can submit Application and Notification forms for this provider and all services related to the provider.
- User can view and pay invoices.
- User can add other users to this provider and services.

## Work with My Services

**7.** When there are more than three services, to view the list of all services, click View All Services(x). Where, x = number of services.

/ Services								
Service ID					Service N	ame		S
SE-50001031				1	test case	day care		N
SE-50001033					abc			N
SE-50001049					mnnm			N
Add Service	New Forms	Submitted For	ms	Incident		Complaint	Mana	ige Use
_								
ly Details	, Service name, Provider ID or Provi	der name						
My Services <u>Av Details</u> Search by Service ID      Search	, Service name, Provider ID or Provi	ier name					4 record(s)	
Iv Details Search by Service ID Search Service ID	Service Name	jer name	State	Status	Provider N:	ıme	4 record(s)	
Search by Service ID		ier name	State NSW NSW	Approved Under	Provider Na test entity test entity	ıme	4 record(s)	
In Details  Search by Service ID  Search  Search  Service ID  SE-50001031	Service Name test case day care	jer name	NSW	Approved	test entity	ıme	4 record(s)	
In Details  Search by Service ID  Search  Service ID  SE-50001033	Service Name test case day care abc	ier name	NSW NSW	Approved Under assessment Under	test entity test entity	ume	4 record(s)	



## Work with My Providers

The **My Providers** section displays the list of providers linked to your profile (if any) along with various action buttons to perform functions with the existing providers. The action buttons include: **Add Provider**, **New Forms**, **Submitted Forms**, and **Manage Users**.

Provider ID			Provider Name	State	Status
PR-50000694			example	NSW	Approved
	-				
Add Provider	New Forms	Submitted Forma	Manage Usera		

#### Notes:

- For adding a new provider, you need to have a registered account.
- You should have at least one provider to perform various provider related functions.

If no providers are linked, then no action buttons are displayed (except Add Provider).

If you click the **Provider ID** of a provider in the list of providers, the **Provider Detail** page opens.

The **Provider Detail** page provides the information about the provider, such as entity details, name and contact details, management details etc.

This page also provides the New Forms, Submitted Forms, and Manage Users buttons. These action buttons perform the same actions as the corresponding buttons on the My Details page in the My Providers section. Further details on these action buttons are provided in the following slides.

You can edit the **NAME AND CONTACT DETAILS** section and the following sections on this page.

Provider Detail		
My Detalle		
New Forms Submit	ted Forms Manage Users	
PROVIDER DETAILS		
Managing Jurisdiction:	NSW	1
Provider Name:	example	
Provider Approval Number:	PR-50000694	
Provider Status:	Approved	If you need to
Date Approval Granted:	02/01/2018	make some
		changes to an
Entity Type:	Company	editable section
Management Type:	Private not for profit community managed	of the Provider
Entity Name:	example	Detail page, click
ABN:		Edit
ACN:		corresponding to
		that section. You
NAME AND CONTACT DETAIL	3	can then edit the
Provider Phone Number:		contents of the
Provider Mobile Number:	041111111	section.
Provider Fax Number:		
Provider Email:	sampletestuser2102@gmail.com	
Primary Contact Name:	Sample User	
Location Address:	175 Liverpool St, SYDNEY, NSW 2000	
Postal Address:	175 Liverpool St, SYDNEY, NSW 2000	
i ustal Address.		
	Edit	



**Work with My Providers** 

#### Back to Main Menu

#### My Providers Provider ID **Provider Nam** State Status PR-50000694 example NSW Approved **Submitted Forms** Add Provider New Forma Manage Users Note: You should have a registered account to add a new provider. My Providers 1. To add a new provider, click Add Provider. You can either apply for new have no Providers provider approval or link an existing provider. **1.a.** To apply for a new provider approval, on the next page, in the top section Application for a Provider Approval, click Apply. # > Link to my existing Providers My Details Application for a Provider Approval A provider approval authorises a person to apply for one or more service approvals Existing Provider - link Records To link an existing Provider Approval, you will need to have one of your Annual Fee invoices available. These invoices contain your Provider Approval Number and Invoice Numbers unique to that Provider Approval. You are required to enter both of these items below in order to approve access to the Provider Approval by this user account. Please enter the following data and then select the Verity button. If you have received multiple Annual Fee invoices, you may use any of the invoice Numbers for this process. All data must be entered exactly as it appears on the involce including capitalization of letters. Provider Approval Number: \* PR-12345678 eg. PR-12345678 INV-12345-A1B2C eg. INV-12345-A1B2C3 Invoice Number:

The **Application for Provider Approval (PA01)** form is displayed in edit mode. Fill the form, finalize the information, make the payment, and submit the form.

	DETAILS CONTACT INFO SUBMISSION	
P	rimary Applicant Additional Applicants	
APPLICANT DETAILS		
Enter Applicant details here. If there is more than one applicant, additi	onal applicants can be added in the next Step.	
1. PLEASE FILL IN THE APPLICANT ENTITY DETAILS		
What is your Legal Entity Type?*	Company	
What best describes your Management Type?*	Private not for profit - community managed V	
What type of service do you intend to operate?*	Centre-based Care	
	Family Day Care	
Legal Entity Name: *	sample entity	
ABN :		Validate ABI
ACN (if applicable):		Check ACN
Business Trading Name:		
Are you a Trustee? *	Yes      No	
- Trust ABN: *	35059072418	Validate ABI
Trust Name: *	xyz	
Phone Number:	e.g 0212345678, 1800)000000	
	e.g 0212343010, 100000000	
Mobile Number:	* Please enter Phone Number or Mobile Number or both	
	Prease errer Phone Number of Moone Number of our	
Fax Number:	e.g 0212345678, 1800XXXXXX	
Email: *	sampleuser2102@gmail.com	

#### **Further References:**

• For details on provider approval, refer the Application for Provider Approval QRG.

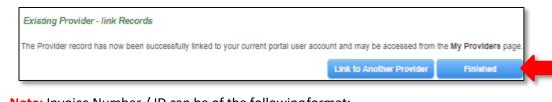


**1.b.** To link records of an existing provider, on the Link to my existing Providers page, in the Existing Provider – link Records section, enter a provider number in the Provider Approval Number field and enter the corresponding invoice number in the Invoice Number field. To verify the details entered, click Verify.

2 Contraction of the second				
Application for a Provider	Approval			
A provider approval authorise	s a person to apply for one or	more service approvals.		
Apply				
Existing Provider - link R	ecords			
-				
			tese involces contain your Provider Approval Nur approve access to the Provider Approval by this	
	and then called the Moth h	utton. If you have received multiple Appual Fe	e Involces, you may use any of the Involce Numb	
Please enter the following dat process. All data must be enter	a and then select the verify b	the invoice including capitalization of letters		ers for this
process. All data must be ente	ered exactly as it appears on t	the involce including capitalization of letters.		ers for this
Please enter the following dat process. All data must be enter Provider Approval Number:	ered exactly as it appears on t	eg. PR-12345678		ers for this
process. All data must be ente	ered exactly as it appears on t	eg. PR-12345678	,	ers for this
process. All data must be ente Provider Approval Number: *	PR-50000691	eg. PR-12345678	Cancel	vers for this

**Note:** You should have a registered account and an existing provider number to link the provider.

A message is displayed with text "The Provider record has now been successfully linked to your current portal user account and may be accessed from the My Providers page." Click Finished (or, if required, click Link to Another Provider to link more providers).

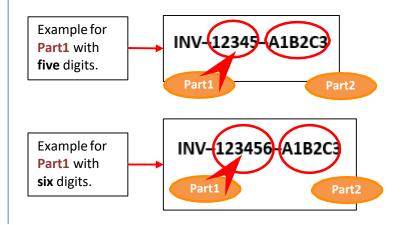


Note: Invoice Number / ID can be of the following format:

INV-<Part1>-<Part2>

#### Where,

- **Part1** = Combination of **six** / **five** digits.
- Part2 = Combination of six characters (only alphabets and digits).





## Work with My Providers



**Note:** You should have at least one provider to open and submit new forms and submitted related to provider.

Selectre	elevant Application or Notification		
Provider Provider State: Status:			
Form #	Form Name	Description	
PAD3	Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval	Apply
PAD4	Application for Voluntary Suspension of Provider Approval	Apply to suspend your provider approval for up to 12 months.	Apply
PA05	Notification of Surrender of Provider Approval	Surrender your provider approval to the regulatory authority. Any service approval held by the provider is also taken to be surrendered.	Notity
AR01	Application for Internal Review of Reviewable Decision	Use this form to apply to the regulatory authority for a review of a decision that falls within the list of reviewable decisions outlined in s190 of the National Law.	Submit
PADS	Notification of Change of Information About Approved Provider	Notify the regulatory authority about: • The appointment or removal of a person with management or control. • A change of contact details for your provider, such as phone number or email address • Any change to the approved provider's fitness and propriety or the fitness of a person with management or control	2.b
SA01/02	Application for Service Approval	Apply for a new service approval	Apply
SA04/05	Notification of Transfer of Service Approval	Notify the regulatory authority of the transfer of a service to you as a provider. Note that different parts of this form will need to be completed by both the transferring and receiving provider	Notity

2.To fill an application related to a provider or to add a notification, select the **Provider ID**, and click **New Forms**. The list of relevant forms is displayed with **Form #**, **Form Name**, and **Description** columns.

- a. To fill a particular application form, click Apply next to the application.
- b. To file a particular type of notification, click **Notify** next to the notification.

3.To view the list of already submitted forms, select the **Provider ID** and click **Submitted Forms**.

The list of submitted forms is displayed based on the filter selected, Application or Notification.

a.To open the submitted application / notification form and view its details, click the corresponding Identifier. The form is opened in read-only mode.

ń	My Forms						
M	y Detalla						
	Applicatio     Applicati     Applicatio     Applicatio     Applicatio     Applicatio	on <ul> <li>Notification</li> </ul>					
							1 record(s)
	Identifier	Regarding	Түре	Status	Submitted Date	Submitted By	Additional Documentation
	APP-50006896	test entity	Application for Provider Approval	Complete	19/12/2017	Test User	Add
1							
	3.a						3.b

**3.b.** To add more documentation (if required) to the submitted form, click Add. The additional documents page is displayed.

Follow the instructions provided on the form to attach additional documents.

#### **Further References:**

- For details on applications, refer the Applications QRG.
- For details on notifications, refer the Notifications QRG.





## Work with My Providers

Provider ID			Provider Name	State	Status
PR-50000694			example	NSW	Approved
			4		
	-				
Add Provider	New Forma	Submitted Forms	Manage Users		

#### Notes:

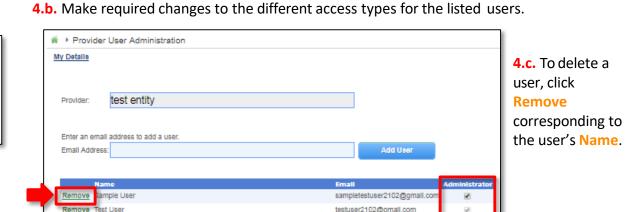
- You should have at least one provider to manage users for a provider.
- The user being added must have already registered with their email address and the current user must have admin access.
- 4. To manage user(s) access for a provider, select the Provider ID and click Manage Users.

#### The Provider User Administration form is displayed.

a.To add a new user, fill the Email Address field and click Add User. The new user is displayed in the list of users.

Note: Ensure you have the email address the user has registered with.

🐐 🕨 Provider	User Administration		
My Details			
Provider:	test entity		
Enter an emai	address to add a user.		r
Email Address	sampletestuser2102@gmail.com	Add Us	aer 🛛
Nar	ne	Email	Administrator
Remove Tes	t User	testuser2102@gmail.	com 🕑
Ticking Admi	inistrator will give the user the ability to add new users against i	the provider	



When a user is linked to a provider, they are automatically linked to all services for that provider. You may choose whether to give the user Provider Administrator access.

#### A Provider Administrator can:

- Submit Application and Notification forms for this provider and all services related to the provider.
- View and pay invoices.

Add other users to this provider and linked services.

Ticking Administrator will give the user the ability to add new users against the provide

If you choose not to give the Provider Administrator access to the user, by default the regular Provider Access is granted to the user. In this case, the user can:

- Submit Application and Notification forms for this provider and all services related to the provider.
- View and pay invoices.

However, this type of user cannot add other users to this provider and linked services.



## **Work with My Providers**

5. When there are more than two providers, to view the list of all providers, click View All Providers(x). Where, x = number of providers.

Pr	ovider ID				Provider	Name	
O PF	R-50000694				example		
O PF	R-50000691				test entity	5	
Ad	d Provider	New Forms	Submitted Forms	Manage U	sers	View All Providers(3	3)
► My F	Providers						
	Providers					•	
y Details						•	
y Details		Provider ID				•	
y Details		Provider ID				•	
y Details		Provider ID				• 	
<u>/ Details</u>	h by Provider name or				State	Status	31
y Details	h by Provider name or Search	Provider ID Provider Name example			State NSW	<u>Status</u> Approved	31
	h by Provider name or Search Provider ID	Provider Name					31



System

**Drocossing Times** 

Back to Main Menu

### Work with MyProviders

It is important to ensure the health, safety and wellbeing of children attending early childhood education and care services. Therefore, the Regulatory Authority in your State or Territory has the responsibility of assessing the suitability of all applicants.

The Education and Care Services <u>National Law and Regulations</u> have set the maximum processing times that a regulatory authority should take for making a decision on a completed application.

The processing timeframes are listed in the following table:

Application Type	Timeframe (#of days)	National Law and Regulations
Provider Approval	60+30*	Sections 10-21; Regulations 14-23
Amendment of provider approval	30	Sections 22-24; Regulation 17
Service Approval	90	Sections 43-52, 102-104; Regulations 24-32A
Amendment of service approval	60	Sections 54-57; Regulations 34-35
Service Waiver	60	Sections 87-93; Regulations 41-43
Temporary Waiver	60	Sections 94-100; Regulations 44-45

To operate a service, you will need to apply for provider approval and service approval.

You can apply for these online after registering an account on the **National Quality Agenda IT System (NQA IT System)**.

Steps to register an account are listed in the **<u>Register and Log-In</u>** chapter.

The procedures to apply for these forms are given in subsequent chapters.

Ensure that all relevant documents have been submitted with your application to avoid unnecessary delays in processing times.

**Note:** An application is not considered complete until all documents have been received.

If further information is requested by the regulatory authority, the period between the making of the request and the provision of the information is not included in the application processing time (that is, the time for assessing theapplication).

\*Extension of time frame is permissible if the applicant agrees.



## Introduction

This **Quick Reference Guide (QRG)** provides an overview of the Application forms available in the **National Quality Agenda IT System (NQA IT System)** portal for providers and services.

**Applications** 

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An email account that is already registered on the NQA IT System portal.
- Logged in to the NQA IT System portal refer to the Register and Log-In QRG.
- Navigated the NQA IT System portal and access the Application Forms refer to the **Portal Overview** QRG.

#### **Table of Contents**

- Application Types
  - Types of Provider and Service related applications.

With application forms you can apply for the following:

- Provider and service approvals.
- Amendment of provider and service approvals.
- Suspension of provider and service approvals.
- Service, waivers, temporary waivers, and extension of an existing temporary waiver.
- Re-assessment, re-rating, review of ratings by regulatory authority, review of a decision that falls in the category of reviewable decisions.

These listed functions are the basis for categorizing applications into different types.

## **Application Types**

Application forms are available for providers and services for the following purposes: **Provider Related Applications:** 

- PA01/02 Provider Approval
- PA03 Amendment of Provider Approval
- PA04 Voluntary Suspension of Provider Approval
- PA05 Notification of Surrender of Provider Approval
- AR01 Application for Internal Review of Reviewable Decision
- PA08 Notification of Change of Information About Approved Provider
- SA01/02 Application for Service Approval
- SA04/05 Notification of Transfer of Service Approval

#### Service Related Applications:

- SA01/02 Service Approval
- SA03 Amendment of Service Approval
- SA06 Voluntary Suspension of Service Approval
- SA07 Notification of Surrender of Service Approval
- SA08 Service or Temporary Waiver
- SA09 Revocation of Service Waiver
- SA12 Notification of Change of Information about an ApprovedService
- SA10 Re-Assessment and Re-Rating
- SA11 Review of Ratings by Regulatory Authority
- NS02 Notification of Change to Nominated Supervisor
- CO1 Notification of Complaints
- 101 Notification of Incident
- AR01 Application for Internal Review of Reviewable Decision
- RI01 RA Requested Information
- RI02 RA Requested Information FDC
- SA13 Extension of Temporary Waiver



## **Introduction**

This Quick Reference Guide (QRG) provides details about the Application for Provider Approval (PA01) form available in National Quality Agenda IT System (NQA IT System).

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

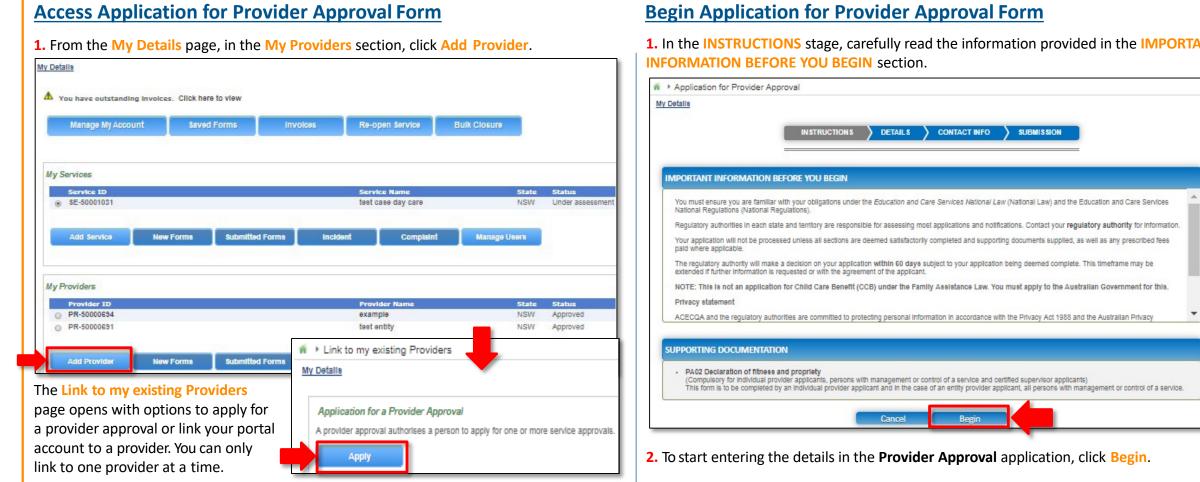
- Any modern browser.
- An existing email account that is already registered on the NQA IT System portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- You should have the **PA02 Declaration of fitness and propriety** document ready to be attached when asked.
- You may be asked to attach **Evidence of Legal Status** and other documents based on the options you select for the service type and the entity type (provider organization type, such as Company, Sole proprietor, Partnership, etc.)

## **Table of Contents**

•

- Access Application for Provider Approval Form
  - Steps to add a provider by accessing the Application for Provider Approval form.
- Begin Application for Provider Approval Form
  - Steps to start working on the Application for Provider Approval form.
- Fill Details in Application for Provider Approval Form
  - Steps to add the following requested information in the form:
    - o Entity details
    - o Address details
    - o Financial declaration
    - o Persons with management or control
  - Steps to add requested information regarding <u>additional applicants</u> (if any).
- Provide Contact Details in Application for Provider Approval Form
  - Steps to add requested contact information.
- <u>Submit Application for Provider Approval Form</u>
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o Reviewing summary and finalising the form
    - Making payment and submitting the form
- Print or Close Application for Provider Approval Form
  - Steps to print and close the form.





2. Click Apply. The Application for Provider Approval (PA01) form opens. This form has the following four stages: INSTRUCTIONS, DETAILS, CONTACT INFO, and SUBMISSION.

1. In the INSTRUCTIONS stage, carefully read the information provided in the IMPORTANT



## Fill Details in Application for Provider Approval Form

In the DETAILS stage, the applicant information is categorised into four sections: ENTITY DETAILS, ADDRESS DETAILS, FINANCIAL DECLARATION, and PERSONS WITH MANAGEMENT OR CONTROL.

1. Start filling the PLEASE FILL IN THE APPLICANT ENTITY DETAILS section.

In this section, fill the details of your legal entity, such as entity type, management type, type of service (Centre-based Care or Family Day Care), entity name, trading name, etc.

#### Notes:

- The fields provided on the form in this section may slightly differ based on the entity type, management type, and service (care) type selections.
- Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.

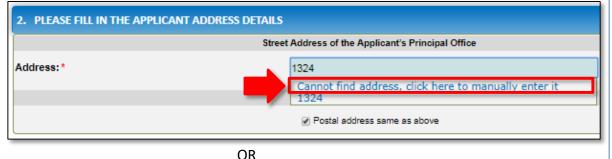
	DETAILS CONTACT INFO SUBMISSION	
Prin	mary Applicant Additional Applicants	
APPLICANT DETAILS		
Enter Applicant details here. If there is more than one applicant, addition	al applicants can be added in the next Step.	
1. PLEASE FILL IN THE APPLICANT ENTITY DETAILS		
What is your Legal Entity Type?*	Company	
What best describes your Management Type?*	Private not for profit - community managed	
What type of service do you intend to operate?*	Centre-based Care	
	Family Day Care	
Legal Entity Name: *	sample entity	
ABN :		Validate ABN
ACN (if applicable):		Check ACN
Business Trading Name:		]
Are you a Trustee? *	Yes   No	
Trust ABN: *	35059072418	Validate ABN
Trust Name: *	xyz	
Phone Number:	e.g 0212345678, 1800XXXXXX	1
Mobile Number:		
	* Please enter Phone Number or Mobile Number or both	-
For Number	e.g 0212345678, 1800000000	
Fax Number:		
Email: *	sampleuser2102@gmail.com	



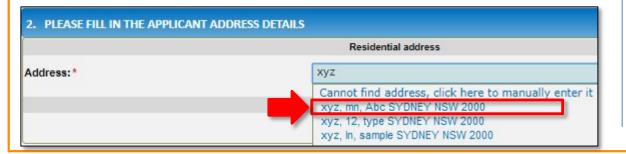
# Fill Details in Application for Provider Approval Form

**2.** In the **PLEASE FILL IN THE APPLICANT ADDRESS DETAILS** section fill your entity's address and postal address (if different). Ensure you provide complete address with street, suburb, state, and post code information.

**2.a.** When you start filling the address, if you do not see the address in the auto-fill list of addresses, click **Cannot find address**, click here to manually enter it and then fill the address manually.



**2.b.** When you start filling the address, if the address is available in the auto-fill list of addresses, select the correct address and the address will be auto-populated in the fields.



2. PLEASE FILL IN THE APPLICANT ADDRESS DETAILS	Residential address
	Residential address
Address Line 1:*	хуz
Address Line 2:	mn
Suburb/Town: *	Abc
State/Territory: *	NSW T
Postcode:*	2000
Country:	AUSTRALIA
	Reset Address
	Postal address
	Postal address same as above

## Notes:

- The **Reset Address** button clears the details filled in the address fields. Therefore, do not click **Reset Address** unless you need to clear the complete address and fill it again.
- If the postal address is same as residential address, select **Postal address same as above**, else clear the checkbox and fill the address.
- Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.

3. In the FINANCIAL	3. FINANCIAL DECLARATION		
<b>DECLARATION</b> section, select relevant options.	Has the applicant ever been declared insolvent?*	O Yes	● №
	Has the applicant ever been placed under external administration? *	O	



# Fill Details in Application for Provider Approval Form

**4.** In the **PERSONS WITH MANAGEMENT OR CONTROL** section, add details about the persons who are in the management or have control of your legal entity. To add these details, click **Add PMC** and fill the details as requested.

4. PERSONS WITH MANAGEMENT	T OR CONTROL	
Each Individual who will be "a person with submit it with this application.	n management or control <sup>®</sup> of an education and care service mus	t also complete a Declaration of Fitness and Propriety and
Add PMC		
APPLICANT DETAILS		
Enter Applicant details here. If there is more than on	e applicant, additional applicants can be added in the next Step.	5. Provide details, such as, ful
		name, birth details, email
ADD PERSON WITH MANAGEMENT OR	CONTROL	address and other relevant details.
Title: *	Mrs 🗸	details.
First Name: *	Sample	Note: Ensure that you fill all
Middle Name:		the mandatory fields that are
Last Name: *	User	marked with a Red Asterisk *.
Date of Birth: *	21/02/1985	
Place of Birth:*	Sydney	
Phone Number:	e.g 0212345678, 1800XXXXXX	
Mobile Number:	042111111	
	* Please enter Phone Number or Mobile Number or both	
Position Description:	Company Director	
Fax Number:	e.g 0212345678, 1800X000XX	
Email Address: *	sampleuser2102@gmail.com	

**6.** Also, fill residential address details of the management person and the postal address (if different). Click **Save**.

ADDRESS	
Residential Address	
хуz	
mn	Note: Fo
Abc	filling the
NSW	address,
2145	follow
AUSTRALIA	provided
Reset Address	step 2 of
Postal Address	slide 4.
Postal address same as above	
Cancel Save	
	Residential Address XyZ mn Abc NSW 2145 2145 AUSTRALIA Reset Address Postal Address

#### 7. Click Next to fill details of additional applicant (if any).

4. PERSONS WITH MANAGEMENT OR	CONTROL
Each Individual who will be "a person with mar submit it with this application. <b>O</b>	agement or control <sup>®</sup> of an education and care service must also complete a Declaration of Fitness and Propriety an
NAME	
Edit Remove Sample User	
Add PMC	
	Previous Save and Close Next

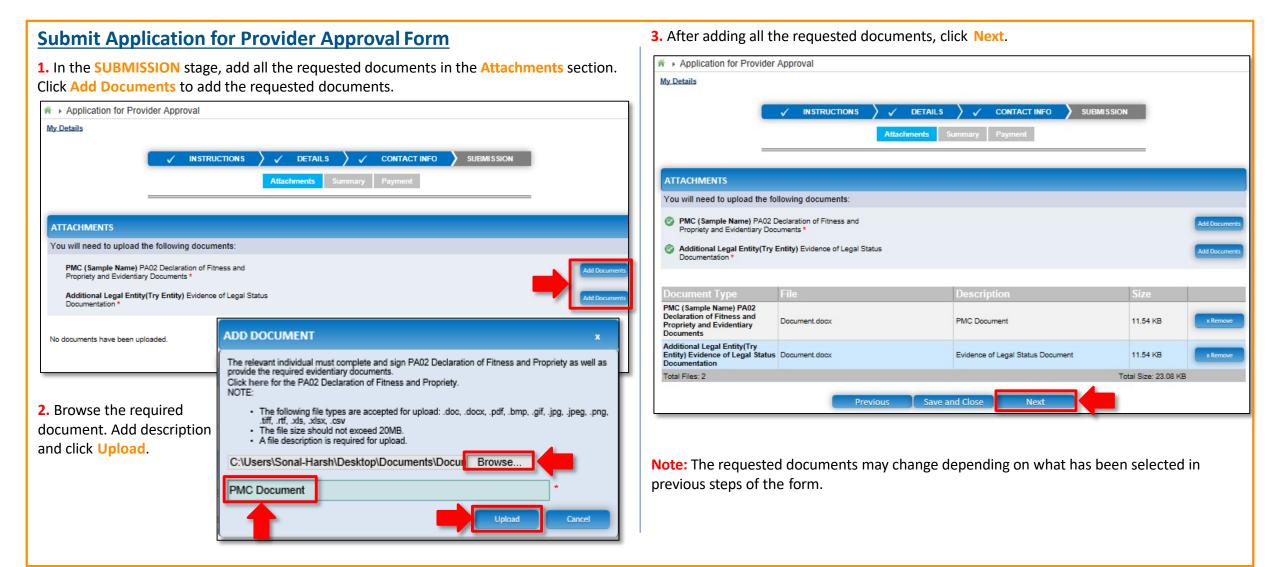


Fill Details in Application for Provider Approval Form		Primary Applicant Additional Applicants		9. For the additional
8. If there are more than one provider applicants, then in the Additional Applicants	1. PLEASE FILL IN THE APPLICANT ENTITY DETAIL	S		applicants fill the legal
section, add details about the additional provider.	What is your Legal Entity Type?*	Incorporated entity/body $\lor$		entity details, such as,
To add an additional applicant (if any), click the Add an additional Applicant button.	What best describes your Management Type?*	Private for profit 🗸 🗸 🕲		type, management
	Legal Entity Name: *	Try Entity		type, name, email and
* Application for Provider Approval	ABN:		Validate ABN	either mobile or
My Details	Business Trading Name:			phone number.
	Are you a Trustee? *	O Yas ⊛ No		
VINSTRUCTIONS DETAILS CONTACT INPO SUDMISSION	Phone Number:	e.g 0212345678, 1800XXXXX		Also, provide
Primary Applicant Additional Applicants	Mobile Number:	0422222222		residential and postal
		* Please enter Phone Number or Mobile Number or both	_	address details and
	Fax Number:	e.g 0212345678, 1800XXXXX		financial information.
ADDITIONAL APPLICANTS LIST	Email: *	testuser2102@gmail.com		Then, click Save
If more than one applicant is applying for the Provider Approval, please select the Add an additional Applicant button				Entity.
	2. PLEASE FILL IN THE APPLICANT ADDRESS DET/	AILS Street Address of the Applicant's Principal Office		
	Address Line 1: *	хуг		
PROVIDER APPLICANTS	Address Line 2:	mn		Notes:
APPLICANTS LIST - NAME EDIT REMOVE sample entity Company Edit Remove	Suburb/Town: *	Abc		For filling the
Sample child	State/Territory: •	NSW V		address, follow
Add an additional Applicant	Postoode: *	2000		instructions
	Country:	AUSTRALIA		provided in step 2
Previous Save and Close Next		Reset Address		on slide 4.
		Postal Address of the Applicant		Ensure that you fill
		Postal address same as above		all the mandatory
	3. FINANCIAL DECLARATION			fields that are
	Has the applicant ever been declared insolvent? *	O Yes ⊛ No		marked with a Red
	Has the applicant over been placed under external administration? "	O Yes ⊛ No		Asterisk *
		Cancel Save Entity		
				39



Fill Details in Application	on for Provider Approval Forn	<u>n</u>	Provide Contact D	etails in Application for Provider Approval Form	
<ul> <li>O. After adding all applicants and providing all requested details, click Next.</li> <li>Application for Provider Approval</li> <li>My Details</li> </ul>			<ol> <li>The CONTACT INFO stage of the form is available. Enter the contact information.</li> <li>Fill name, phone number, and email address of the contact person for the provider and select Save as application/notification default contact (if required). Click Next.</li> </ol>		
V INSTR				al de la constante de la consta	
ADDITIONAL APPLICANTS LIST	Primary Applicant Additional Applicants	_	My Details		
If more than one applicant is applying for the Provider	Approval, please select the Add an additional Applicant button		NAME AND CONTACT DETAILS FO	R THIS APPLICATION	
PROVIDER APPLICANTS			Note: The contact for this Application must	be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.  Sample User	
APPLICANTS LIST - NAME Mrs Serrgie Name	APPLICANTS LIST - ENTITY TYPE Sole proprietor	EDIT REMOVE Edit Remove	Phone Number: *	041111111	
Try Entry Add an additional Applicant	Incorporated entity/body	Edit Remove	Email Address: *	sampletestuser2102@gmail.com	
	Previous Save and Close Next			Please fill in all fields     Save as application/notification default contact      Previous     Save and Close     Next	
			Note: Ensure that you fill	all the mandatory fields that are marked with a <b>Red Asterisk</b> *.	







Postal address

#### Back to Main Menu

#### **Submit Application for Provider Approval Form** 4. In the Summary section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click Edit. CONTACT INFO SUBMISSION INSTRUCTIONS J DETAILS Summary SUMMARY Here is a summary of the information you are about to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to amend. Note: You cannot make further changes beyond this point. Warning: Forms not submitted within 90 days from the start date will be deleted from the system. PRIMARY ENTITY DETAILS Edit APPLICANT DETAILS Legal Entity Type Sole proprietor Management Type Private for profit Service Type(s) Intended Centre-Based Care Family Day Care **Business Trading Name** ABN Phone Number 0411111111 Mobile Number Fax Number Email Address sampletestuser2102@gmail.com Applicant is a Trustee No Title Mrs First Name Sample Middle Name Last Name Name Birth Details 21/02/1985, Sydney **Residential address** Xyz, mn, Abc SYDNEY NSW 2000

Xyz, mn, Abc SYDNEY NSW 2000

-								
	NAME			DATE OF BIRTH	PLACE OF BIRI	н		
	Mrs Sample Name			21/02/1985	Sydney			
ADDITIONAL E	ENTITIES DETAILS							Edit
			APP	LICANT DETAIL 8				
Legal Entity Typ	De		Incorpora	ated entity/body				
Management Ty			Private fr					
Legal Entity Na	me		Try Entity	v				
Business Tradit	ng Name							
ABN								
Phone Number								
Mobile Number			0422222	222				
Fax Number								
Email Address			testuser2	2102@gmail.com				
Applicant is a T	rustee		No					
Street address ( Applicant's prin			Xyz, m	n, Abc SYDNEY N	SW 2000			
Postal address Applicant	of the		Xyz, m	Xyz, mn, Abc SYDNEY NSW 2000				
Applicant								
			FINAN	CIAL DECLARATION				
Has the Applica	ant ever been deolar	red incolvent?	FINAN	CIAL DECLARATION				
Has the Applica	ant ever been deolar ant ever been placed			CIAL DECLARATION				
	ant ever been placed		No	CIAL DECLARATION				
Has the Applica	ant ever been placed		No	CIAL DECLARATION				
Has the Applica	ant ever been placed		No	CIAL DECLARATION				
Has the Applica	ant ever been placed		No	CIAL DECLARATION				
Has the Applica	ant ever been placed		No	CIAL DECLARATION				
Has the Applica administration?	ant ever been placed	d under external	No	CIAL DECLARATION				Fritt
Has the Applica administration?	ant ever been placed	d under external	No	CIAL DECLARATION				Edit
Has the Applica administration?	ant ever been placed	d under external	No No	CIAL DECLARATION		mail Address		Edit
Has the Applica administration?	ant ever been placed	d under external	No No	CIAL DECLARATION		mail Addresc impletestuser2102	iggnal.com	Edit
Has the Applica administration?	ant ever been placed	d under external	No No	CIAL DECLARATION			agmai.com	Edit
Has the Applica administration? APPLICATION Name Sample User	ont ever been placed	d under external	No No	CIAL DECLARATION			Bgmal.com	
Has the Applica administration? APPLICATION Name Sample User	ont ever been placed	d under external	No No	CIAL DECLARATION			agmail.com	Edit
Has the Applica administration?	CONTACT DETAIL	d under external	No No	CIAL DECLARATION			iggmal.com	
Has the Applica administration? APPLICATION Name Sample User ATTACHMENT Document Type PMC(Bample Na	CONTACT DETAIL	d under external	No No		5		agmail.com	
Has the Applica administration?	CONTACT DETAIL DETAILS	d under external	No No	File Name	5		iggmail.com	
Has the Applica administration?	CONTACT DETAIL DETAILS	d under external	No No	File Name	5		Bgmal.com	
Has the Applica administration? APPLICATION Name Sample User ATTACHMENT Document Type PMC(Sample Na Declaration of FI Propriety and Ex Documents	CONTACT DETAIL DETAILS me) PA02 methecs and videntiary	d under external LS Decortption PMC Document	No No	File Name	x		Bgmail.com	



<b>Submit Application for Provider Approval Form</b> <b>5.</b> Read the <b>DECLARATION</b> text carefully and select I declare that. To finalise and submit	
the application, click Finalise.	Attachments Summary Payment
DECLARATION	PAYMENT DETAILS
<ul> <li>I declare that: *         <ol> <li>The information provided in this application form (including any attachments) is true, complete and correct;</li> <li>I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;</li> <li>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;</li> <li>I have read and understood a Provider's legal obligations under the Education and Care Services National Law;</li> <li>The Regulatory Authority is authoring on 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; and</li> <li>I are 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.</li> <li>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).</li> </ol></li></ul>	Identifier: INV-14990-B925R6     Fee Description: Provider Approval       Type: Provider     Amount: S216.00       Due Date: 15/02/2018     S216.00       Credit Card Type: * © VISA     VISA       Name on Credit Card: * SAMPLE TEST USER     Sample TEST USER
Previous Save and Close Finalise	Credit Card Number: *         1111       2222         3333       4444         Card Expiry (mm/yy): *         01       20         Card Security Code: *         123       What is a CSC?         Email payment confirmation:         sampletestuser2102@gmail.com
6. In the Payment section, fill the PAYMENT DETAILS section carefully and click Pay Now. Note: You can make online payments only if your regulatory authority allows online payments. Only the following regulatory authorities allow online payments: NSW, QLD, SA, TAS, VIC, and WA.	You will be e-mailed a confirmation of your payment. If you would like the payment confirmation to be sent to an email address other than your registered e-mail address, please enter the address in the above box. Pay Now Payment in progress
	Note: Ensure that you fill all the mandatory fields that are marked with a Red Aster



# Print or Close Application for Provider Approval Form

- 1. Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number**, **Provider Number**, and **Payment Status** details.
- 2. Click **OK** to close the application or **Print** to print the application.

	Thank you for your submission
	mank you for your submission
Application Reference Number:	APP-50006935
Provider Number:	PR-50000696
Payment Status:	\$216.00 PAID
Click <u>here</u> to view your Invoice.	
For any enquiries regarding the progress of your	application, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA we
	OK Print

#### **Further References:**

• To understand the procedure for adding a new service, refer the **Application for Service Approval** QRG.



# **Introduction**

This Quick Reference Guide (QRG) provides details about the Application for Amendment of Provider Approval (PA03) form on the National Quality Agenda IT System (NQA IT System).

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any modern browser.
- An existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one provider, refer the **Application for Provider Approval** QRG.
- Supporting document(s) that may be needed to be attached with the application.

# Table of Contents

- Access Application for Amendment of Provider Approval Form
  - Steps to access the Application for Amendment of Provider Approval form for requesting an amendment in provider approval.
- Begin Application for Amendment of Provider Approval Form
  - Steps to start working on the Application for Amendment of Provider Approval form.
- Fill Details in Application for Amendment of Provider Approval Form
  - Steps to add the requested information in the form.
- Provide Contact Details in Application for Amendment of Provider Approval Form
  - Steps to add requested contact information.
- Submit Application for Amendment of Provider Approval Form
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o Reviewing summary and finalising the form
- Print or Close Application for Amendment of Provider Approval Form
  - Steps to print and close the form.



## Access Application for Amendment of Provider Approval Form

**1.** From the **My Details** page, in the **My Providers** section, select a **Provider ID** and click **New Forms**.

	Manage My Acc	ount S	aved Forms	Involces	Re-open Service	Bulk Closure	
My S	Services						
	Service ID				ice Name	State	Status
0	SE-50001031				case day care	NSW	Approv
0	SE-50001032	01032 sample user		NSW	Undera		
	Add Service	New Forma	Submitted Forms	Incident	Complaint	Manage Users	
ly P	Providers Provider ID			Prov	lder Name	State	Status
				exam	and the second second second	NSW	Approv
۲	PR-50000694			CADII			

**2.** On the **Submit a Provider Form** page, click **Apply** corresponding to the **Form #** : **PA03** (Form Name : Application for Amendment of Provider Approval form).

Submit a Provider Form		
My Detalle		
Select relevant Application or Notification		
Provider ID: PR-50000694 Provider Name: example Status: NSW Status: Approved		•
Form # Form Name	Description	
PA03 Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval	Apply

#### **Begin Application for Amendment of Provider Approval Form**

**1.** In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

Details				
		Provider: example		
		TAILS CONTACT INFO	D SUBMISSION	
ROVIDER DETAILS				
Provider Name:			Provider Approval Number: PR-50000694	Provider Status:
example MPORTANT INFORMATIO		ation and Care Services Nation		Approved
MPORTANT INFORMATIO You must ensure you are fam National Regulations (Nation Regulatory authorities in eacl	niliar with your obligations under the Edua al Regulations). h state and territory are responsible for a	sessing most applications and r	al Law (National Law) and the Edu notifications. Contact your <b>regulat</b>	ucation and Care Services ory authority for information.
MPORTANT INFORMATIO You must ensure you are fair National Regulations (National Regulatory authorities in each Your application will not be pr where applicable.	niliar with your obligations under the Educ al Regulations). h state and territory are responsible for a rocessed unless all sections are deemed	sessing most applications and r satisfactorily completed and sup	a <i>l Law</i> (National Law) and the Edu notifications. Contact your <b>regulat</b> oporting documents supplied, as w	ucation and Care Services
MPORTANT INFORMATIO You must ensure you are fair National Regulations (National Regulatory authorities in each Your application will not be pr where applicable.	niliar with your obligations under the Edua al Regulations). h state and territory are responsible for a	sessing most applications and r satisfactorily completed and sup	a <i>l Law</i> (National Law) and the Edu notifications. Contact your <b>regulat</b> oporting documents supplied, as w	ucation and Care Services
MPORTANT INFORMATIC You must ensure you are fair National Regulations (National Regulatory authorities in each Your application will not be pr where applicable. The regulatory authority will no Privacy Statement ACECQA and the regulatory	niliar with your obligations under the Educ al Regulations). h state and territory are responsible for a rocessed unless all sections are deemed	sessing most applications and r satisfactorily completed and sup n 30 days subject to your applic rsonal information in accordanc	al Law (National Law) and the Edu notifications. Contact your <b>regulat</b> oporting documents supplied, as w ation being deemed complete.	ucation and Care Services ory authority for information. vell as any prescribed fees pa

**2.** To start entering the details in the **Amendment of Provider Approval** application, click **Begin**.



# National Quality Agenda IT System (NQA IT System) Application for Amendment of Provider Approval (PA03)

Quick Reference Guide Author: ACECQA

#### Back to Main Menu

# Fill Details in Application for Amendment of Provider Approval Form

**1.** In the **DETAILS** stage, in the **AMENDMENT DETAILS** section, select the relevant option as the part of provider approval that you wish to amend.



a. If you want to change the name of the provider, select Approved Provider Name.
b.If you want to change the address of your provider's principal office, select Address of Principal Office. (Note: This option is not available to Sole Properitor providers.)

c. If you want to change the conditions applied to the provider approval, select **Conditions of the Approval**.

#### Notes:

- The fields and sections rendered on the form in the **DETAILS** stage may slightly differ based on the options selected in the **AMENDMENT DETAILS** selection.
- You can only update one of the three AMENDMENT DETAILS options through one Application for Amendment of Provider Approval form.

**2**.Based on the option you select in the **AMENDMENT DETAILS** section, other sections and fields are displayed as follows:

a.If you select the **Approved Provider Name** option, the **APPROVED PROVIDER NAME** section is displayed. Fill the new legal name and/or the new business trading name you want to update.

Also, fill the supporting details in the **SUPPORTING INFORMATION** section (optional) and click **Next**.

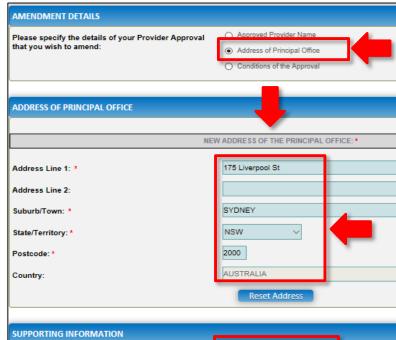
AMENDMENT DETAILS		
Please specify the details of your Provider Approval that you wish to amend:	Approved Provider Name     Address of Principal Office     Conditions of the Approval	-
APPROVED PROVIDER NAME		
New Legal Name: New Business Trading Name:	Test Name Sample Trading	-
SUPPORTING INFORMATION		
Supporting Information:	sample supporting information	•
Previou	us Save and Close	Next

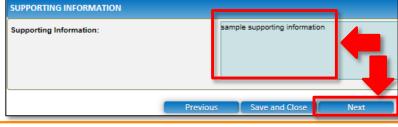


#### Back to Main Menu

## Fill Details in Application for Amendment of Provider Approval Form

**2.b.** If you select the **Address of Principal Office** option, the **ADDRESS OF PRINCIPAL OFFICE** section is displayed. Fill the new address of the provider's principal office. Also, fill the supporting details in the **SUPPORTING INFORMATION** section and click **Next**.





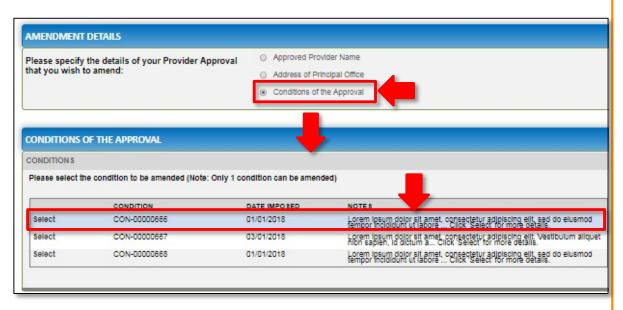
When you start filling the address, if you do not see the address in the auto-fill list of addresses, click Cannot find address, click here to manually enter it and then fill the address manually.

#### OR

When you start filling the address, if the address is available in the auto-fill list of addresses, select the correct address and the address will be autopopulated in the fields. The **Reset Address** button clears the details filled in the address fields. Therefore, do not click **Reset** Address unless you need to

Therefore, do not click Reset Address unless you need to clear the complete address and fill it again. **2.c.** If you select the **Conditions of the Approval** option, the **CONDITIONS OF THE APPROVAL** section is displayed. Select the condition of approval you need to amend. You can only amend one condition through one **Application for Amendment of Provider Approval** form.

(Note: This option is only applicable if there are conditions.)



When you select a condition, the **CONDITION DETAILS** sub-section is displayed with the fields, such as, **Condition** ID, **Notes**, **Date Imposed** etc.

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



## Fill Details in Application for Amendment of Provider Approval Form

**2.c.1.** In the **CONDITION DETAILS** sub-section, enter details of your change request in the **Please provide details of your requested change** field.

ONDITIONS			
Please select th	e condition to be amended (Note: Only	I condition can be amen	ded)
	CONDITION	DATE IMPO SED	NOTES
Select	CON-00000666	01/01/2018	Lorem ipsum dolor sit amet, consectetur adiplacing elit, sed do elusmod tempor incididunt ut labore Click Select for more details.
Select	CON-00000667	03/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum alique nibh saplen, id dictum a Click Select for more details.
Select	CON-00000668	01/01/2018	Lorem losum dolor sit amet, consectetur adiplecing elit, sed do eluemod tempor incicildunt ut labore Click Select for more details.
Notes: Date Imposed		er dolore magna allquip ex earoon cilibri dolore eu qui officia deseru 01/01/2018	or sit amet, consectetur adipiscing ellt, sed do elusmod tempor incididunt ut labor aliqua. Ut enim adiminim venim outs nostrud exercitation ullamop labora nisi ut modo consecuat. Dult auei rure dolor in represendent in vougtate vell ses uplat nulla parlatur, excepteur sint occaecat oupidatat non prolibent, sunt in culpa nt moliit anim id est laborum.
Date to be Re Please provid	viewed: Je details of your requested change:	* sample request	ed change details

**2.c.2.** Add supporting details in the Supporting Information field and click Next.

SUPPORTING INFORMATION	
Supporting Information:	sample supporting information
Previou	is Save and Close Next

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



#### Back to Main Menu

## Fill Contact Info in Application for Amendment of Provider Approval Form

**1.** The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select **Save as application/notification default contact** (if required).

#### 2. Click Next to move to the SUBMISSION stage.

Application for Amendment	nt of Provider Approval
y Detalls	
	Provider: example
NAME AND CONTACT DETAIL Note: The contact for this Application	LS FOR THIS APPLICATION on must be an Individual who is authorised by the Applicant to act on their behalf with regards to the details on this for
Name: *	Sample User
Phone Number: *	041111111
Email Address: *	sampletestuser2102@gmail.com
	* Please fill in all fields
	Save as application/notification default contact
	Previous Save and Close Next

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.

#### Submit Application for Amendment of Provider Approval Form

**1.** In the **SUBMISSION** stage, in the **Attachments** section, add all the requested documents. Click **Add Documents** to add the requested documents.

<ul> <li>Application for Amendment of Provider Approval</li> </ul>	
My Detalla	
	Provider: example
	DETAILS V CONTACT INFO SUBMISSION
4	Attachmenta Summary
ATTACHMENTS	
You will need to upload the following documents:	
Supporting Documentation	Add Documenta
No documents have been uploaded.	ADD DOCUMENT x
<ul><li>2.Browse the requested documents, add description and click Upload.</li><li>3.After adding all the requested</li></ul>	Please attach sufficient information or documentation to support this application NOTE:  The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .pn .tiff, .rtf, .xls, .xlsx, .csv The file size should not exceed 20MB. A file description is required for upload. Choose File gibberish.docx
documents, click Next.	
ATTACHMENTS	supporting information
You will need to upload the following documents:	Upload Cancel
Supporting Documentation	Add Document:
Document Type File	Description Size
Supporting Documentation gibberish.docx	supporting information 11.20 KB xRemove
Total Files: 1	Total Size: 11.20 KB
Previous Save	e and Close Next



#### Back to Main Menu

## **Submit Application for Amendment of Provider Approval Form**

**4.** In the **Summary** section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

**Note:** The details displayed in the **Summary** section are rendered based on the **AMENDMENT DETAILS** option you selected in the **DETAILS** stage.

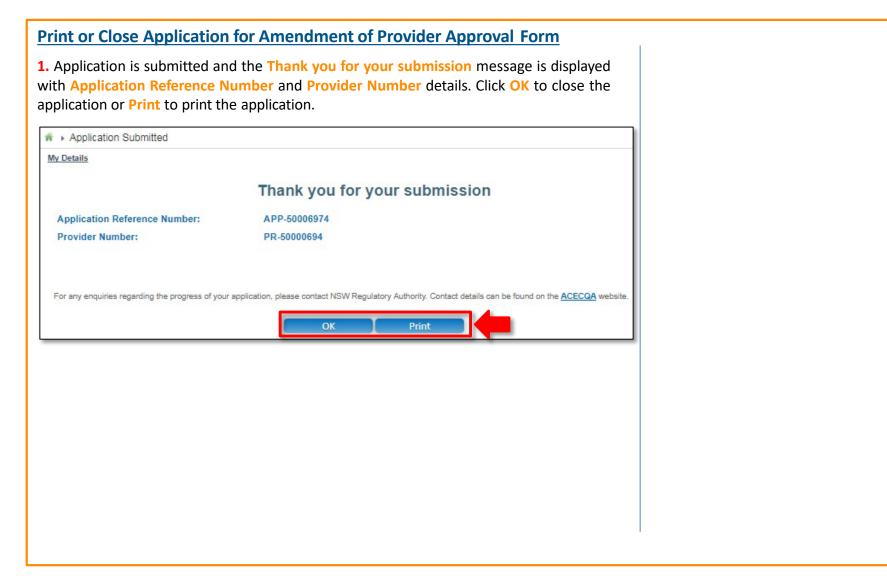
	CON	TACT INFO SUE	MISSION
		JACTINIO JOL	
	Attachments Summary		
SUMMARY			
Here is a summary of the information you are about to su	ubmit. If you need to make changes, please clic	k on the Edit link of the co	rresponding section you want to amend.
Note: You cannot make further changes beyond this point	nt.		
Warning: Forms not submitted within 90 days from the s	tart date will be deleted from the system.		
PROVIDER DETAILS			Edit
	PROVIDER DETAILS		·
Provider Name: test entity		Provider Number: PR-50000691	Provider Approval Status: Approved
	AMENDMENT DETAILS		
	PRINCIPAL OFFICE ADDRESS		
New Principle Office Address:	175 Liverpool St, SYDNEY, 2000,		
	SUPPORTING INFORMATION		
Sample supporting information			
APPLICATION CONTACT DETAILS			Edit
Name Sample User	Phone Number 0411111111	Email Addr sampletestu	ess ser2102@gmail.com

# **5.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

Document Type	Description	File Name
upporting Documentation	Supporting Information	Document.docx
ECLARATION		
<ol> <li>I have read and understand</li> <li>The Applicant understand</li> <li>application form, includir</li> </ol>	nds that the Regulatory Authority and/or A ng its attachments;	tions and the associated material contained in this form; CECQA will have the right (but will not be obliged) to act in reliance upon the contents of the
<ol> <li>The Regulatory Authority</li> <li>Some of the information other persons/authorities</li> <li>I am aware that I may be</li> <li>I agree that the regulator</li> </ol>	y is authorised to verify any information pro provided in this application may be disclosed where authorised by the Education and ( e subject to penalties under the Education	sed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to Care Services National Law or other legislation; and and Care Services National Law if I provide false or misleading information in this form. National Law using the contact details provided in this application, including the postal, street or
<ol> <li>The Regulatory Authority</li> <li>Some of the information other persons/authorities</li> <li>I am aware that I may be</li> <li>I agree that the regulator</li> </ol>	y is authorised to verify any information pro provided in this application may be disclo- s where authorised by the <i>Education and</i> ( s subject to penalties under the <i>Education</i> ry authority may serve a notice under the I	ovided in this application; sed to Commonwealth for the purposes of the <i>Family Assistance Law</i> and may be disclosed to <i>Care Services National Law</i> or other legislation; and and <i>Care Services National Law</i> if I provide false or misleading information in this form. National Law using the contact details provided in this application, including the postal, street or
<ol> <li>The Regulatory Authority</li> <li>Some of the information other persons/authorities</li> <li>I am aware that I may be</li> <li>I agree that the regulator</li> </ol>	y is authorised to verify any information pr provided in this application may be disclo- s where authorised by the Education and ( a subject to penalties under the Education ry authority may serve a notice under the I niber (in accordance with section 293 of th	ovided in this application; sed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to Care Services National Law or other legislation; and and Care Services National Law if I provide false or misleading information in this form. National Law using the contact details provided in this application, including the postal, street or e National Law).

The **Submission in progress** message is displayed. Wait till it disappears and the thank you message is displayed.







# **Introduction**

This Quick Reference Guide (QRG) provides details about the Application for Service Approval (SA01/02) form available in National Quality Agenda IT System (NQA IT System).

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser and an existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one provider, refer the **Application for Provider Approval** QRG.
- The **NS01 Nominated supervisor** consent form available to be scanned and then attached to the form on the portal.

You may be asked to attach one or more of the following documents based on the service type you select:

For Centre-based care, you may be asked for the one or more of the following documents:

- Building and premises plans
- Soil information/statement
- Planning permit (optional based on building information selected)
- Swimming pool or water hazard (optional based on building information selected)
- Right to occupy premises (optional based on building information selected)
- Building certificate or statement (optional based on building information selected)

For Family day care, you may be asked for the one or more of the following documents:

- FDC venue info (optional based on building information selected)
- FDC educators info (optional based on building information selected)

# **Table of Contents**

- Access Application for Service Approval Form
  - Steps to add a service by accessing the Application for Service Approval form.
- Begin Application for Service Approval Form
  - Steps to read the instructions and begin working on the Application for Service Approval form.

# Fill Details in Application for Service Approval Form

- Steps to add the following requested information in the form:
  - o Service name details
  - o <u>Service details</u>
  - o **Operational hours**
  - o **Building information**
  - Supervisor details
- Provide Contact Details in Application for Service Approval Form
  - Steps to add requested contact information.
- Submit Application for Service Approval Form
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o <u>Reviewing summary and finalising the form</u>
    - o Making payment and submitting the form
- Print or Close Application for Service Approval Form
  - Steps to print and close the form.



#### **Access Application for Service Approval Form** 1. From the My Details page, in the My Services section, click Add Service. My Services Note: In case you do not have any services, the list will be empty but Service ID the Add Service button will still SE-50001031 be visible. SE-50001033 SE-50001049 My Details Add Service New Forms Search by Provider name or Provider ID test The My Providers page opens. Search Provider ID Provider Name PR-50000691 test entity New Service 2. Select a Provider for which a Service needs to be added from the Providers list and click

 Select a Provider for which a Service needs to be added from the Providers list and clic New Service. The Application for Service Approval (SA01/02) form opens.

This form has the following four stages: **INSTRUCTIONS**, **DETAILS**, **CONTACT INFO**, and **SUBMISSION**.

**Note:** You can select a Provider by using the **Search by Provider name or Provider ID** filter, the **Search** button, and the Providers list.

# **Begin Application for Service Approval Form**

**1.** In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

	INSTRUCTIONS	DETAILS	CONTACT INFO	SUBMISSION	
ROVIDER DETAILS					
rovider Name: xample				vider Approval Number: 50000694	Provider Status: Approved
MPORTANT INFORMATI	ON BEFORE YOU BEGIN				
Maria and a second second second second					weiter and One Deaders
National Regulations (Natio	emiliar with your obligations under anal Regulations).	r the Education and Care	Services National Law	(National Law) and the Ed	ucation and Care Services
Regulatory authorities in ea	ich state and territory are respons	sible for assessing most a	applications and notific	ations. Contact your regula	tory authority for information.
Your application will not be paid where applicable.	processed unless all sections are	e deemed satisfactorily co	ompleted and supportin	ng documents supplied, as v	well as any prescribed fees
	I make a decision on your applica Ion is requested or with the agree				
NOTE: This is not an appl	lication for Child Care Benefit (	CCB) under the Family	Assistance Law. You	must apply to the Austral	llan Government for this.
Privacy Statement					
UPPORTING DOCUMEN	TATION				
		an inne far an sharan inn i	they execute as intend t	a contract the newlecter	d average factor access along the law
<ul> <li>NS01 Nominated Sup</li> </ul>					
The approved provider	e form should be included with an	n application for service a	approval as well as a m	our of on ange to north	
The approved provider		n application for service a	approval as well as a m	called for enange to non	

2. To start entering the details in the Service Approval application, click Begin.



# Fill Details in Application for Service Approval Form

In the **DETAILS** stage, the applicant information is categorised into the following sections: Service Name Details, Service Details, Operational Hours, Building Information, and Supervisor Details.

/y Details						
	Provider: test entity					
	INSTRUCTIONS	DETAILS CONTACT INFO SUBMISSION				
Service Name Del	tails Service Detail	s Operational Hou	rs Building Info	rmation	Supervisor De	tails
1. PLEASE FILL IN THE SERVICE NA	ME DETAILS					
Service Legal Entity Name:		Service Entity Sample	e1			
Service Trading Name:*	) Name: *		ole 1			
Service ABN:						Check ABN
Service Type:*		Centre-based Care	•			
2. PLEASE PROVIDE THE PROPOSE	D SERVICE ADDRESS	DETAILS				
Phone Number:		e.g 0212345678, 180	DXXXXXXX			
Mobile Number:		041111111				
		* Please enter Phone N	umber or Mobile Nur	nber or both	n	
Fax Number:		e.g 0212345678, 180	DXXXXXX			
Email Address:*		testuser2102@gmail.	com			

1. Start filling the PLEASE FILL IN THE SERVICE NAME DETAILS sub-section.

In this sub-section, fill the details of your legal entity, such as entity name, trading name, ABN, and service type (Centre-based Care or Family Day Care).

**Note:** Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk \***.



# Fill Details in Application for Service Approval Form

2. Fill details in the **PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS** subsection. Details include contact details, such as, mobile/phone number and email address, along with the service location address and postal address (if different).

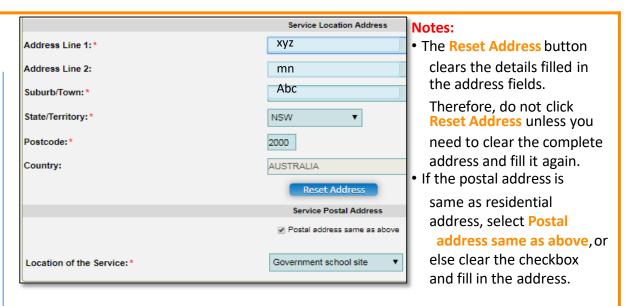
a. When you start filling the address, if you do not see the address in the auto-fill list of addresses, click **Cannot find address, click here to manually enter it** and then fill the address manually.

	Service Location Address		
Address:*	1345		
	Cannot find address, click here to manually enter		
	1345		
	Postal address same as above		
Location of the Service: *	Government school site 🔹		

OR

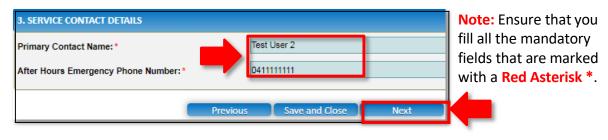
**2.b.** When you start filling the address, if the address is available in the auto-fill list of addresses, select the correct address and the address will be auto-populated in the fields.





**3.** In the **SERVICE CONTACT DETAILS** section fill in contact details of the primary contact person and after-hours emergency number. A 'primary contact' is the immediate point of contact for the service i.e. service manager, approved provider.

**4.** On completing the **Service Contact Details** section, click **Next** to move to the **SERVICE DETAILS** section.





# Fill Details in Application for Service Approval Form

**5.** In the **Service Details** section, in the **NATURE OF EDUCATION AND CARE TO BE PROVIDED** sub-section, provide the proposed commencement date, and nature of education and care to be provided.

	Service Name Details Service Det	ails Operational Hours	Building Information
NATURE OF EDUC	ATION AND CARE TO BE PROVIDED		
Proposed Comme	ncement Date:*	21/02/2018	
What is the expect be provided? * 0	ed nature of Education and care to	<ul> <li>Long day care</li> <li>Preschool / Kindergarte</li> <li>Preschool / Kindergarte</li> <li>Outside school hours c</li> <li>Outside school hours c</li> <li>Outside school hours c</li> <li>Otside school hours c</li> <li>Other</li> </ul>	en - part of school are - before school are - after school
f Other - Please sj	pecify:		
ASSOCIATED SERV	lices		
Do you intend to o service? * 📵	perate an associated children's	Yes 🔻	
service in the Serv (Note: you should	lude the associated children's ice Approval? * check whether you are required to b ervice under State/Territory or local	Yes V	
Please provide det children's service:	ails (if available) for each associated	play school	

**6.** In the **ASSOCIATED SERVICES** sub-section, add details of the associated services you intend to provide.

**7.** In the **PROPOSED AGES TO BE CATERED FOR** sub-section, provide details about the proposed age group of children for whom you intend to provide the care service. Also, provide the maximum number of children you want the service to cater to.

PROPOSED AGES TO BE CATERED FOR		
Proposed ages of children to be educated and cared for: *(Please select all that apply)	<ul> <li>0 - 24 Months</li> <li>25 - 35 Months</li> <li>36 Months - Preschool</li> <li>School Age</li> </ul>	
What is the proposed maximum number of children to be educated and cared for by the centre based service? *	15	
Previous	Save and Close	Next

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.

8. Click Next to move to the Operational Hours section.



# Fill Details in Application for Service Approval Form

**9.** In the **Operational Hours** section, provide details of the timings in which you intend to operate the child care.

#### To expand ANNUAL, HOLIDAY CARE, and SCHOOL TERMS ONLY sub-sections, click +.

	Service Name Details	Service Details	Operational Hours	Building Information	Supervisor Details
STANDARD OP	ERATING HOURS				
	perating hours expand the a el operating hours clear the				xe.
ANNUAL     General oper	ating hours that are not spec	cifically related to 'He	oliday Care' and 'School	Terms'.	
HOLIDAY CAR     Operating ho	urs during school holidays in	ncluding public holid	ays.		
school ter     Operating ho	MS ONLY urs when schools are open.				
		Previous	Save and Close	Next	

# **10.** Add the **START TIME** and **END TIME** details for relevant days or select the checkbox under the **24 HOUR CARE**. Click **Next** to move to the **Building Information** section.

#### STANDARD OPERATING HOURS

To add or edit operating hours expand the applicable period type/s and enter the start and end times for that service. To remove/cancel operating hours clear the start and end times for the specific day/s as appropriate.

#### annual

General operating hours that are not specifically related to 'Holiday Care' and 'School Terms'.

	START TIME	END TIME	24 HOUR CAR
Monday	00:00	23:59	
Tuesday	00:00	23:59	
Wednesday	00:00	23:59	
Thursday	00:00	23:59	
Friday	00:00	23:59	
Saturday	00:00	23:59	
Sunday	00:00	23:59	

#### HOLIDAY CARE

Operating hours during school holidays including public holidays.

#### SCHOOL TERMS ONLY

Operating hours when schools are open.

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*

Previous

Save and Close

Next



# - Centre-based Care Service Application -

Service Name Detailis Service Deta	lis Operational Hours Building Information Supervisor Details	Please supply plans prepare practitioner which shows al information: *
		monator.
POLICIES AND PROCEDURES		
By selecting the boxes you confirm that the following policies and procedures have been prepared in accordance with <i>Regulation 168</i> for the proposed education and care service and that these will be available upon request by the Regulatory Authority: Note: you DO NOT need to provide copies with this application. For further information on the policies and procedures required for your service, please refer to Regulation 168 of the Education and Care Services National Regulations.	Indiantial, including safety during any water based activities     water safety, including safety during any water based activities     the administration of first aid; and     Sieep and rest for children.	
	Emergency and evacuation, including the matters set out in Regulation 97.  Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 90.  Excursions, including procedures complying with Regulations 100 to 102.  Providing a child safe environment.	Please provide at least one
	Staffing, including: • a code of conduct for staff members; • determining the responsible person present at the service; and	Is a planning permit requir and development law of yo
Note: As stated on the screen	the participation of volunteers and students on practicum placements.      Interactions with children including the matters set out in Regulations 155 and 156.	Is there a swimming pool of situated on the proposed p
itself, there is no need to	Enrolment and orientation.	(Note: restrictions on swin New South Wales and Tasn
supply documents for the	Governance and management of the service, including confidentiality of records.	Do you have the right to o
policies and procedures	The acceptance and refusal of authorisations.	Is the education and care
related to Regulation 168 that	Payment of fees and provision of a statement of fees charged by the education and care service.	Government or registered
are implemented.	Dealing with complaints.	

**12.** In the **BUILDING PREMISES INFORMATION** sub-section, select at least one option in the first and the second questions and select the right option from all other questions.

BUILDING PREMISES INFORMATION		
Please supply plans prepared by a building	The location of all buildings, structures, outdoor play areas and shaded areas.	
practitioner which shows all of the following information: *	The location of all entries and exits.	
	The location of all fences and gates, specifying the type of fence or gate used or to be used.	
	The location of toilet and washing facilities, nappy changing areas and any food preparation areas.	
	The boundaries of the premises.	
	The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided.	12. Click Next
	A floor plan, indicating unencumbered indoor and outdoor spaces suitable for children.	to move to
	The location of any associated children's service.	the
	Calculations carried out by a building practitioner of the areas referred to in Regulations 107 and 108 relating to unencumbered indoor and outdoor space.	Supervisor
	The elevation plans of the premises.	Details
		section.
	A soil assessment for the site of the proposed education and care service premises.	
Please provide at least one of the following: *	If a soil assessment for the site of the proposed education and care service premises has previously	Note: In the
	been undertaken, a statement to that effect, specifying when the soil assessment was undertaken.	Submission
	A statement made by the Applicant that states that, to the best of the Applicant's knowledge the site history does not indicate that the site is likely to be contaminated in a way that poses an unacceptable	stage you will
	risk to the health of children.	be asked to
		attach
Is a planning permit required under the planning and development law of your jurisdiction? *	Yes	
Is there a swimming pool or other water hazard	Yes	documents
situated on the proposed premises? *		based on the
(Note: restrictions on swimming pools apply in New South Wales and Tasmania)		options
Do you have the right to occupy the premises?: $*$	Yes 🗸	selected in
Is the education and care service premises a	Yes	the Building
Government or registered school? *		Information
Previou	s Save and Close Next	section.



# **Application for Service Approval (SA01/02)**

#### Back to Main Menu

# - Family Day Care Service Application -

# Fill Details in Application for Service Approval Form

11. In the Building Information se	ction, select the relevant options in the POLICIES ANI			<b>Note</b> : In this
PROCEDURES sub-section (optiona	al).	Please provide copies of the following proposed	Assessment, approval and reassessment of approved family day care venues and family day care residences (including matters to meet the requirements of Regulation 110).	
(		policies and procedures relating to: * For further information on these policies and		lower part of
Service Name Details Service Detail	lis Operational Hours Building Information Supervisor Details	procedures please refer to the Regulation 169.	Engagement or registration of family day care educators.	the screen, for
			Keeping of a register of family day care educators under Regulation 153.	policies and
			Monitoring, support and supervision of family day care educators, including how the service will manage educators in remote locations.	procedures
POLICIES AND PROCEDURES			Assessment of family day care educators, family day care educator assistants and persons residing at family	related to
By selecting the boxes you confirm that the	Policies and procedures are required in relation to the following:		day care residences, including the matters required under Regulation 163.	Regulation 169
following policies and procedures have been prepared in accordance with Regulation 168 for the	Health and safety, including matters relating to: • nutrition, food and beverages, dietary requirements;		Visitors to family day care residences and venues while education and care is being provided to children as	that have been
proposed education and care service and that these	sun protection;		part of a family day care service.	implemented,
will be available upon request by the Regulatory Authority:	<ul> <li>water safety, including safety during any water based activities</li> <li>the administration of first aid; and</li> </ul>		The provision of information, assistance and training to family day care educators.	
Note: you DO NOT need to provide copies with this	Sleep and rest for children.		The engagement or registration of family day care educator assistants.	documentation
application. For further information on the policies and procedures required for your service, please	Incident, Injury, trauma and Illness procedures complying with Regulation 85.		If the family day care service will permit a family day care residence or venue with a swimming pool or	must be
refer to Regulation 168 of the Education and Care Services National Regulations.	Dealing with infectious diseases, including procedures complying with Regulation 88.		something that may constitute a water hazard, a copy of the service's proposed water safety policy (Please note – swimming pools are prohibited in Tasmania for all education and care services).	provided at the
Compositional regarations.	Dealing with medical conditions in children, including the matters set out in Regulation 90.		3 r · · · · · · · · · · · · · · · · · ·	<sup>_</sup> submission
	Emergency and evacuation, including the matters set out in Regulation 97.			stage.
	Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation pp.			
	Excursions, including procedures complying with Regulations 100 to 102.	12. In the BUILDING PREMIS	ES INFORMATION sub-section, indicate if there is	
	Providing a child safe environment.	the right to occupy and use	the proposed premises as the principal office and	
	Staffing, Including:	if the service is located in a r	nulti-storey building (note the definition of multi-	
	a code of conduct for staff members;     determining the responsible person present at the service; and     the participation of volunteers and students on practicum placements.	storey being 3 or more levels		
	Interactions with children including the matters set out in Regulations 155 and 150.	BUILDING PREMISES INFORMATION		
	Enrolment and orientation.			
		Do you have the right to occupy and use proposed premises as principal office? *	the Yes 🗸	
		proposed premises as principal office?		

Is service located in multi-storey building? \* 0

No

V

**Note:** As stated on the screen itself, there is no need to supply documents for the policies and procedures related to Regulation 168 that are implemented.

60



# **Fill Details in Application for Service Approval Form**

**13.** In the **Supervisor Details** section, in the **NOMINATED SUPERVISOR DETAILS** subsection, click **Add Nominated Supervisor** to nominate supervisor(s).

-					- C.
MINATED SUPER	/ISOR DETAILS				
ld Nominated Sup	ervisor	1			
		NEL	// NOMINATED SUPER	/ISOR(S)	
ter Addiese New Alexander	ted Consections will each be			naongaj	
te. Adding the Nomina	ited Supervisor will only be	enective alter this fort	n is submitted.		
		Previous	Save and Close	e Next	

**14.** In the **NOMINATED SUPERVISOR DETAILS** sub-section, fill full name, email, mobile number, day time number, and date of birth details. Select whether the person is the approved provider. Click **Save**.

IOMINATED SUPERVISOR DETAILS	
First Name: *	Test
Last Name: *	User 2
Email: *	testuser2102@gmail.com
lobile Number: *	041111111
Phone Number (Day Time): *	024111111
00B: *	18/12/1997
This person is the approved provider *	Yes   No



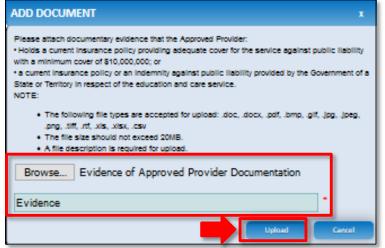
#### Fill Details in Application for Service Approval Form **Provide Contact Details in Application for Service Approval Form** 15. Click Next to move to the CONTACT INFO sub-section. **1.** The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and NOMINATED SUPERVISOR DETAILS select Save as application/notification default contact (if required). Click Next. Add Nominated Supervisor J DETAIL \$ CONTACT INFO -SUBMISSION INSTRUCTIONS -NEVV NOMINATED SUPERVISOR(\$) Note: Adding the Nominated Supervisor will only be effective after this form is submitted. NAME AND CONTACT DETAILS FOR THIS APPLICATION NEW NOMINATED SUPERVISOR NAME APPROVED PROVIDER Test User 2 Yes Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form. Test User 2 Name: \* 0423456789 Phone Number: \* Previous Save and Close Next testuser2102@gmail.com Email Address:\* Note: The contact whose details Please fill in all fields are to be provided (see right pane), is the individual who is to Save as application/notification default contact act as the contact point for the application. Where this individual Previous Save and Close Next is not the applicant, authorisation Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*. is required from the provider and written authorisation is to be attached at the submission stage.



# 1. In the SUBMISSION stage, in the Attachments section, add all the requested documents. Click Add Documents to add the requested documents. INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION Attachments Summary Payment ADD DOC Please attachments Summary Payment Holds a current in State or Terri NOTE: The summary Previne of Approved Provider Documentation\* Building Premises Information\* Building Premises Information\* Building Premises Information\*

Submit Application for Service Approval Form

2. Browse the requested documents, add description and click Upload.



**Note:** The requested documents may change depending on what has been selected in previous steps of the form.

3. After adding all the requested documents, click Next.



**Application for Service Approval (SA01/02)** 

		Submit A	pplicat	ion for S	ervice Approva	I <mark>l Form</mark>		Back to Ma	in Menu
D	epending on whether you a	re applying for a Centre-bas	ed Care o	or Family Da	av Care Service vou w	vill see one of the following	screen at the Attachmen	it stage.	
	Centre-based Care S			,	, ,		Service Application	0	
		Summary Payment				Attachments	Summary Payment		
ATTACHMENTS					ATTACHMENTS				
You will need to upload the fo	llowing documents:				You will need to upload the fol	lowing documents:			
Evidence of approved provider d	ocumentation *			Add Documents	Evidence of approved provider do	ocumentation *			Add Documents
Building premises information *				Add Documents	Policies and Procedures Docum	ientation *			Add Documents
Soli Information *				Add Documents	Nominated Supervisor Consent F	Form (SLIM Nom Super) *			Add Documents
Planning permit under the Plann	ning and Development Law *			Add Documents	Right to occupy and use the prop	osed premises as a principal			Add Documents
Swimming pool / water hazards	•			Add Documents	office * Right to occupy and use propose	ed venue *			Add Documents
Right to occupy *				Add Documents	Venue assessment (incl. risk ass	sessment) *			Add Documents
Nominated Supervisor Consent	Form (Norma Nomm) *			Add Documents	Supporting day math				Add Doctments
Supporting documents				Add Documents	Supporting documents				Add Documents
Document Type	File	Description	Size		D	P11_		0:	
Evidence of Approved Provider Documentation	1	Evidence	12.01 KB	x Remove	Document Type Evidence of Approved Provider Documentation	File Evidence of Approved Provider Documentation.docx	Description Evidence	Size 12.01 KB	x Remove
Building Premises Information	Building Premises Information.docx	Information	12.05 KB	x Remove	Building Premises Information	Building Premises Information.docx	Information	12.05 KB	x Remove
Soil Information	Soli information.docx	Soli info	12.06 KB	x Remove	Soil Information	Soli Information.docx	Soli info	12.05 KB	x Remove
Planning Permit Under the Planning and Development Law	Planning Permit Under the Planning and Development Law.docx	Planning Permit	11.98 KB	x Remove	Planning Permit Under the Planning and Development Law	Planning Permit Under the Planning and Development Law.docx	Planning Permit	11.98 KB	x Remove
	Swimming Pool - Water Hazards.docx	Swimming Pool / Water Hazards	12.16 KB	x Remove	Swimming Pool / VVater Hazards	Swimming Pool - Water Hazards.docx	Swimming Pool / Water Hazards	12.16 KB	x Remove
Right To Occupy	Right To Occupy.docx	Right	12.19 KB	x Remove	Right To Occupy	Right To Occupydocx	Right	12.19 KB	x Remove
Total Files: 6		·	Total Size: 72.44 Ki	8	Total Files: 6			Total Size: 72.44 K	8
						Previous Save a	nd Close Next		



# National Quality Agenda IT System (NQA IT System)

# **Application for Service Approval (SA01/02)**

	ou need to add more information, click Edit.	
V INSTR	RUCTIONS 🔪 🗸 DETAILS 🔪 🗸 CONTACT INFO 🔪 SUBMISSION	
	Attachments Summary Payment	
UMMARY		
Here is a summary of the information you are about	the submit if we need to make observes, places allow on the Erlift link of the corresponding section we want to say	and
	t to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to am	enul.
Note: You cannot make further changes beyond th	lis point.	
Varning: Forms not submitted within 90 days fro	m the start date will be deleted from the system.	
ERVICE NAME DETAILS		
ERVICE NAME DETAILS	SERVICE NAME DETAILS	
	SERVICE NAME DETAILS Service Entity Sample 1	
iervice Legal Entity Name		
Service Legal Entity Name Service Trading Name	Service Entity Sample 1	
lervice Legal Entity Name lervice Trading Name lervice ABN	Service Entity Sample 1	
lervice Legal Entity Name lervice Trading Name lervice ABN	Service Entity Sample 1 Service Trading Sample 1	
lervice Legal Entity Name lervice Trading Name lervice ABN	Service Entity Sample 1 Service Trading Sample 1	
iervice Legal Entity Name lervice Trading Name lervice ABN lervice Type	Service Entity Sample 1 Service Trading Sample 1 Centre-based Care	
iervice Legal Entity Name iervice Trading Name iervice ABN iervice Type Phone Number	Service Entity Sample 1 Service Trading Sample 1 Centre-based Care	
iervice Legal Entity Name iervice Trading Name iervice ABN iervice Type Phone Number Abbile Number	Service Entity Sample 1 Service Trading Sample 1 Centre-based Care PROPOSED SERVICE ADDRESS DETAILS	
lervice Legal Entity Name lervice Trading Name lervice ABN lervice Type Phone Number Aobile Number	Service Entity Sample 1 Service Trading Sample 1 Centre-based Care PROPOSED SERVICE ADDRESS DETAILS	
ervice Legal Entity Name lervice Trading Name lervice ABN lervice Type Phone Number Aobile Number fax Number fax Number fmall Address	Service Entity Sample 1 Service Trading Sample 1 Centre-based Care PROPO & SERVICE ADDRES& DETAIL & 041111111 testuser2102@gmail.com	
Service Legal Entity Name Service Trading Name Service ABN Service Type Phone Number Woblie Number Fax Number Email Address Service Location Address Service Postal Address	Service Entity Sample 1 Service Trading Sample 1 Centre-based Care PROPOSED SERVICE ADDRESS DETAILS 041111111	

SERVICE DETAILS		Edit
NAT	JRE OF EDUCATION AND CARE DETAIL	LS
Proposed Commencement Date	21/02/2018	
Expected nature of Education and Care	Long Day Care Outside school hours care - before schoo Outside school hours care - after school Outside school hours care - vacation car	
	ASSOCIATED SERVICES	
Intend to operate associated children's service	Yes	
include associated children's service in the Service Approval	Yes	
Details for each associated childrens service	play school	
Proposed ages of children	School Age	
Maximum number of children to be educated and cared for	15	
OPERATIONAL HOURS		Eat
General operating hours that are not specifical BUILDING INFORM	NATION	POLICIES AND PROCEDURES
HOLIDAY CARE The following policies	and procedures have been prepared	
Operating hours during school holidays includ The following policies Operating hours when schools are open.	and procedures have NOT been prepared	Heath and safety, including matters relating to: • nutrition, food and beverages, dietary requirements; • sum protection; • water safety, including safety during any water based activities; and • the administration of first aid. Incleant, injury, trauma and limess procedures complying with Regulation 85 Dealing with intectious diseases, including procedures complying with Regulation 80 Dealing with intectious diseases, including procedures complying with Regulation 80 Dealing with medical conditions in children, including the matters set out in Regulation 90 Emergency and evecuation, including the matters set out in Regulation 90 Deversions, including procedures complying with Regulations 100 to 102 Providing a child safe environment Stating, including: • a code of conduct for staff members; • determining the responsible person present at the service; and • the participation of voluters and students on practicum placements. Interactions with children including the matters set out in Regulations 155 and 156 Emoriment and orientation Governance and management of the service, including contidentiality of records The acceptance and management of the service, including contidentiality of records The acceptance and refusal of authorisations Payment of fees and provision of a statement of fees charged by the education and care service
	I	BUILDING PREMISES INFORMATION
Following plans prep- submitted	ared by a building practitioner will be	The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided.



#### Submit Application for Service Approval Form 5. Continue reviewing and editing (optional) the details in the SUMMARY section. DECLARATION BUILDING PREMISES INFORMATION I declare that: \* Following plans prepared by a building practitioner will be The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care submitted service, specifying the natural environments that are or will be provided. NOMINATED SUPERVISOR DETAILS New Nominated Supervisors Details PHONE NUMBER MOBILE NUMBER NAME DOB EMAIL Test User 2 18/12/1997 024111111 testuser2102@gmail.co APPLICATION CONTACT DETAILS Phone Number Name Email Address Test User 2 0423456789 testuser2102@gmail.com ATTACHMENT DETAILS Document Type Description File Name Evidence of Approved Provider Evidence of Approved Provider Documentation.docx Evidence Documentation **Building Premises Information** Building Premises Information.docx Information **Soli Information** Soll Info Soli Information.docx Planning Permit Under the Planning Planning Permit Planning Permit Under the Planning and Development Law.docx and Development Law Swimming Pool / Water Hazards Swimming Pool / Water Hazards Swimming Pool - Water Hazards.docx **Right To Occupy** Right Right To Occupy.docx

# **6.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Finalise**.

# DECLARATION I declare that \* O I. The information provided in this application form (including any stachments) is true, complete and correct. I. The read and 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. I. The Regulatory Authority is authorited to entry any information provided in this application may be disclosed and Care Services National Law. I. The Regulatory Authority is authorited to verify any information provided in this application may be disclosed to commonweal the regulatory. I. The Regulatory Authority is authorited to verify any information provided in this application. I. The Regulatory Authority is authorited to the Education and Care Services National Law or other legislation. I. The Regulatory authorited by the Education and Care Services National Law of the regulatory. I. The avait that it may be subject to perhaltes under the Education and Care Services National Law of the regulatory. I. The avait that it may be subject to perhaltes under the Education and Care Services National Law of the regulatory. I. The avait that it may be subject to perhaltes under the Education and Care Services National Law of the regulatory. I. The avait that it may be subject to perhaltes under the Education and Care Services National Law of the regulatory. I. The revious Service and Close the revious Stational revious devices that and the sepolication. Including the postal, street or email address or fax number (in accordance with section 233 of the National Law. Previous Serve and Close Finalise Intelling In progress... I. The Intelling In progress...



# **Submit Application for Service Approval Form**

**7.** In the **Payment** section, fill the **PAYMENT DETAILS** section carefully and click **Pay Now**. **Note:** You can make online payments only if your regulatory authority allows it. Only the following regulatory authorities allow online payments: NSW, QLD, SA, TAS, VIC, and WA.

			🔪 🗸 CONTACT INFO	SUBMISSION
		Attachments	Summary Payment	
=				
PAYMENT DETAILS				
Identifier: INV-14992-Y8Q4D9			Fee Description: Service Approval Centre Based	- Smail
<b>Type:</b> Provider			Amount: \$432.00	
Due Date: 16/02/2018				
Credit Card Type: * • VISA •	ver Carel			
Name on Credit Card: * sample user				
Credit Card Number: *           1111         2222         3333	4444			
Card Expiry (mm/yy): * 01 ▼ 22 ▼				
Card Security Code: * 123 What is a CSC?				
Email payment confirmation sampletestuser2102@gma				
	irmation of your payment. If y the address in the above box		ment confirmation to be sent to a	an email address other than your registered e
			Pay Now	€ Payment in progress
			. Caldadhad ar	

# **Print or Close Application for Service Approval Form**

**1.** Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number**, **Service Number**, and **Payment Status** details. Click **OK** to close the application or **Print** to print the application.

ly Details	
	Thank you for your submission
Application Reference Number:	APP-50006920
Service Number:	SE-50001032
Payment Status:	\$432.00 PAID
Click <u>here</u> to view your Invoice.	
For any enquiries regarding the progress of your	application, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA webs
	OK Print

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



# **Introduction**

This Quick Reference Card (QRG) provides details about the Application for Amendment of Service Approval (SA03) form available in National Quality Agenda IT System (NQA IT System).

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one provider, refer the Application for Provider Approval QRG.
- At least one service, refer the Application for Service Approval QRG.
- Supporting document(s) that may be needed to be attached with the application.

# **Table of Contents**

Note: the below forms can be accessed only by approved providers and services

- Access Application for Amendment of Service Approval Form
  - Steps to access the Application for Amendment of Service Approval form for requesting an amendment in service approval.
- Begin Application for Amendment of Service Approval Form
  - Steps to start working on the Application for Amendment of Service Approval form.
- Fill Details in Application for Amendment of Service Approval Form
  - Steps to add the requested information in the form.
- Fill Contact Info in Application for Amendment of Service Approval Form
  - Steps to add requested contact information.
- Submit Application for Amendment of Service Approval Form
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o Reviewing summary and finalising the form
- Print or Close Application for Amendment of Service Approval Form
  - Steps to print and close the form.



# Access Application for Amendment of Service Approval Form

**1.** From the **My Details** page, in the **My Services** section, select a **Service ID** and click **New Forms**.





**2.** On the **Submit a Service Form** page, click **Apply** corresponding to the **Form #** : **SA03** (Form Name : Application for Amendment of Service Approval Form).

#### **Begin Application for Amendment of Service Approval Form**

**1.** In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

		Service: test	case day care	e	
	INSTRUCTIONS	DETAILS	CONTACT INFO		
ROVIDER DETAILS					
Provider Name: test entity				Provider Approval Number: PR-50000691	Provider Status: Approved
ERVICE DETAILS					
				Service Approval Number: SE-50001031	Service Status:
				Service Approval Number: SE-50001031	Service Status: Approved
test case day care					
test case day care	N BEFORE YOU BEGIN				
iest case day care	iliar with your obligations under t	he Education and Car	re Services Nationa		Approved
test case day care MPORTANT INFORMATIO You must ensure you are fam National Regulations (Nationa	iliar with your obligations under t I Regulations).			SE-50001031	Approved
test case day care MPORTANT INFORMATIO You must ensure you are fam National Regulations (Nationa Regulatory authorities in each	iliar with your obligations under t I Regulations). state and territory are responsib	le for assessing most	applications and n	SE-50001031	Approved
National Regulations (Nationa Regulatory authorities in each Your application will not be pr where applicable.	iliar with your obligations under t I Regulations). state and territory are responsib	le for assessing most berned satisfactorily (	applications and r	SE-50001031 a/ Law (National Law) and and the notifications. Contact your <b>regula</b> t oporting documents supplied, as v	Approved
test case day care MPORTANT INFORMATIO You must ensure you are fam National Regulations (Nationa Regulatory authorities in each Your application will not be pr where applicable.	iliar with your obligations under t I Regulations). state and territory are responsib ocessed unless all sections are o	le for assessing most berned satisfactorily (	applications and r	SE-50001031 a/ Law (National Law) and and the notifications. Contact your <b>regula</b> t oporting documents supplied, as v	Approved
test case day care MPORTANT INFORMATIO You must ensure you are fam National Regulations (Nationa Regulatory authorities in each Your application will not be pr where applicable. The regulatory authority will m Privacy Statement ACECQA and the regulatory a	iliar with your obligations under I I Regulations). state and territory are responsib ocessed unless all sections are o take a decision on your applications	e for assessing most deemed satisfactorily ( on within 60 days su acting personal inform	t applications and n completed and sup bject to your applic	SE-50001031 a/ Law (National Law) and and the notifications. Contact your <b>regula</b> t oporting documents supplied, as v	Approved e Education and Care Service tory authority for information well as any prescribed fees pa
test case day care MPORTANT INFORMATIO You must ensure you are fam National Regulations (Nationa Regulatory authorities in each Your application will not be pr where applicable. The regulatory authority will m Privacy Statement ACECQA and the regulatory a contained in the Privacy Ameri	iliar with your obligations under t I Regulations). state and territory are responsib ocessed unless all sections are o take a decision on your application authorities are committed to prote adment (Enhancing Privacy Prot	ele for assessing most deemed satisfactorily ( on within 60 days sul acting personal inform action) Act 2012.	applications and n completed and sup bject to your applic ation in accordanc	SE-50001031 al Law (National Law) and and the notifications. Contact your <b>regular</b> sporting documents supplied, as v ation being deemed complete.	Approved e Education and Care Service tory authority for information well as any prescribed fees pa the Australian Privacy Principi

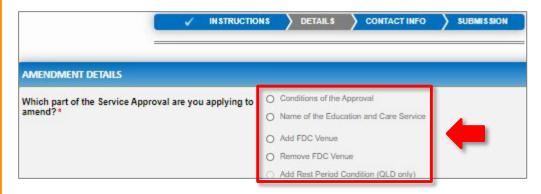
**2.** To start entering the details in the **Amendment of Service Approval** application, click **Begin**.



#### Back to Main Menu

# Fill Details in Application for Amendment of Service Approval Form

**1.** In the **DETAILS** stage, in the **AMENDMENT DETAILS** section, select the relevant option for **Which part of the Service Approval are you applying to amend?**. The selection you make should be based on what you want to change in the service, such as, conditions of approval, name of the service, or addition or removal of a family day care venue.



#### Notes:

- The fields and sections provided on the form in the **DETAILS** stage may slightly differ based on the options selected in the **AMENDMENT DETAILS** selection.
- You can only update one of the four **AMENDMENT DETAILS** options through one **Application for Amendment of Provider Approval** form.
- The above and following pages' screenshots apply to FDCs, and while the options for amendments of CBCs can differ, the concept behind the use of the screens is similar.

**2**.Based on the option you select in the **AMENDMENT DETAILS** section, other sections and fields are displayed as follows:

a.If you select the **Conditions of the Approval** option, the **CONDITIONS OF THE APPROVAL** section is displayed. Select the condition of approval you want to amend. You can only amend one condition through one **Application for Amendment of Provider Approval** form.

	rvice Approval are you app	lying to 📃 🔍	Conditions of the Approval		
amend?*		0	Name of the Education and Care Service		
		0	Add FDC Venue		
		0	Remove FDC Venue		
			Add Rest Period Condition (QLD only)		
CONDITIONS					
	to be amended (Note: Only 1 cond	lition can be amer	nded)		
	to be amended (Note: Only 1 cond	ition can be ame	-		
			-		
Please select the condition	CONDITION	DATE IMPOSED	NOTES		

When you select a condition, the **CONDITION DETAILS** sub-section is displayed with the fields, such as, **Condition** ID, **Notes**, **Date Imposed** etc.



#### Fill Details in Application for Amendment of Service Approval Form **2.a.1.** In the **CONDITION DETAILS** sub-section, enter details of what changes you want to request in the Please provide details of your requested change field. CONDITIONS OF THE APPROVAL CONDITIONS Please select the condition to be amended (Note: Only 1 condition can be amended CONDITION DATE IMPOSED NOTE Select CON-00000863 31/12/2017 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labora ... Click 'Select' for more datails 06/01/2018 Select Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum aliquet nil sapien, id dictum a... Click 'Select' for more details. CON-00000664 CON-00000865 31/01/2018 Select Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore ... Click 'Select' for more details. CONDITION DETAILS CON-00000663 Condition Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamos laboris nisi ut aliquip ex a commodo consequat. Duis aute inure dolor in reprehendenti in voluptate veilt esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in oulpa qui officia deserunt molitit animi de at laborum. Notes: 31/12/2017 Date Imposed: Date to be Reviewed: details of change requested Please provide details of your requested change: \* SUPPORTING INFORMATION sample supporting information Supporting Information: Save and Close Previous **2.a.2.** Add supporting details in the **Supporting Information** field and click **Next**.

**2.b.** If you select the Name of the Education and Care Service option, the NAME OF THE EDUCATION AND CARE SERVICE section is displayed. Fill the new trading name of the service you want to update.

Also, fill the supporting details in the **SUPPORTING INFORMATION** section and click **Next**.

<ul> <li>Conditions of the Approval</li> </ul>		
Name of the Education and Care Service		
O Add FDC Venue		
O Remove FDC Venue		
Add Rest Period Condition (QLD only)		
xyz		
sample information		

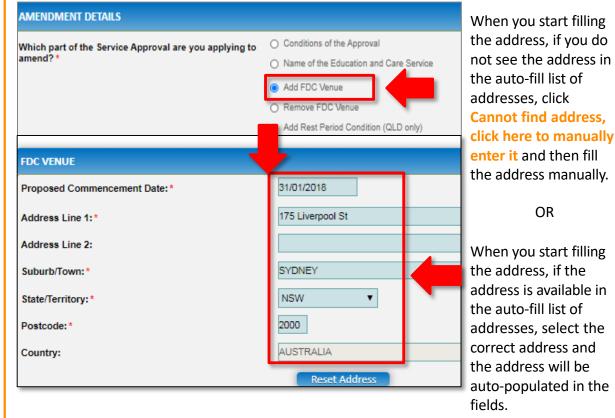
71



#### Back to Main Menu

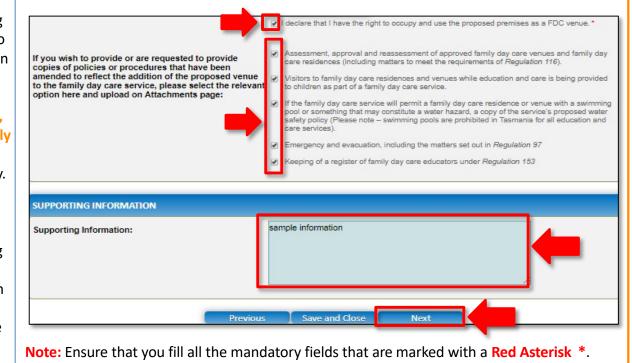
# Fill Details in Application for Amendment of Service Approval Form

**2.c.** If you select the Add FDC Venue option, the FDC VENUE section is displayed. Fill the new address of the family day care. Select I declare that I have the right to occupy and use the proposed premises as a FDC venue. Also, select relevant options (if needed) for amendment of policies and procedure documents.



The **Reset Address** button clears the details filled in the address fields. Therefore, do not click **Reset Address** unless you need to clear the complete address and fill it again.

Also, fill any additional information about the changes you are requesting in the **SUPPORTING INFORMATION** section and click **Next**.

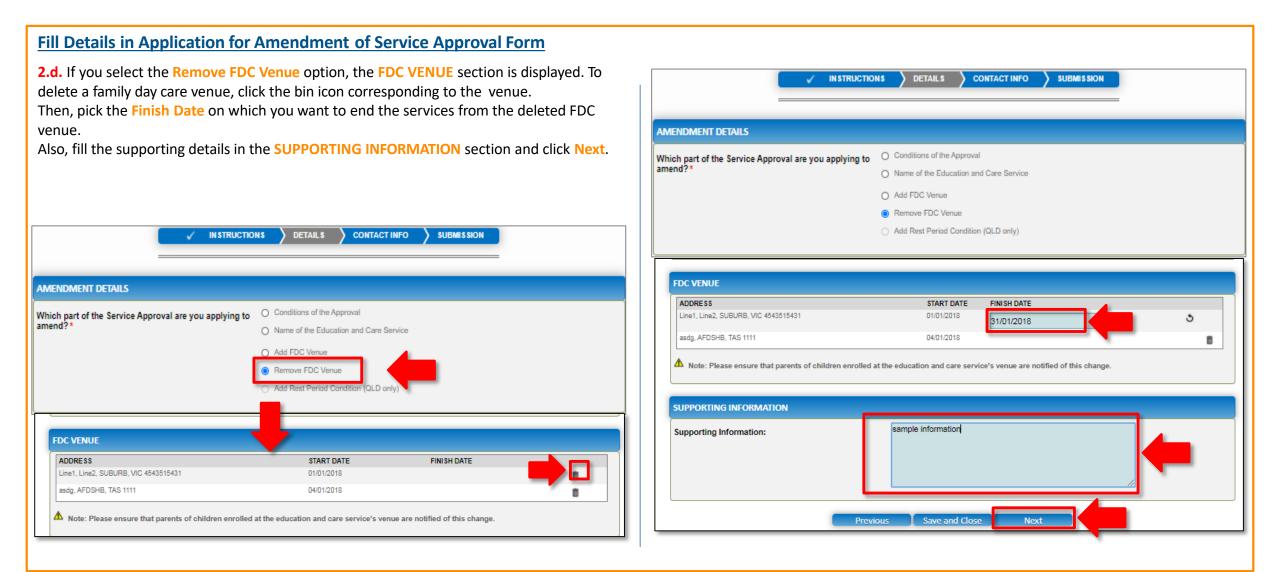




## National Quality Agenda IT System (NQA IT System) Application for Amendment of Service Approval (SA03)

Quick Reference Guide Author: ACECQA

#### Back to Main Menu





### Fill Contact Info in Application for Amendment of Service Approval Form

The CONTACT INFO stage of the form is available. Enter the contact information.
 Fill name, phone number, and email address of the contact person for the provider and select Save as application/notification default contact (if required).

#### 2. Click Next to move to the SUBMISSION stage.

Details		
	Service: test case day care	ATTACHMENTS You will need to up
<ul> <li>✓</li> </ul>		Supporting Doct
NAME AND CONTACT DETAILS FOR	THIS APPLICATION	No documents have I
Note: The contact for this Application must b	e an individual who is authorised by the Applicant to act on their behalf with regards to the de	tails on this form.
Name: *	Sample User	and click Up
Phone Number:*	041111111	3.After addir documents,
Email Address:*	sampletestuser2102@gmail.com	ATTACHMENTS
	* Please fill in all fields	You will need to uplo
	☑ Save as application/notification default contact	Supporting Docum
		Document Type
	Previous Save and Close Next	Supporting Document
		Total Files: 1

### **Submit Application for Amendment of Service Approval Form**

**1.** In the **SUBMISSION** stage, in the **Attachments** section, add all the requested documents. Click **Add Documents** to add the requested documents. (This step is optional).

		Service: test case day care		
		>  ✓ DETAILS  ✓ CONTACT INFO		
		Attachments Summary		
ATTACHMENTS				
You will need to upload to	the following documents:			
Supporting Documents			-	Add Documents
No documents have been up	oloaded.	ADD DOCUMENT		x
Browse the rea	quested	Please upload any relevant documentation NOTE:		
locuments, add	description	<ul> <li>The following file types are accepted .tiffrtfxlsxlsxcsv</li> </ul>	for upload: .doc, .docx, .pdf, .bmp	o, .gif, .jpg, .jpeg, .png,
and click Upload	ł.	<ul> <li>The file size should not exceed 20M8</li> <li>A file description is required for uploa</li> </ul>		
After adding a	ll the requested	Choose File gibberish.docx	_	
documents, click	•	sample description		
ATTACHMENTS		sample description		
You will need to upload the	following documents:		Upload	Cancel
Supporting Documents			Add D	locuments
D		p	CT	
Document Type Supporting Documents	File gibberish.docx	Description sample description	Size	
	Succession and an	sample description	11.20 10 10	emove



# National Quality Agenda IT System (NQA IT System) Application for Amendment of Service Approval (SA03)

Quick Reference Guide Author: ACECQA

#### Back to Main Menu

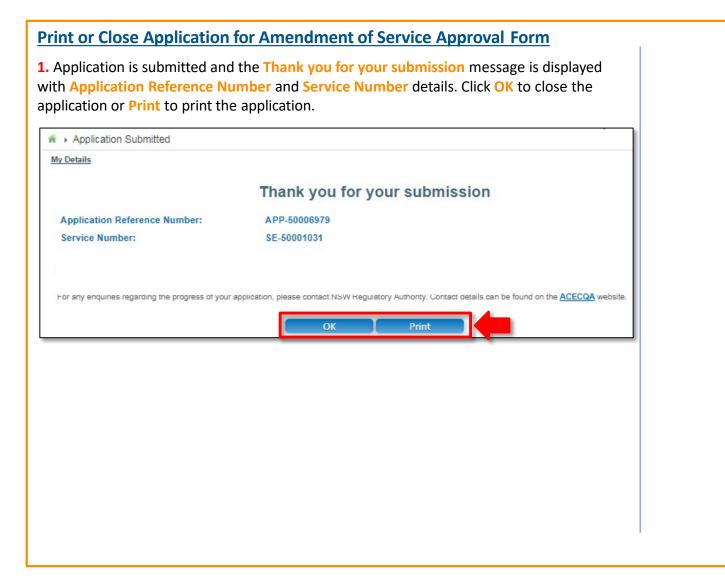
Submit Application for Amendment of Servic 4. In the Summary section, review the information s the provided details or if you need to add more infor	ubmitted. If you need to	o modify any of	5. Read the DECLAR the application, clic	•	select I declare that. To finalise and submit
VINSTRUCTIONS V DETAILS V	CONTACT INFO SUBMISSIC	N	Name Sample User	Phone Number 041111111	Email Address sampletestuser2102@gmail.com
SUMMARY Here is a summary of the information you are about to submit. If you need to make changes,	please click on the Edit link of the correspon	ding section you want to amend.	ATTACHMENT DETAILS Document Type Supporting Documents	Description sample description	File Name gibberish.docx
Note: You cannot make further changes beyond this point. Warning: Forms not submitted within 90 days from the start date will be deleted from the sys		Edit	<ol><li>I have read and understoo</li></ol>	n this application form (including any attachment d and the Applicant agrees to the conditions and	the associated material contained in this form;
PROVIDER DETA Provider Approval Name: test entity SERVICE DETA	Provider Approval Number: PR-50000691	Provider Approval Status: Approved	application form, including 4. I have read and understoo 5. The Regulatory Authority is 6. Some of the information pr other persons/authorities w	its attachments; d a Provider's legal obligations under the Educa s authorised to verify any information provided in rovided in this application may be disclosed to C where authorised by the Education and Care Ser	t this application; ommonwealth for the purposes of the Family Assistance Law and may be disclosed to vices National Law or other legislation; and
Service Trading Name: test case day care AMENDMENT DET	Service Approval Number: SE-50001031	Service Approval Status: Approved	8. I agree that the regulatory	authority may serve a notice under the National er (in accordance with section 293 of the Nation	
REMOVE FDC VE FDC Venues ADDRESS Line1, Line2, SUBURB, VIC 4543515431	START DATE         FINISH DATE           01/01/2018         31/01/2018	E		Previous Sav	e and Close Submit
SUPPORTING INFOR	MATION		The Submission in message is displaye		ayed. Wait till it disappears and the thank you



# National Quality Agenda IT System (NQA IT System) Application for Amendment of Service Approval (SA03)

Quick Reference Guide Author: ACECQA

Back to Main Menu





### **Introduction**

This Quick Reference Card (QRC) provides details about the Application for Voluntary Suspension of Service Approval (SA06) form available in the National Quality Agenda IT System (NQA IT System) portal.

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one service, refer the Application for Service Approval QRG.
- The Evidence of notice to parents to be attached when asked in the application form.

### Table of Contents

- Access Application for Voluntary Suspension of Service Approval Form
  - Steps to access the Application for Amendment of Service Approval form for requesting an amendment in service approval.
- Begin Application for Voluntary Suspension of Service Approval Form
  - Steps to start working on the Application for Amendment of Service Approval form.
- Fill Details in Application for Voluntary Suspension of Service Approval Form
  - Steps to add the requested information in the form.
- Fill Contact Info in Application for Voluntary Suspension of Service Approval Form
  - Steps to add requested contact information.
- Submit Application for Voluntary Suspension of Service Approval Form
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o Reviewing summary and finalising the form
- Print or Close Application for Voluntary Suspension of Service Approval Form
  - Steps to print and close the form.



#### **Access Application for Voluntary Suspension of Service Begin Application for Voluntary Suspension of Service Approval Form Approval Form** 1. In the INSTRUCTIONS stage, carefully read the information provided in the IMPORTANT 1. From the My **INFORMATION BEFORE YOU BEGIN** section. My Details **Details** page, in Application for Voluntary Suspension of Service Approval the My Services My Details Bulk Closure Manage My Account Saved Forms Re-open Service Involces section, select a Service: test case day care Service ID and DETAILS CONTACT INFO SUBMISSION My Services click New Forms. Service ID Service Name State Status O SE-50001019 sample Approv PROVIDER DETAILS ○ SE-50001030 Service Trading Sample ' Approv SI 5000103 test case day care NSW Approv Provider Name Provider Approval Provider Status: test entity Number: Approved PR-50000691 Submitted Form New Forms Incident Complaint Submit a Service Form SERVICE DETAILS My Details Service Trading Name: Service Approval Number: Service Status: test case day care SE-50001031 Approved Select relevant Application or Notification IMPORTANT INFORMATION BEFORE YOU BEGIN Service ID: SE-50001031 Service Name test case day care 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 State: NSW Status: Approved National Regulations (National Regulations). Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your regulatory authority for Form # Form Name Description information. Use this form to apply to: Change the name of your education and care service Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees Increase or decrease the maximum number of children that may be paid where applicable SA03 Application for Amendment of Service Approva educated and cared for at any one time at a centre-based service Apply Change or remove conditions on your service approva The regulatory authority will make a decision on your application within 30 days subject to your application being deemed complete Add venue for family day care service Under the National Law, you must notify parents of children enrolled at the service and any associated children's service of the intention to voluntarily surrender the service approval, at least 14 days prior to making this application Apply to suspend your service approval for up to 12 Application for Voluntary Suspension of Service Approval Notification of Surrender of Service Approva Surrender your service approval to the regulatory autho Begir Cance 2. On the Submit a Service Form page, click Apply corresponding to the Form # : 2. To start entering the details in the Voluntary Suspension of Service Approval SA06 and Form Name : Application for Voluntary Suspension of Service Approval form. application, click Begin.

78



### Fill Details in Application for Voluntary Suspension of Service Approval Form

**1.** In the **DETAILS** stage, in the **SUSPENSION DETAILS** section, fill reasons for requesting suspension, proposed start and end date of suspension, arrangements made for the suspension period, and select whether you have notified parents regarding suspension.

SUSPENSION DETAILS	Note: Ensure that you fill all
Please state the reasons for applying to suspend your Bervice Approval: *	the mandatory fields that are marked with a <b>Red Asterisk</b> *
Please provide the proposed start date of the suspension: * Please provide the proposed end date of the suspension * (Note: the suspension period cannot exceed 12 months):	
Please explain the arrangements you have made for this education and care service during the proposed suspension period: *	
	Note: For assistance in filling in voluntary suspension details related to an
I have notified the parents of obliding enrolled at the education and care service(s) (and any associated obliditen's service(s)) operated under this Provider Approval. *	emergency management situation, refer to the
Is this application to suspend your Bervice Approval	Emergency Management Help Guide
Previous Save and Close Net	

**2.** To finalise the information provided in the **DETAILS** stage and to move to the **CONTACT INFO** stage, click **Next**.

### Fill Contact Info in Application for Voluntary Suspension of Service Approval Form

**1.** The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select **Save as application/notification default contact** (if required).

#### 2. Click Next to move to the SUBMISSION stage.

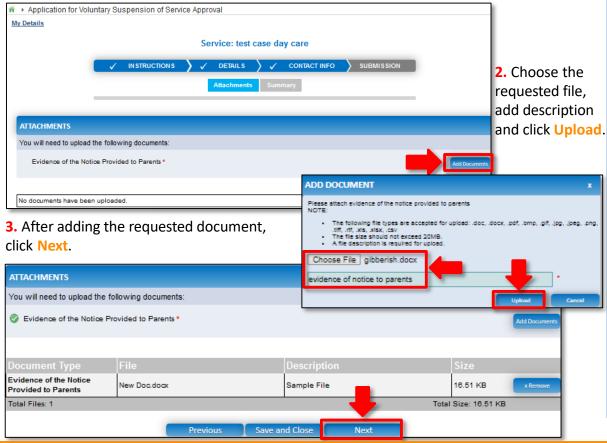
y Details	Suspension of Service A	pproval			
		Service: test ca	ase day care		
	✓ IN STRUCTION S	🔪 🗸 DETAILS	CONTACT INFO	SUBMISSION	
=					
NAME AND CONTACT DETAI					
Note: The contact for this Appli	cation must be an individual	I who is authorised by	/ the Applicant to act on	their behalf with regards t	to the details on this f
Name:*		Test User			1
					1
Phone Number: *		0421111111			]
Phone Number: * Email Address:*			nail.com		] ] ]
		0421111111			] ]
		042111111 testuser2102@gr • Please fill in all 1		contact	] ] ]
		042111111 testuser2102@gr • Please fill in all 1	fields	contact	] ]

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



### Submit Application for Voluntary Suspension of Service Approval Form

**1.** In the **SUBMISSION** stage, in the **Attachments** section, add the requested document. Click **Add Documents** to add the **Evidence of the Notice Provided to Parents** document.



### Submit Application for Voluntary Suspension of Service Approval Form

**4.** In the **Summary** section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

Summary

#### SUMMARY

Here is a summary of the information you are about to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to amend Note: You cannot make further changes beyond this point.

Warning: Forms not submitted within 90 days from the start date will be deleted from the system.

#### VOLUNTARY SUSPENSION OF SERVICE APPROVAL DETAILS

	PROVIDER DETA	AIL S	
Provider Approval Name: test entity		Provider Approval Number: PR-50000691	Provider Approval Status: Approved
	SERVICE DETA	ILS	
Service Trading Name: test case day care		Service Approval Number: SE-50001031	Service Approval Status: Approved
	SUSPENSION DET	TAILS	
Reasons for applying to suspend your Service Approval:	dafa		
Proposed start date of the suspension:	31/01/2018		
Proposed end date of the suspension:	31/01/2019		
Arrangements you have made for this education and care service during the proposed suspension period:	bfgdydzxcz		
I have notified the parents of children enrolled at the education and care service(s) (and any associated children's service(s)) operated under this Provider Approval:	8		



## Submit Application for Voluntary Suspension of Service Approval Form

5. Continue reviewing and editing (if needed) the provided information.

Name Test User	Phone Number 042111111	Emall Address testuser2102@gmail.com
TTACHMENT DETAILS		Edit
ocument Type	Description	File Name
vidence of the Notice Prov arenta	vided to Sample File	New Doc.docx
I declare that:  The Information provid  The Applicant underst application form, Inclu  A have read and under	stood and the Applicant agrees to the ands that the Regulatory Authority and ding its attachments; stood a Provider's legal obligations un	iny attachments) is true, complete and correct; conditions and the associated material contained in this form; sfor ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the ider the Education and Care Services National Law;
<ol> <li>I declare that: *</li> <li>The Information provid 2. I have read and under 3. The Applicant undersi application form, inclu 4. I have read and under 5. The Regulatory Author 6. Some of the Information other persons/authorf 7. I am aware that I may 8. I agree that the regulatory</li> </ol>	Istood and the Applicant agrees to the ands that the Regulatory Authority and ding its attachments; Istood a Provider's legal obligations un rity is authorised to verify any informat on provided in this application may be les where authorised by the Education be subject to penalities under the Educa-	conditions and the associated material contained in this form; alor ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the rider the Education and Care Services National Law; Ion provided in this application; disclosed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to and Care Services National Law or other legislation; and cation and Care Services National Law If I provide false or misleading information in this form. r the National Law using the contact details provided in this application, including the postal, street or
<ol> <li>I have read and under</li> <li>The Application form, inclu</li> <li>I have read and under</li> <li>The Regulatory Author</li> <li>Some of the Information other persons/authorf</li> <li>I am aware that I may</li> <li>I agree that the regula</li> </ol>	stood and the Applicant agrees to the ands that the Regulatory Authority and ding its attachments; stood a Provider's legal obligations un rity is authorised to verify any informat on provided in this application may be les where authorised by the <i>Education</i> be subject to penalties under the <i>Edu</i> tory authority may serve a notice under	conditions and the associated material contained in this form; slor ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the ider the Education and Care Services National Law; ton provided in this application; disclosed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to and Care Services National Law or other legislation; and cation and Care Services National Law if I provide false or misleading information in this form. ar the National Law using the contact details provided in this application, including the postal, street or 3 of the National Law).

## **6.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

### Print or Close Application for Voluntary Suspension of Service Approval Form

**1.** Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.

	Thank you for your submission
Application Reference Number:	APP-50006969
Service Number:	SE-50001031
	OK Print

81



### **Introduction**

This Quick Reference Guide (QRG) provides details about the Application for Service or Temporary Waiver (SA08) form available in National Quality Agenda IT System (NQA IT System).

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one service, refer the Application for Service Approval QRG.
- The **Evidence of compliance attempts** and other supporting documents that you may be asked to attach with the application.

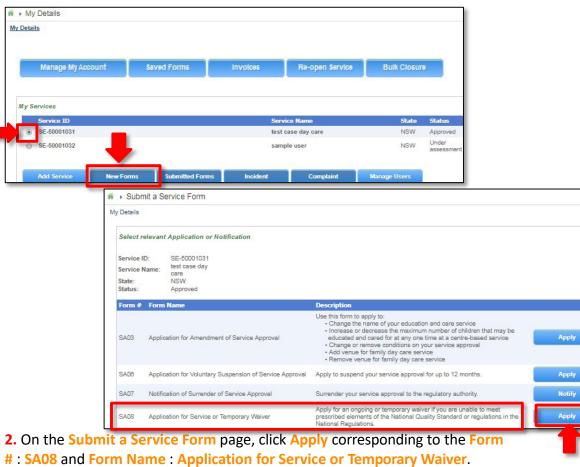
### **Table of Contents**

- <u>Access Application for Service or Temporary Waiver Form</u>
  - Steps to request a service or temporary waiver by accessing the Application for Service or Temporary Waiver form.
- Begin Application for Service or Temporary Waiver Form
  - Steps to start working on the Application for Service or Temporary Waiver form.
- Fill Details in Application for Service or Temporary Waiver Form
  - Steps to add the requested information in the form.
- Provide Contact Details in Application for Service or Temporary Waiver Form
  - Steps to add requested contact information.
- Submit Application for Service or Temporary Waiver Form
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o Reviewing summary and finalising the form
    - o Making payment and submitting the form
- Print or Close Application for Service or Temporary Waiver Form
  - Steps to print and close the form.



### Access Application for Service or Temporary Waiver Form

**1.** From the **My Details** page, in the **My Services** section, select a **Service ID** and click **New Forms**.



### **Begin Application for Service or Temporary Waiver Form**

**1.** In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

Detalls			
	Service: test ca	se day care	
	INSTRUCTIONS DETAILS		
	INSTRUCTIONS DETAILS C	SUBMISSION	
ROVIDER DETAILS			
Provider Name: test entity		Provider Approval Number: PR-50000691	Provider Status: Approved
		1	1
ERVICE DETAILS			
Service Trading Name: test case day care		Service Approval Number: SE-50001031	Service Status: Approved
wat there dry three		de tabbitat	- separate
MPORTANT INFORMATION	I BEFORE YOU BEGIN		
You must ensure you are famili National Regulations (National	ar with your obligations under the Education and Care S Regulations).	Services National Law (National Law) and and the	Education and Care Service
Regulatory authorities in each s	state and territory are responsible for assessing most ap	plications and notifications. Contact your regulat	orv authority for information.
	cessed unless all sections are deemed satisfactorily con		
vour application will not be pro- where applicable.			
where applicable.	ke a decision on your application within 60 days subject	at to your application being deemed complete.	
where applicable.	ke a decision on your application within 60 days subject	ct to your application being deemed complete.	
where applicable. The regulatory authority will ma Privacy Statement ACECQA and the regulatory au	ke a decision on your application <b>within 60 days</b> subject whorities are committed to protecting personal information fment (Enhancing Privacy Protection) Act 2012.		ne Australian Privacy Principle
where applicable. The regulatory authority will ma Privacy Statement ACECQA and the regulatory as contained in the Privacy Americ	ultorities are committed to protecting personal information	on in accordance with the Privacy Act 1968 and th	
where applicable. The regulatory authority will ma Privacy Statement ACECQA and the regulatory as contained in the Privacy Americ	uthorities are committed to protecting personal informatio dment (Enhancing Privacy Protection) Act 2012.	on in accordance with the Privacy Act 1968 and th	

2. To start entering the details in the Service or Temporary Waiver application, click Begin.



#### 3. Provide the requested details Fill Details in Application for Service or Temporary Waiver Form 1. In the DETAILS stage, in the WAIVER DETAILS section, select Service or Temporary (not more than 12 months) from the Type of waiver sought drop-down list. Also, select relevant option(s) from NQS Element list and Regulations list. DETAILS CONTACT INFO ✓ INSTRUCTIONS SUBMISSION WAIVER DETAILS Type of waiver sought: Temporary (not more than 12 months) 🔻 Please specify the element/s of the National Quality Standard and the regulations in relation to which a waiver is sought (For further information about which elements of the National Quality Standard and regulations you can seek a waiver for see Regulation 41 and 44 of the National Regulations): Physical environment 3.1. NQS Element Physical environment, 3,1,3 Physical environment, 3.2.1 taffing 411 104 - Fencing requirements Regulations: 107 - Indoor space requirements 108 - Outdoor space requirements 110 - Ventilation and Natural Light 124 - Number of children who can be educated and cared for ✓ 127 - Family day care educator qualifications 128 - Family day care coordinator qualifications 138 - First Aid gualifications Is this emergency building works?\* 31/01/2018 The start date for which the waiver is sought: \* The end date for which the waiver is sought (not more 31/01/2019 than 12 months from the start date):\* 2. Select whether this is an emergency building works, and select the waiver start and end dates.

**Note:** The fields provided on the form in the **DETAILS** stage may slightly differ based on the Type of waiver sought selection. (Start and end dates are only for temporary waiver). Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.

Provide the requested details.		Note: For assistance in
Is this waiver in relation to an Emergency C Management situation: *	Yes O <sub>NO</sub>	filling in waiver
Please provide the reason(s) that the education and care service seeks the waiver: *	sample reason	details related to an emergency management situation,
Please identify the measures being taken or to be taken to protect the wellbeing of children being cared for by the service while the service or temporary waiver is in force: *	sample measures	refer to the Emergency Managemen <u>t Help Guide</u>
Please list the local government areas in which educators are currently engaged or registered in, and the local government areas in which the service proposes to engage or register educators: *	list of local government areas	
Please provide details of any attempts made to comply with the specified elements or regulations: *	attempts made to comply	
Previous		
. To finalise the information provided in t	he <b>DETAILS</b> stage and to move to the	ne CONTACT

**INFO** stage, click Next.



### Fill Contact Info in Application for Service or Temporary Waiver Form Submit Application for Service or Temporary Waiver Form

**1.** The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select **Save as application/notification default contact** (if required).

#### 2. Click Next to move to the SUBMISSION stage.

/ Details				
		Service: test ca	ise day care	
	INSTRUCTIONS	V DETAILS	CONTACT INFO	
NAME AND CONTACT DETAILS I Note: The contact for this Application n		authorised by the Appl	icant to act on their behal	f with regards to the details on this fo
Name: *		Sample User		
Name: * Phone Number: *		Sample User 0411111111		
			2@gmail.com	
Phone Number: *		041111111 sampletestuser210 * Please fill in all field		tact

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.

**1.** In the **SUBMISSION** stage, in the **Attachments** section, add all the requested documents. Click **Add Documents** to add the requested documents.

Information abdet the supporting documents is upporting documents for waiver       Attachments     Attachments     Supporting documents for waiver     Information abdet the supporting documents is upporting documents in the base uploaded.       A. After adding all the requested documents.     ADD DOCUMENT       B. After adding all the requested documents.     Image: Supporting documents for waiver       You will need to upload the following documents.     Image: Supporting documents in the base uploaded.	<ul> <li>Application for Service or</li> </ul>	r Temporary Waiver					
No documents have been uploaded. 2. Browse the requested documents, add description and click Upload. 3. After adding all the requested documents, click Next. After adding all the requested documents, click Next. AttachMENTS You will need to upload the following documents: Supporting documents for waiver Document Type File Supporting documents for glibberish.docx supporting documents for waiver Document for glibberish.docx Supporting documents for waiver Tetal Files: 1 Total Size: 11.20 KB Supporting Size Supporting Size	Service: test case day care          INSTRUCTIONS       DETAILS       CONTACT INFO       SUBMISSION         Attachments       Summary       Payment					click the <i>i</i> to view information about the supporting	
<ul> <li>2. Browse the requested documents, add description and click Upload.</li> <li>3. After adding all the requested documents and discrete the following documents, click Next.</li> <li>A file description is required for upload.</li> <li>Choose File glibberish.docx</li> <li>Upporting documents for waiver</li> <li>Supporting documents for glibberish.docx</li> </ul>	No documents have been uploade	ed.		ADD DOCUMENT		×	
ATTACHMENTS         You will need to upload the following documents:         Supporting documents for waiver         Document Type         File       Description         Supporting documents for gibberish.docx         supporting documents for waiver         Total Files: 1	description and o 3.After adding al	click Upload. Il the requested	s, add	elements or regulations NOTE: • The following file ty utfr. rtf. xis. xisx. 4 • The file size should • A file description is Choose File gibberi	bes are accepted for upload: .do say not exceed 20M5. required for upload. sh.docx	sc, .docx, .pdf, .bmp, .glf, .jpg, .jpeg, .png,	
Supporting documents for waiver           Document Type         File         Description         Size           Supporting documents for waiver         11.20 KB         x Remove           Total Files: 1         Total Size: 11.20 KB         X	ATTACHMENTS			_		Center	
Document Type         File         Description         Size           Supporting documents for waiver         gibberish.docx         supporting document for waiver         11.20 KB         x Remove           Total Files: 1         Total Size: 11.20 KB         Total Size: 11.20 KB         Total Size: 11.20 KB	You will need to upload the f	following documents:					
Supporting documents for waiver         gibberish.docx         supporting document for waiver         11.20 KB         xRemove           Total Files: 1         Total Size: 11.20 KB         Total Size: 11.20 KB         Total Size: 11.20 KB	Supporting documents for w	aiver 0				dd Documents	
Supporting documents for waiver         gibberish.docx         supporting document for waiver         11.20 KB         xRemove           Total Files: 1         Total Size: 11.20 KB         Total Size: 11.20 KB         Total Size: 11.20 KB	Document Type	File	Descri	ption	Size		
	Supporting documents for	gibberish.docx			11.20 KB	x Remove	
	Total Files: 1				Total Size: 11.20 KB		
Previous Save and Close Next		Previous	Save and Close	Next			



## National Quality Agenda IT System (NQA IT System) **Application for Service or Temporary Waiver (SA08)**

86

#### Back to Main Menu

Submit Application	for Service or Tempora	ary Waiver F	orm	Is this emergency building works The start date for which the waive		Yes 31/01/2018	
	n, review the information submit ou need to add more informatic		d to modify any of	The end date for which the waiver is sought: 31/01/2019 Please provide the reason(s) that the education and care sample reason service seeks the waiver:			
	JCTION S     J     DETAIL S     J     CONTAC       Attachments     Summary     Payment		N	Please identify the measures bein protect the wellbeing of children service while the service or temp Please list the local government i currently engaged or registered is areas in which the service propor educators: Please provide details of any atte	being cared for by the orary waiver is in force: areas in which educators are n, and the local government ase to engage or register mpts made to comply with	sample measures list of local government areas attempts made to comply	
SUMMARY				the specified elements or regulat	lons:		
Note: You cannot make further changes beyond	bout to submit. If you need to make changes, please click on d this point. rom the start date will be deleted from the system.	the Edit link of the correspon	ding section you want to amend.	NOTIFIER'S DETAILS Name Sample User	Phone 0411111		Email Address sampletestuser2102@gmail.com
SERVICE WAIVER DETAILS			Edt	ATTACHMENT DETAILS			
	PROVIDER DETAIL \$			Document Type Supporting documents for waiver	Description	File Name Ner gibberish.docx	
Provider Approval Name: test entity		rovider Approval Number: R-50000691	Provider Approval Status: Approved		supporting accountent to the	ginteriori	
	SERVICE DETAIL S			DECLARATION			
Service Trading Name: test case day care	Se SE	ervice Approval Number: E-50001031	Service Approval Status: Approved	I declare that. *			
	WAIVER DETAIL \$			2. I have read and understood	and the Applicant agrees to the hat the Regulatory Authority and	any attachments) is true, complete and correct; conditions and the associated material contain s/or ACECQA will have the right (but will not be	ed in this form; obliged) to act in reliance upon the contents of the
Type of walver sought: Temporary Walver NQS Element: Physical environment, 3.1.1 Physical environment, 3.1.3 Physical environment, 3.2.1 Staffing, 4.1.1			<ol> <li>I have read and understood</li> <li>The Regulatory Authority is:</li> <li>Some of the Information pro other persons/authorities with</li> <li>I am aware that I may be suitable suitable suitable</li> </ol>	a Provider's legal obligations un authorised to verify any informat vided in this application may be ere authorised by the Education bject to penalities under the Educ	disclosed to Commonwealth for the purposes on and Care Services National Law or other legis cation and Care Services National Law If I prov	If the Family Assistance Law and may be disclosed to lation; and ide false or misleading information in this form.	
Regulations: 104 - Fencing requirements 107 - Indoor space requirements 108 - Outdoor space requirements 110 - Ventilation and Natural Light 117 - Glass				r (in accordance with section 29) Previous	3 of the National Law).	ovided in this application, including the postal, street or	
	124 - Number of children who can be e 127 - Family day care educator qualito 128 - Family day care coordinator qual 136 - First Aid qualifications 72A - Location of family day care office	cations inications				fully and select I declare ication, click Finalise.	C Finalizing in progress.



### Submit Application for Service or Temporary Waiver Form

6. In the Payment section, fill the PAYMENT DETAILS section carefully and click Pay Now. Note: You can make online payments only if your regulatory authority allows it. Only the following regulatory authorities allow online payments: NSW, QLD, SA, TAS, VIC, and WA.

	AILS 🔪 🗸 CONTACT INFO 🔪 SUBMISSION
Attachmenta	Summary Payment
PAYMENT DETAILS	
Identifier: INV-14993-H9K9S8	Fee Description: Service Temporary Walver
Type: Provider	Amount: \$120.00
Due Date: 16/02/2018	
Credit Card Type: *	
Name on Credit Card: * sample user	
Credit Card Number: *           1111         2222         3333         4444           Card Expiry (mm/yy): *         *           01         ▼         22         ▼	
Card Security Code: * 123 What is a CSC?	
Email payment confirmation: sampletestuser2102@gmail.com	
You will be e-mailed a confirmation of your payment. If you would like the mail address, please enter the address in the above box.	payment confirmation to be sent to an email address other than your registered e-
	Pay Now Payment in progress
te: Ensure that you fill all the mandator	v fields that are marked with a <b>Red Asterisk</b> *

### Print or Close Application for Service or Temporary Waiver Form

**1.** Application is submitted and the Thank you for your submission message is displayed with Application Reference Number, Provider Number, and Payment Status details. Click **OK** to close the application or **Print** to print the application.

<u>r Detalls</u>		
	Thank you for your submission	
Application Reference Number:	APP-50006971	
Service Number:	SE-50001031	
Payment Status:	\$120.00 PAID	
Olish haar ta siaan ay lassian		
Click <u>here</u> to view your involce.		
Click <u>here</u> to view your Invoice.		
	application, please contact NSW Regulatory Authority. Contact details can be found o	n the <u>ACECQA</u> we
	application, please contact NSW Regulatory Authority. Contact details can be found o	n the <u>ACECQA</u> we
	application, please contact NSW Regulatory Authority. Contact details can be found o	n the <u>ACECQA</u> we
		n the <u>ACECQA</u> we

e. Ensure that you fill all the manuatory news that are marked with a **new Asterisk** 



### **Introduction**

This **Quick Reference Guide (QRG)** provides an overview of the Notification forms available in the **National Quality Agenda IT System (NQA IT System)** portal for providers and services.

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the NQA IT System portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal and access the Notification forms, refer the Portal Overview QRG.

### **Table of Contents**

- Notification Types
  - Types of Provider and Service related notifications.

With notification forms you can notify the following:

- Service incidents and complaints.
- Surrender of provider and service approvals.
- Change of information about approved providers and services.
- Transfer of service, change of nominated supervisor.
- Submission of requested information.

These listed functions are the basis for categorizing notifications in to different types of forms.

### **Notification Types**

•

Notification forms are available for providers and services for the following purposes:

**Provider Related Notifications:** 

- PA05 Notification of Surrender of Provider Approval
  - PA08 Notification of Change of Information About Approved Provider
- SA04/05 Notification of Transfer of Service Approval

### **Service Related Notifications:**

- SA07 Notification of Surrender of Service Approval
- SA03 Notification of Change of Information About an ApprovedService
- NS02 Notification of Change to Nominated Supervisor
- C01 Notification of Complaints
- IO1 Notification of Incident
- RI01 RA Requested Information

Note: For descriptions of these forms, refer the NQA IT System portal.

### **Further References:**

• For details on how to fill the above listed notification forms, refer to their corresponding QRGs.



### **Introduction**

This Quick Reference Guide (QRG) provides details about the Notification of Change of Information About an Approved Provider (PA08) form available in National Quality Agenda IT System (NQA IT System).

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any modern browser and an existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one provider, refer the Application for Provider Approval QRG.
- The required supporting documents that you may be asked to attach.

### **Table of Contents**

- Access the Form
  - Steps to access the Notification of Change of Information About an Approved Provider form.
- Begin the Form
  - Steps to start working on the Notification of Change of Information About an Approved Provider form.

### • Fill Details in the Form

- Steps to add the following requested information in the form:
- Provide Contact Details in the Form
  - Steps to add requested contact information.
- Submit the Form
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o <u>Reviewing summary and finalising the form</u>
- Print or Close the Form
  - Steps to print and close the form.



### **Access the Form**

**1.** From the **My Details** page, in the **My Provider** section, select a **Provider ID** and click **New Forms**.

Detai	ls						
	Manage My Account	Saved	Forms Invok	æs Re-open :	Service Bulk (	Closure	
MyS	ervices						
	Service ID			Service	Name	State	Status
0	SE-50001031			test cas	e day care	NSW	Approve
0	SE-50001032			sample	user	NSW	Under assessr
	Add Service	New Forms	Submitted Forms	Incident	Complaint	Manage Users	
My Pi	roviders						
	Provider ID				er Name	State	Status
۲	PR-50000694			example		NSW	Approv
0	PR-50000691	+		test ent	ity	NSW	Approv
		New Forms	Submitted Forms	Manage Users	View All Provider		

**2.** On the Submit a Provider Form page, click Notify corresponding to the Form # : PA08 and Form Name : Notification of Change of Information About an Approved Provider.

etails			
Select re	levant Application or Notification		
Provider Provider State: Status:	50000894		
Form #	Form Name	Description	
PA03	Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval	Apply
PA04	Application for Voluntary Suspension of Provider Approval	Apply to suspend your provider approval for up to 12 months.	Apply
PA05	Notification of Surrender of Provider Approval	Surrender your provider approval to the regulatory authority. Any service approval held by the provider is also taken to be surrendered.	Notify
AR01	Application for Internal Review of Reviewable Decision	Use this form to apply to the regulatory authority for a review of a decision that falls within the list of reviewable decisions outlined in s190 of the National Law.	iit
PAOS	Notification of Change of Information About Approved Provider	Notify the regulatory authority about: • The appointment or removal of a person with management or control. • A change of contact details for your provider, such as phone number or email address • Any change to the approved provider's fitness and propriety or the fitness of a person with management or control	Notify
SA01/02	Application for Service Approval	Apply for a new service approval	Apply
SA04/05	Notification of Transfer of Service Approval	Notify the regulatory authority of the transfer of a service to you as a provider. Note that different parts of this form will need to be completed by both the transferring and receiving provider	Notify



### **Begin the Form**

# **1.** In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

etails			
	Provider: example		
INSTRUC	tions <b>Details</b> Contact inf	o > SUBMISSION	
NOVIDER DETAILS			
rovider Name: cample		Provider Approval Number: PR-50000894	Provider Status: Approved
National Regulations (National Regulations). Regulatory authorities in each state and territory are Privacy Statement ACECQA and the regulatory authorities are commit Principles contained in the Privacy Amendment (En	tted to protecting personal information in accordan	ice with the Privacy Act 1988 and t	he Australian Privacy
in accordance with the National Law.	·		
Information provided is being collected for the purplin accordance with the National Law. ACECQA, the regulatory authorities and the Austral IPPORTING DOCUMENTATION PA02 Declaration of fitness and propriety (Compulsory for individual provider applicants, p This form is to be completed by an individual pro-	·	ou in accordance with the National	Law.

### **Fill Details in the Form**

**1.** In the **TYPE OF NOTIFICATION DETAILS** section, select the relevant notification type from the **Please specify the type of notification** options.

	Provider: example
YPE OF NOTIFICATION DETAILS	
lease specify the type of notification:	<ul> <li>A change to Approved Provider's fitness and propriety or fitness of person with managerr and control (within 7 days of change)</li> </ul>
	<ul> <li>Appointment or removal of a person with management or control of the service (within 14 days)</li> </ul>
	<ul> <li>Appointment or removal of receivers or liquidators or administrators, or matters that affec financial viability and ongoing operation of the service (within 7 days)</li> </ul>
	<ul> <li>Death of Approved Provider (within 7 days)</li> </ul>
	Change to Approved Provider contact details
UPPORTING INFORMATION	
lease describe the change:	sample description of change

**1.a** If you select the A change to Approved Provider's fitness and propriety ... option, enter supporting details and click Next.



### **Fill Details in the Form**

**1.b** If you select **Appointment or removal of a person with management or control of the service**, the corresponding section with same name is displayed. If you want to add a person with management or control (PMC), click **Add PMC**.

Please specify the type of notification: *	<ul> <li>A change to Approved Provider's fitness and propriety or fitness of per and control (within 7 days of change)</li> </ul>	rson with management
	<ul> <li>Appointment or removal of a person with management or control of th days)</li> </ul>	e service (within 14
	<ul> <li>Appointment or removal of receivers or liquidators or administrators, or financial viability and ongoing operation of the service (within 7 days)</li> </ul>	r matters that affect the
	<ul> <li>Death of Approved Provider (within 7 days)</li> </ul>	
	<ul> <li>Change to Approved Provider contact details</li> </ul>	
APPOINTMENT OR REMOVAL OF A PERSON 1	VITH MANAGEMENT OR CONTROL OF THE SERVICE	
APPOINTMENT OR REMOVAL OF A PERSON 1	VITH MANAGEMENT OR CONTROL OF THE SERVICE	
APPOINTMENT OR REMOVAL OF A PERSON Y	Sample User	
Current Primary Contact:	Sample User	
	Sample User	
Current Primary Contact:	Sample User	
Current Primary Contact:	Sample User control means CURRENT PMC(S)	
Current Primary Contact: Click here to see what a person with management o	Sample User control means CURRENT PMC(S)	DATE REMOVED
Current Primary Contact: Click here to see what a person with management o Note: Removing the PMC(s) will only be effective after	Sample User control means CURRENT PMC(S) this form is submitted	#
Current Primary Contact: Click here to see what a person with management o Note: Removing the PMC(s) will only be effective after NAME	Sample User control means CURRENT PMC(S) this form is submitted DATE OF PLACE OF PMC STATU: 21/02/1985 Sydney Under	#
Current Primary Contact: Click here to see what a person with management o Note: Removing the PMC(s) will only be effective after NAME	Sample User control means CURRENT PMC(S) this form is submitted DATE OF PLACE OF PMC STATU: 21/02/1985 Sydney Under	#

**1.b.(i)** In the ADD PERSON WITH MANAGEMENT OR CONTROL section, fill the details of the PMC, such as, full name, contact details, address, date of birth, position etc. and click Save to save the information.

ADD PERSON WITH MANAGEMENT OR CON	NTROL	
Fitle: *	Mrs	
irst Name:*	Trial	
Middle Name:		
Last Name:*	User	
Date of Birth: *	21/02/1985	
Place of Birth: *	Perth	
Phone Number:	e.g 0212345678, 1800XXXXXX	
Mobile Number:	0455555555	
	* Please enter Phone Number or Mobile Number or both	
Position Description:	T	
Fax Number:	e.g 0212345678, 1800XXXXXX	
Email Address:*	trialuser2102@gmail.com	
	ADDRESS	
	Residential Address	
Address Line 1:*	177 Liverpool St	
Address Line 2:		
Suburb/Town: *	SYDNEY	
State/Territory: *	NSW	
Postcode: *	2000	
Country:	AUSTRALIA	
	Reset Address	
	Postal Address	

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



3

B 0

PLACE OF BIRTH

Perth

#### 1.c.(i) Fill the SUPPORTING INFORMATION section and click Next. **Fill Details in the Form** TYPE OF NOTIFICATION DETAILS 1.c If you select Appointment or removal of a person with management or control of A change to Approved Provider's fitness and propriety or fitness of person with management Please specify the type of notification: and control (within 7 days of change) the service, the corresponding section with same name is displayed. If you want to Appointment or removal of a person with management or control of the service (within 14) remove a person with management or control (PMC), click the bin icon next to the PMC Appointment or removal of receivers or liquidators or administrators, or matters that affect the and select a removal date. financial viability and ongoing operation of the service (within 7 days) Death of Approved Provider (within 7 days) APPOINTMENT OR REMOVAL OF A PERSON WITH MANAGEMENT OR CONTROL OF THE SERVICE O Change to Approved Provider contact details Current Primary Contact: Trial User Reset APPOINTMENT OR REMOVAL OF A PERSON WITH MANAGEMENT OR CONTROL OF THE SERVICE Click here to see what a person with management or control means Current Primary Contact: Trial User Reset CURRENT PMC(S) Click here to see what a person with management or control means Note: Removing the PMC(s) will only be effective after this form is submitted CURRENT PMC(S) PMC DATE REMOVED PLACE OF NAME Note: Removing the PMC(s) will only be effective after this form is submitted Set As Primary Contact Sample User 21/02/1985 Under Assessment Sydney 亩 PLACE PMC OF STATUS DATE OF NAME DATE REMOVED Sample User 21/02/1985 Sydney Under Assessment 23/01/2018 NEW PMC(S) NAME DATE OF BIRTH PLACE OF BIRTH NEW PMC(S) Set As Primary Contact Trial User 21/02/1985 B 0 Perth NAME DATE OF BIRTH Set As Primary Contact Trial Use Add PMC Add PMC CURRENT PMC( Note: Removing the PMC(s) will only be effective after this form is submitted OF STATUS DATE OF DATE REMOVED NAME SUPPORTING INFORMATION Sample Use 21/02/1985 Sydney Unde sample description of change Please describe the change JANUARY 2018 NEW PMC(S) NAME DATE OF Set As Primary Contact Trial Use 21/02/198 Ð 21 22 23 24 25 26 Add PMC Previous Save and Close Next



### **Fill Details in the Form**

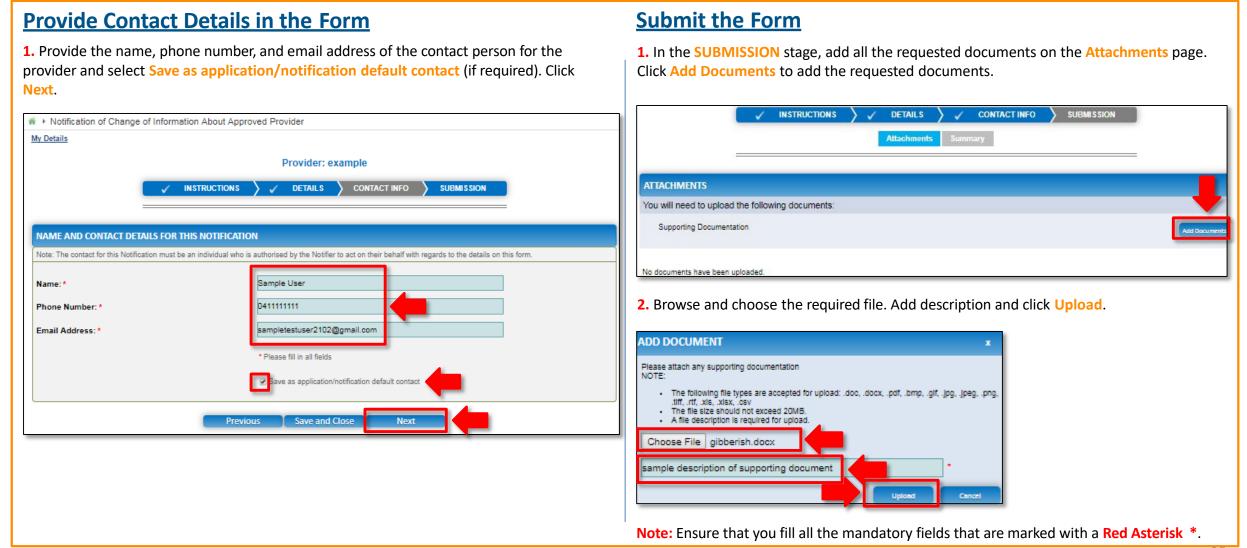
**1.d** If you select **Appointment or removal of receivers**... or **Death of Approved Provider** then no new section is displayed. Fill change description in the **SUPPORTING INFORMATION** section and click **Next**.

	CTIONS V DETAILS CONTACT INFO SUBMISSION
YPE OF NOTIFICATION DETAILS	
lease specify the type of notification: *	<ul> <li>A change to Approved Provider's fitness and propriety or fitness of person with managen and control (within 7 days of change)</li> <li>Appointment or removal of a person with management or control of the service (within 14</li> </ul>
	Appointment of removal of a person with management of control of the service (within 14 days)     Appointment or removal of receivers or liquidators or administrators, or matters that affect financial viability and ongoing operation of the service (within 7 days)     Death of Approved Provider (within 7 days)
	Change to Approved Provider contact details
UPPORTING INFORMATION	
lease describe the change:	sample description of change

**1.e** If you select **Change to Approved Provider contact details**, enter the new contact details in the **CHANGE OF PROVIDER CONTACT DETAILS** section, add further change details in the **SUPPORTING INFORMATION** section and click **Next**.

Please specify the type of notification: *	<ul> <li>A change to Approved Provider's fitness and propriety or fitness of person with management and control (within 7 days of change)</li> </ul>	
	Appointment or removal of a person with management or control of the service (within 14)	
	days) <ul> <li>Appointment or removal of receivers or liquidators or administrators, or matters that affect the</li> </ul>	
	financial viability and ongoing operation of the service (within 7 days)	
	Death of Approved Provider (within 7 days)	
	Change to Approved Provider contact details	
CHANGE OF PROVIDER CONTACT DETAILS		
New Phone:	e.g 0212345678, 1800XXXXXX	
New Mobile:	D455555555	
New Fax:	e.g 0212345678, 1800XXXXX	
New Email:		
Please fill in the Address Details		
*Note: Change of Principal Office for a non-individual pro-	vider nust be submitted using the Application for Amendment of Provider Approval form	
	New postal address	
Address:	123 Street, Suburb, State	
SUPPORTING INFORMATION		Note: Ensure t
Please describe the change:	sample description of change	you fill all the
		mandatory fie

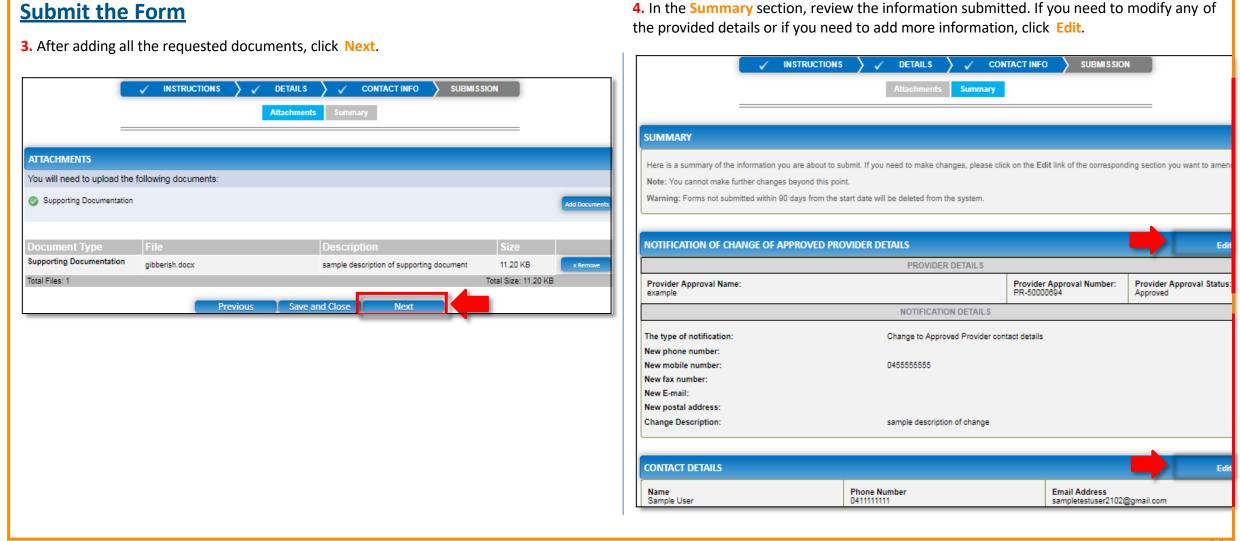






Author: ACECQA

#### Back to Main Menu





**Print or Close the Form** 

1. Application is submitted and the Thank you for your submission message is displayed

with Application Reference Number and Service Number details. Click OK to close the

Back to Main Menu

### **Submit the Form**

**5.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

ATTACHMENT DETAILS		Edit	application or Print to print th	e application.
Document Type	Description	File Name	# + Application Submitted	
Supporting Documentation	sample description of supporting document	gibberish.docx	My Details	
DECLARATION I declare that: * 1. The information provided i 2. I have read and understood 3. The Application form, including 4. I have read and understood 5. The Boenutered otheration 4. I have read and understood 5. The Boenutered otheration 5. The Boenutered	n this application form (including any attachments) of and the Applicant agrees to the conditions and t its attachments; of a Provider's legal obligations under the Education or anthecident beautify and information provided the second	) is true, complete and correct; the associated material contained in this form; ill have the right (but will not be obliged) to act in reliance upon the contents of the on and Care Services National Law;	Notification Reference Number: Provider Number:	Thank you for your submission NOT- 50005971 PR-50000694
<ol> <li>The Regulatory Authority 1</li> <li>Some of the information p other persons/authorities v</li> <li>I am aware that I may be s</li> <li>I agree that the regulatory email address or fax numb</li> </ol>		an ave the right (but will not be obliged) to act in reliance upon the contents of the on and Care Services National Law; this application; mmonwealth for the purposes of the Family Assistance Law and may be disclosed to ices National Law or other legislation; and Services National Law if I provide false or misleading information in this form. aw using the contact details provided in this application, including the postal, street or I Law).	For any enquiries regarding the progress of you	or notification, please contact NSW Regulatory Authority. Contact details can be found on the <u>ACECQA</u> websit
		Submission in progress		



### Introduction

This Quick Reference Guide (QRG) provides details about the Notification of Transfer of Service Approval (SA04/05) form available in National Quality Agenda IT System (NQA IT System).

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one provider, refer the **Application for Provider Approval** QRG.
- The Service Approval Number of the service being transferred to you.
- The required supporting documents that you may be asked to attach.

**Important:** To fill the **Notification of Transfer of Service Approval (SA04/05)** form, you must be the receiving provider to which the service is being transferred from another provider.

## **Table of Contents**

- Access the Form
  - Steps to access the Notification of Change to Nominated Supervisor form.
- Begin the Form
  - Steps to start working on the Notification of Change to Nominated Supervisor form.
- Fill Details in the Form
  - Steps to add the following requested information in the form:
- Provide Contact Details in the Form
  - Steps to add requested contact information.
- Submit the Form
  - Steps to submit and finalise the form by completing the following:
    - o Add attachments.
    - <u>Review summary and finalising the form.</u>
    - o Make payment.
- Print or Close the Form
  - Steps to print and close the form.



### **Access the Form**

**1.** From the **My Details** page, in the **My Providers** section, select a **Provider ID** and click **New Forms**.

Detai							
	Manage My Account	Saved F	orms Involces	Re-open Se	arvica Bulk Ci	OSUTO	
My S	ervices						
	Service ID			Service	Name	State	Status
0	SE-50001031			test cas	e day care	NSW	Approv
0	SE-50001032			sample	user	NSW	Under
	Add Service	New Forms	Submitted Forms	Incident	Complaint	Manage Users	
My Pi	roviders						
	Provider ID				r Name	State	Statu
۲	PR-50000694	-		example		NSW	Approv
0	PR-50000691	-		test ent	ity	NSW	Approv
10	Add Provider	New Forms	Submitted Forms	Manage Users	View All Provider		

2. On the Submit a Provider Form page, click Notify corresponding to the Form # : SA04/05 and Form Name : Notification of Transfer of Service Approval.

<u>etails</u>			
Select re	levant Application or Notification		
Provider I Provider I State: Status:	50000894		
Form #	Form Name	Description	
PA03	Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval	Apply
PA04	Application for Voluntary Suspension of Provider Approval	Apply to suspend your provider approval for up to 12 months.	Apply
PA05	Notification of Surrender of Provider Approval	Surrender your provider approval to the regulatory authority. Any service approval held by the provider is also taken to be surrendered.	Notify
AR01	Application for Internal Review of Reviewable Decision	Use this form to apply to the regulatory authority for a review of a decision that falls within the list of reviewable decisions outlined in s190 of the National Law.	Submit
PA.08	Notification of Change of Information About Approved Provider	Notify the regulatory authority about: • The appointment or removal of a person with management or control. • A change of contact details for your provider, such as phone number or email address • Any change to the approved provider's fitness and propriety or the fitness of a person with management or control	Notify
SA01/02	Application for Service Approval	Apply for a new service approval	
5A04/05	Notification of Transfer of Service Approval	Notify the regulatory authority of the transfer of a service to you as a provider. Note that different parts of this form will need to be completed by poth the transferring and receiving provider	Notify



### **Begin the Form**

## **1.** In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

Provider: example         NSTRUCTIONS       DETAILS       CONTACT INFO       SUBMISSION    ROVIDER DETAILS        Provider Approval Number:         Provider Name:       Provider Approval Number:       Provider Status:         Approved       Provider Status:       Approved    MODERATION DEFORE YOU BEGIN          No 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). Regulators (National Regulations). Regulators of a service approval includes the transfer of the service approval for any associated children's services. The transferring and receiving approved gransfer. The regulatory authority and the transfer of the service approval and many refuse to consent to the proposed transfer. If this is the case, the regulatory authority is taken to consent to the transfer of the service approval and many refuse to consent to the proposed transfer. If this is the case, the regulatory authority will provide written notice at least 26 days before the proposed transfer date. The regulatory authority is taken to consent to the transfer of the service approval and many refuse to consent to the transfer of the service approval constructions approval at least 26 days abefore the proposed transfer date. The regulatory authority is taken to consent to the transfer of the service approval and many refuse to consent to the transfer of the service approval constructions that the transfer of the service approval and many refuse to consent to the transfer of the service approval constructions approval at least 26 days after the date the transfer of the service approval. <th>etails</th> <th>rvice Approval</th> <th></th> <th></th>	etails	rvice Approval		
OVIDER DETAILS         ovider Name: ample       Provider Approval Number: PR-500000694       Provider Status: Approved         PORTANT INFORMATION BEFORE YOU BEGIN         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.         The transfer of a service approval includes the transfer of the service approval for any associated children's services. The transferring and receiving approved gransfer date, unless otherwise agreed by the regulatory authority in exceptional circumstances.         The regulatory authority may intervene in the transfer of the service approval and may refuse to consent to the proposed transfer. If this is the case, the regulatory authority will provide written notice at least 28 days before the proposed transfer date. The regulatory authority is taken to consent to the transfer if they have not notified intent to intervene the transfer of the service approval.         Both the transferring and receiving providers are required to provide written confirmation that the transfer has occurred within 2 days after the date the transfer approval.         Both the transferring and receiving providers are required to provide written confirmation that the transfer has occurred within 2 days after the date the transfer takes effect.		Provide	er: example	
Provider Name: ample       Provider Approval Number: PR-500000894       Provider Status: Approved         PORTANT INFORMATION BEFORE YOU BEGIN         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.         The transfer of a service approval includes the transfer of the service approval for any associated children's services. The transferring and receiving approved provider must jointly provide written notice to the regulatory authority of the intention to transfer the service approval at least 42 days before the proposed transfer date, unless otherwise agreed by the regulatory authority in exceptional circumstances.         The regulatory authority may intervene in the transfer of the service approval and may refuse to consent to the proposed transfer if they have not notified intent to intervene the transfer of the service approval and may refuse to consent to the transfer. If this is the case, the regulatory authority will provide written notice at least 28 days before the proposed transfer date. The regulatory authority is taken to consent to the transfer if they have not notified intent to intervene the transfer of the service approval.         Both the transferring and receiving providers are required to provide written confirmation that the transfer has occurred within 2 days after the date the transfer takes offect, specifying the date of transfer as prescribed under section 68 of the National Law. The regulatory authority will then amend the service approval and	1		CONTACT INFO SUBMISSION	
cample         PR-500000894         Approved           IPORTANT INFORMATION BEFORE YOU BEGIN         You must ensure you are familiar with your obligations under the <i>Education and Care Services National Law</i> (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.           The transfer of a service approval includes the transfer of the service approval for any associated children's services. The transferring and receiving approved provider must jointly provide written notice to the regulatory authority of the intention to transfer the service approval at least 42 days before the proposed transfer date, unless otherwise agreed by the regulatory authority in exceptional circumstances.           The regulatory authority may intervene in the transfer of the service approval and may refuse to consent to the transfer. If this is the case, the regulatory authority will provide written notice at least 28 days before the proposed transfer date. The regulatory authority is taken to consent to the transfer if they have not notified intent to intervene the transfer of the service approval.           Both the transferring and receiving providers are required to provide written confirmation that the transfer has occurred within 2 days after the date the transfer takes effect, specifying the date of transfer as prescribed under section 68 of the National Law. The regulatory authority will then amend the service approval and the ser	OVIDER DETAILS			
PORTANT INFORMATION BEFORE YOU BEGIN 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. The transfer of a service approval includes the transfer of the service approval for any associated children's services. The transferring and receiving approved provider must jointly provide written notice to the regulatory authority of the intention to transfer the service approval at least 42 days before the proposed transfer date, unless otherwise agreed by the regulatory authority in exceptional circumstances. The regulatory authority may intervene in the transfer of the service approval and may refuse to consent to the proposed transfer. If this is the case, the regulatory authority will provide written notice at least 28 days before the proposed transfer date. The regulatory authority is taken to consent to the transfer if they have not notification to intervene the transfer of the service approval. Both the transfering and receiving providers are required to provide written confirmation that the transfer has occurred within 2 days after the date the transfer takes effect, specifying the date of transfer as prescibed under section 88 of the National Law. The regulatory authority will then amend the service approval and			Provider Approval Number: PR-50000694	
	uate, unless otherwise agreed by th	ene in the transfer of the service approval and	may refuse to consent to the proposed transfer. If this	

### **Fill Details in the Form**

**1.** In the **DETAILS** stage, on the **Transfer** page, in the **TRANSFER DETAILS** section, as the receiving provider, fill details of the Service Approval being transferred to you from another provider, such as, service approval number and date of transfer. Click Validate to verify the service approval number entered.

Details					
	Provider: exa	ample			
	NS > DETAILS >	CONTACT INFO	SUBM	ISSION	
	Transfer Additional	Information			_
TRANSFER DETAILS					
TRANSFER DETAILS The Receiving Provider will need to provide details of any prop	posed changes to the Service /	Approval (that is, a	any proposed c	hanges to th	e information required
	posed changes to the Service / pporting documentation.	Approval (that is, a	any proposed c	hanges to th	e information required
The Receiving Provider will need to provide details of any prop	posed changes to the Service apporting documentation.	Approval (that is, a	any proposed c	hanges to th	e information required Validate
The Receiving Provider will need to provide details of any prop provided under Regulations 24 and 25). Please attach any sup	SE-50001036	Approval (that is, a	any proposed c	hanges to th	
The Receiving Provider will need to provide details of any prop provided under Regulations 24 and 25). Please attach any sup Service Approval Number *	SE-50001036	Approval (that is, a	any proposed c	hanges to th	
The Receiving Provider will need to provide details of any prop provided under Regulations 24 and 25). Please attach any sup Service Approval Number * Specify the date on which the transfer is intended to take effect *	SE-50001038	Approval (that is, a	any proposed c	hanges to th	
The Receiving Provider will need to provide details of any prop provided under Regulations 24 and 25). Please attach any sup Service Approval Number* Specify the date on which the transfer is intended to take effect* Do you intend to change the name of the service?*	SE-50001038	Approval (that is, a	any proposed d	hanges to th	

**2.** To start entering the details in the notification, click **Begin**.



Quick Reference Guide Author: ACECQA

#### Back to Main Menu

### **Fill Details in the Form**

**2.** After validating the service approval number and providing the transfer date, select relevant options for the changes you want to make to the name, contact details, operations, and nominated supervisors. Click Next to continue.

3. For those change options for which you selected Yes on the Transfer page, new corresponding pages/tabs are displayed in the DETAILS stage.
3.a On the New Service page, fill the new details for the service, such as, legal entity name, trading name and contact details and then click Next.

✓ INSTRUCTIONS	DETAILS CONTACT INFO SUBMISSION	V IN S	
Transfer New Service O	perational Hours Additional Information Nominated Supervisor	Transfer New Se	ervice Operational Hours Additional Information Nominated Supervisor
FRANSFER DETAILS		NEW SERVICE DETAILS	
The Receiving Provider will need to provide details of any propo- provided under Regulations 24 and 25). Please attach any suppr	sed changes to the Service Approval (that is, any proposed changes to the information required to be orting documentation.	Service Legal Entity Name*	xyz
		Trading Name *	abc
Service Approval Number*	SE-50001036 Validate	ABN	
	SERVICE DETAILS		Validate ABN
Trading Name	yz.		
Premises Address	52 Mount Street, WEST PERTH, WA 6005	Primary Contact Name: *	trial user
Provider Approval Number	PR-50000706	Primary Contact Name: *	
Provider Approval Name	xyz	Service Phone Number(BH):	e.g 0212345678, 1800XXXXX
pecify the date on which the transfer is intended to ake effect *	31/01/2018	Service Mobile Number: *	D456555555
o you intend to change the name of the service?*	⊛ Yes () No		
Vill the contact details for the service change?*	⊛ Yes ⊜ No	Service Fax Number:	e.g 0212345678, 1800XXXXXX
Vill the hours of operation of the service change?*	Yes   No	Emergency phone number *	D455555555
vin the nours of operation of the service change?"		Service Email Address:*	trialuser2102@gmail.com
Will the Nominated Supervisor change?*	e Yes No		
			Previous Save and Close Next
Previo	us Save and Close Next		
T I CHO		1	

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



# National Quality Agenda IT System (NQA IT System) Notification of Transfer of Service Approval (SA04/05)

Quick Reference Guide Author: ACECQA

#### Back to Main Menu

### **Fill Details in the Form**

3.b On the Operational Hours page, update the new operational timings and click Next.

			NS DETAILS	CONT	ACT INFO	SUBMISSION
	Transfer	New Service	Operational Hours	Additional	Information	Nominated Supervisor
PERATIONAL HOU	RS					
o add or edit operating o remove/cancel operat	hours expand the ting hours clear th	applicable period to the start and end time	ype/s and enter the sta es for the specific day/s	t and end time as appropriate	s for that servi	ce.
General operating ho	urs that are not s	ecifically related to	'Holiday Care' and 'Sch	iool Terms'.		
	START TIME	END TIME	24 HOUR CARE			
Monday	00:00	23:59	<b>V</b>			
Tuesday	00:00	23:59				
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
HOLIDAY CARE						
Operating hours durin	g school holidays	including public ho	lidays.			
SCHOOL TERMS ONLY	r					
Operating hours when	n schools are ope	n.				
		Pres	vious Save	and Close	Nex	
			T serve i			

**3.c** On the Additional Information page, select relevant options for changes in all sections, then fill details of further proposed changes (if any) and click **Next**.

		ifo > submission	7
Transfer New Service Ope	erational Hours Additional Infor	nation Nominated Supervisor	
		Holimated Supervisor	
POLICIES AND PROCEDURES			
By selecting the boxes you confirm that the following policies and procedures have been prepared in accordance with Regulation 168 for the proposed education and care service and that these will be available upon request by the Regulatory Authority. Note you DO NOT need to provide copies with this notification. For further information on the policies and procedures required for your service, please refer to Regulation 168.	the administration of first     Sleep and rest for childre     Incident, injury, trauma and illnes     Dealing with infectious diseases,     Dealing with infectious diseases,     Dealing with medical conditions i     Energency and exacutation, inci-     Dealivery of children to and colles     including procedures complying     Excursions, including procedures     Freviding a child safe environme     Staffing, including:         a determining the responsi         the participation of volum	ers relating to: ges, dietary requirements; (ey during any water based activities aid; and s procedures complying with Regulation 85. including procedures complying with Regulation 88. o children, including the matters set out in Regulation 90. ding the matters set out in Regulation 97. dison of children from, education and care service premises, with Regulations from, education and care service premises, with Regulations 100 to 102. nt. thermoments: le person present at the service; and ges and students on practicum placements.	
	<ul> <li>Interactions with children includin</li> <li>Enrolment and orientation.</li> </ul>	SWIMMING POOL / WATER HAZARDS	
	Governance and management o     The acceptance and refusal of a     Payment of fees and provision o     Dealing with complaints.	Is there a swimming pool or other water hazard s on the proposed premises? * (Note: restrictions on swimming pools apply in N South Wales and Tasmania)	
		RIGHT TO OCCUPY	
		I declare that I have the right to occupy or use the premises of the proposed education and care set	
		FURTHER PROPOSED CHANGES	
		Please describe any other proposed changes to t service approval:	the sample description of proposed changes
		P	revious Save and Close Next

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



## Fill Details in the Form

**3.d** On the Nominated Supervisor page, enter the nominated supervisor's details. Click Save.

The Next button will be activated, click it to move to the next page.

<b>Provide</b>	Contact	<b>Details</b>	in the	Form
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The CONTACT INFO stage of the form is available. Enter the contact information.
 Fill name, phone number, and email address of the contact person for the provider and select Save as application/notification default contact (if required). Click Next.

	Transfer Additional Information Nominated Supervisor		INSTRUCTIONS >
NOMINATED SUPERVISOR		NAME AND CONTACT DETAILS F	
NOMINATED SUPERVISOR DETAILS			nust be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.
First Name: *			
Last Name: *		Name: *	Sample User
Email: *		Phone Number: *	
Mobile Number: *	e.g 0212345678, 1800XXXXXX	Email Address: *	sampletestuser2102@gmail.com
Phone Number (Day Time): *	e.g 0212345678, 1800XXXXXXX		* Please fill in all fields
DOB: *			Save as application/notification default contact
This person is the approved provider *	O Yes O No		
			Previous Save and Close Next
	Cancel Save	N ote: Ensure that you fil	ll all the mandatory fields that are marked with a ed Asterisk *.
	Providue. Several Close Trans		R



#### 3. After adding all the requested documents, click Next. **Submit the Form** SUBMISSION INSTRUCTIONS DETAILS CONTACT INFO **1.** In the **SUBMISSION** stage, the **Attachments** page might be displayed based on the notification type you selected in the **DETAILS** stage. Add all the requested documents. Click Attachments Add Documents to add the requested documents or select I will be posting or faxing instead (if the option is available). ATTACHMENTS SUBMISSION INSTRUCTIONS DETAILS CONTACT INFO You will need to upload the following documents: Attachments Swimming Pool / Water Hazards\* d Docume Nominated Supervisor Consent Form<sup>1</sup> d Document ATTACHMENTS Right To Occupy \* You will need to upload the following documents: dd Document Swimming Pool / Water Hazards \* Evidence of Approved Provider Documentation \* dd Document Nominated Supervisor Consent Form Further Proposed Changes I will be posting or faxing instead dd Document Right To Occupy \* Notification of Transfer of Service Approval - Transferring dd Bocumen Provider<sup>1</sup> Evidence of Approved Provider Documentation \* Ocument Type Further Proposed Changes I will be posting or faxing instead Swimming Pool / Water 11.20 KB gibberish.docx sample description of document x Remove ADD DOCUMENT Hazards Notification of Transfer of Service Approva Nominated Supervisor Consent gibberish.docx sample description of document 11.20 KB x Remove Provider <sup>1</sup> Form Please provide a copy of the services water safety policy **Right To Occupy** NOTE: 11.20 KB gibberish.docx sample description of document x Remove The following file types are accepted for upload: .doc, .doc, .pdf, .bmp, .gif, Evidence of Approved Provider gibberish.docx sample description of document 11.20 KB x Remove No documents have been uploaded Documentation (pg, .)peg, .png, .tiff, .rtf, .xls, .xlsx, .csv The file size should not exceed 20MB Notification of Transfer of A file description is required for uploa Service Approval - Transferring gibberish.docx sample description of document 11.20 KB x Remove Provider 2. Browse and Total Size: 58.02 KB Choose File gibberish.docx Total Files: 5 choose the required Save and Close sample description of document Previous Next file. Add description and click Upload. Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*. Cancel



### **Submit the Form**

**4.** In the **Summary** section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

🗸 IN	STRUCTIONS > 🗸	DETAILS 🔪 🗸	CONT	ACT INFO		N
	Attac	hments Summary	Payr	nent		
SUMMARY						
Here is a summary of the information you	are about to submit. If you r	need to make changes, ple	ase click	on the Edit li	nk of the correspon	ding section you want to amer
Note: You cannot make further changes b	eyond this point.					
Warning: Forms not submitted within 90 of	days from the start date will	be deleted from the syster	n.			
					_	
SERVICE TRANSFER DETAILS						Edi
	F	RECEIVING PROVIDER D	ETAILS			-
Provider Approval Name:				Provider Ap	proval Number:	Provider Approval Status
example				PR-5000089	14	Approved
		TRANSFER DETAIL	.S			
Intended Date of Transfer:	:	31/01/2018				
Service Approval No:	1	SE-50001038				
Transferring Provider Name:	:	xyz				
Transferring Provider Number:		PR-50000708				
NEW SERVICE DETAILS						Edi
		NEW SERVICE DETA	ILS			
Intend to change the name of service:	,	Yes				
Service Legal Entity Name:	;	xyz				
Trading Name:		abo				
ABN:	1	Not supplied				
	NE	EW SERVICE CONTACT	DETAILS			
Intend to change the contact details of	service	Yes				
Primary Contact Name	1	trial user				
Service Phone Number						
Service Mobile Number	(	0455555555				
Service Mobile Number						
After-hours Emergency Phone	(	0455555555				
Service Email Address		trialuser2102@gmail.com				

**5.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Finalise**.

NNUL ieneral operating hours that are not specifically related to 'Holiday Care' and 'School Terms'. IOLDX CARE perating hours when schools are open. ICCONCITENS perating hours when schools are open. ICCES AND ADDITIONAL INFORMATION ICCES ADDITIONAL INFORMATION INFORMAT	CARE g hours during school holidays including public holidays.	
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perating hours during school holidays including public holidays. CHOOL TERMS perating hours when schools are open. LUCES AND ADDITIONAL INFORMATION refollowing policies and procedures have been prepared • Health and safety, including matters relating to: • Unifition, food and beverages, dietary requirements; • Sum protection: • Unifiton, food and beverages, dietary requirements; • unifiton, food and food document gibberish, docx • unifiton, food and food document gibbe	g hours during school holidays including public holidays.	
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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 application to be obliged) to act in reliance upon the content 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 d other persons/authorities where authorised by the Education and Care Services National Law; 7. I have read that I may be subject to penalities under the Education and Care Services National Law; 7. I are avare that I may be subject to penalities under the Education and Care Services National Law; 7. I are greatery that I may be a understood a Provider's application may be disclosed to Commonwealth for the purposes of the Family Assistance Law and may be d other persons/authorities where authorized by the Education and Care Services National Law; 7. I are greatery that I may be subject to penalities under the Education and Care Services National Law; 7. I are greatery that I may be a onoice under the National Law using the contact of the serviced in this application; multiding the postion in the failed in this application.	CLARATION	
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<ol> <li>am application form, including its attachments;</li> <li>4. I have read and understood a Provider's legal obligations under the Education and Care Services National Law;</li> <li>5. The Regulatory Authority is authorised to verify any information provided in this application;</li> <li>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 d other persons]authorities where authorised by the Education and Care Services National Law if the false or misleading information in this fit. I agree that the regulatory authority may serve a notice under the National Law in or the legislation; and may be different to the false or misleading information in this fit. I agree that the regulatory authority may serve a notice under the National Law using the contact determined in this application, including the possibility of the false or misleading information in this fit.</li> </ol>	<ol><li>I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;</li></ol>	
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 d other persons!authorities where authorised by the Education and Care Services National Law or other legislation; and 7. I am aware that I may be subject to penalties under the Education and Care Services National Law if the false or misleading information in this f 8. I agree that the regulatory authority may serve a notice under the National Law using the contact determined in this application, including the pos provided in this application, including the post of the server set of the set of the server set of the	application form, including its attachments;	nts of the
other persons/authorities where authorised by the Education and Care Services National Law of other Lenslation; and 7. I am aware that I may be subject to penalties under the Education and Care Services National Law if the false or misleading information in this f 8. I agree that the regulatory authority may serve a notice under the National Law using the contact determovided in this application, including the pos	<ol><li>The Regulatory Authority is authorised to verify any information provided in this application;</li></ol>	
<ol> <li>I am aware that I may be subject to penalties under the Education and Care Services National Law if 8. I agree that the regulatory authority may serve a notice under the National Law using the contact deta pyided in this application, including the post</li> </ol>		disclosed to
e. Lagree that the regulatory and/only may serve a holder under the valorian Law daming the contact detail burded in this application, including the posterial address or fax number (in accordance with section 293 of the National Law).	7. I am aware that I may be subject to penalties under the Education and Care Services National Law if the fide false or misleading information in this	
	email address or fax number (in accordance with section 293 of the National Law).	stal, street of



### Submit the Form

**6.** In the **Payment** section, fill the **PAYMENT DETAILS** section carefully and click **Pay Now**. **Note:** You can make online payments only if your regulatory authority allows the same. Only the following regulatory authorities allow online payments: NSW, QLD, SA, TAS, VIC, and WA.

Attachments     Summary     Payment       PAYMENT DETAILS     Identifier: INV-15002-P0COR3     Fee Description: Transfer of Service Approval       Type: Provider     Amount: S107.00       Due Date: 22/02/2018     S107.00       Credit Card Type: * Image: Credit Card: * Trial User     Image: Credit Card: * Trial User
Identifier: INV-15002-P0C0R3     Fee Description: Transfer of Service Approval       Type: Provider     Amount: \$107.00       Due Date: 22/02/2018     Credit Card Type: * • VISA       Image: Credit Card: * Trial User     Image: Credit Card: *
Identifier: INV.15002-P0C0R3     Fee Description: Transfer of Service Approval       Type: Provider     Amount: \$107.00       Due Date: 22/02/2018     \$107.00       Credit Card Type: * ● VISA     •       Name on Credit Card: * Trial User     •
INV-15002-PDCOR3 Transfer of Service Approval Type: Provider Due Date: 20/22/01/8 Credit Card Type:   ● VISA ● ManyCore Name on Credit Card:  Trial User
Provider \$107.00 Due Date: 22/02/2018 Credit Card Type: *
22/02/2018 Credit Card Type: *
VISA     Associate  Name on Credit Card: *  Trial User
Trial User
Credit Card Number: *
Card Expiry (mm/yy): * 12 ▼ 18 ▼
Card Security Code: * 111 What is a CSC?
Email payment confirmation: sampletestuser2102@gmail.com
You will be e-mailed a confirmation of your payment. If you would like the payment confirmation to be sent to an email address other than your registered mail address, please enter the address in the above box.
Pay Later
Pay Now Payment in progress

### Print or Close the Form

**1.** Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number**, **Provider Number** and **Payment Status** details. Click **OK** to close the application or **Print** to print the application.

ly Details		
	Thank you for your submission	
Application Reference Number:	APP- 50007008	
Provider Number:	PR-50000694	
Payment Status:	\$107.00 PAID	
Click here to view your Invoice.		
For any enquiries regarding the progress of you	ur application, please contact WA Regulatory Authority. Contact details can be found on t	he <u>ACECQ</u>



Quick Reference Guide Author: ACECQA

#### Back to Main Menu

### **Introduction**

This Quick Reference Guide (QRG) provides details about the Notification of Change of Information About an Approved Service (SA12) form available in National Quality Agenda IT System (NQA IT System).

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one service, refer the Application for Service Approval QRG.
- The required supporting documents that you may be asked to attach.

### **Table of Contents**

- Access the Form
  - Steps to access the Notification of Change of Information About an Approved Service form.
- Begin the Form
  - Steps to start working on the Notification of Change of Information About an Approved Service form.
- Fill Details in the Form
  - Steps to add the following requested information in the form:
    - o Select type of notification.
    - o Fill notification related details.
- Provide Contact Details in the Form
  - Steps to add requested contact information.
- Submit the Form
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o Reviewing summary and finalising the form
- Print or Close the Form
  - Steps to print and close the form.



### **Access the Form**

**1.** From the **My Details** page, in the **My Services** section, select a **Service ID** and click **New Forms**.

Manage My Accourt	nt Saved Forms	Involces	Re-open Service	Bulk Closure	
Services Service ID			Service Name	State	Status
SE-50001031			test case day care	NSW	Approved

# 2. On the Submit a Service Form page, click Notify corresponding to the Form # : SA12 and Form Name : Notification of Change of Information About an Approved Service.

<ul> <li>Sub</li> <li>Iv Details</li> </ul>	mit a Service Form		
y Details			
Select	relevant Application or Notification		
Service Service State: Status:	test case day		
Form #	Form Name	Description	
		Use this form to apply to: • Change the name of your education and care service	
SAD3	Application for Amendment of Service Approval	<ul> <li>Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service</li> <li>Change or remove conditions on your service approval</li> <li>Add venue for family day care service</li> <li>Remove venue for family day care service</li> </ul>	Арріу
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Apply
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notify
SA08	Application for Service or Temporary Waiver	Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the National Regulations.	Apply
SA09	Application for Revocation of Service Waiver	An approved provider may apply to revoke their service waiver at any time.	Apply
		Notify the regulatory authority about: • A change to the hours and days of operation of your service	-
SA12	Notification of Change of Information About an Approved Service	<ul> <li>A change to your service's contact details</li> <li>Any proposed changes to service's premises</li> <li>Service has not commenced operation within 6 months of a grant of Service Approval</li> <li>Change of Principal Office of the Family Day Care Service</li> <li>A change to whether transportation is provided by your service</li> </ul>	Notify



Back to Main Menu

## **Begin the Form**

**1.** In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

tails			
	Service: test case day ca	re	
	TRUCTIONS CONTACT INF	O SUBMISSION	
OVIDER DETAILS			
rovider Name: st entity		Provider Approval Number: PR-50000691	Provider Status: Approved
RVICE DETAILS			
ervice Trading Name:		Service Approval Number:	Service Status:
st case day care		SE-50001031	Approved
IPORTANT INFORMATION BEFORE YO	U BEGIN		
	U BEGIN ligations under the Education and Care Services Natio	nal Law (National Law) and the Edu	cation and Care Services
You must ensure you are familiar with your ob National Regulations (National Regulations).			
You must ensure you are familiar with your ob National Regulations (National Regulations).	ligations under the Education and Care Services Nation		
You must ensure you are familiar with your ob National Regulations (National Regulations). Regulatory authorities in each state and territo <b>Privacy Statement</b>	ligations under the Education and Care Services Nation ory are responsible for assessing most applications and pommitted to protecting personal information in accordar	notifications. Contact your regulate	ory authority for information.
You must ensure you are familiar with your ob National Regulations (National Regulations). Regulatory authorities in each state and territo <b>Privacy Statement</b> ACECOA and the regulatory authorities are co contained in the Privacy Amendment (Enhanc	ligations under the Education and Care Services Nation ory are responsible for assessing most applications and pommitted to protecting personal information in accordar	notifications. Contact your regulate	ory authority for information. e Australian Privacy Principles
You must ensure you are familiar with your ob National Regulations (National Regulations). Regulatory authorities in each state and territo <b>Privacy Statement</b> ACECQA and the regulatory authorities are co contained in the Privacy Amendment (Enhanc Information provided is being collected for the accordance with the National Law.	ligations under the Education and Care Services Nation ory are responsible for assessing most applications and primitted to protecting personal information in accordar ing Privacy Protection) Act 2012.	notifications. Contact your <b>regulate</b> ce with the Privacy Act 1988 and th nd may be provided to other authori	ory authority for information. e Australian Privacy Principles ties or government agencies in
You must ensure you are familiar with your ob National Regulations (National Regulations). Regulatory authorities in each state and territo <b>Privacy Statement</b> ACECQA and the regulatory authorities are co contained in the Privacy Amendment (Enhanc Information provided is being collected for the accordance with the National Law.	ligations under the Education and Care Services Nation ory are responsible for assessing most applications and pommitted to protecting personal information in accordar ing Privacy Protection) Act 2012. purposes of assessing this application or notification a	notifications. Contact your <b>regulate</b> ce with the Privacy Act 1988 and th nd may be provided to other authori	ory authority for information. e Australian Privacy Principles ties or government agencies in

## **Fill Details in the Form**

**1.** In the **DETAILS** stage, in the **TYPE OF NOTIFICATION DETAILS** section, select the relevant notification type from the **Please specify the type of notification** options.

Changes to hours and days of operation of service
Change to Approved Service contact details
O Proposed change to the centre-based service or family day care venue premises
O Service has not commenced operation within 6 months of a grant of Service Approval
Change of Principal Office of the Family Day Care Service
O Re-opening Service
Change to transportation provided by Service
Service Bulk Closure

#### SUPPORTING INFORMATION

lote: Approved providers should notify the regulatory authority of any change that could impact on the health, safety and wellbeing of children attending the service.

lease describe the change: \*



Previous Save and Close Next

109



#### Back to Main Menu

Note: The notification types depicted in the screenshots on this page are only a subset for the purpose of illustration

## **Fill Details in the Form**

**1.a** If you select **Changes to hours and days of operation of service**, the **OPERATIONAL HOURS** section is displayed. You can update your service operating hours by editing the start and end times.

Please specify the type of notification:*	Changes to hours and days of operation of service
	Change to Approved Service contact details
	Proposed change to the centre-based service or family day care venue premises
	Service has not commenced operation within 6 months of a grant of Service Approx
	Change of Principal Office of the Family Day Care Service

**1.b** If you select **Changes to Approved Service contact details**, the **CHANGE TO APPROVED SERVICE CONTACT DETAILS** section is displayed. Edit the contact details to update the new contact number/email address/address.

### OPERATIONAL HOURS

To add or edit operating hours expand the applicable period type/s and enter the start and end times for that service. To remove/cancel operating hours clear the start and end times for the specific day/s as appropriate.

#### 

General operating hours that are not specifically related to 'Holiday Care' and 'School Terms'.



HOLIDAY CARE Operating hours during school holidays including public holidays. Note: A question follows after this on Change of operational hours due to an emergency situation.

For assistance in filling in operational hour change details related to an emergency management situation, refer to the <u>Emergency Management</u> <u>Help Guide</u>

ontact number/email address/addres	5S.
	CONTACT INFO SUBMISSION
TYPE OF NOTIFICATION DETAILS	
Please specify the type of notification:*	Changes to hours and days of operation of service
	Change to Approved Service contact details
	Proposed change to the centre-based service or family day care venue premises
	Service has not commenced operation within 6 months of a grant of Service Approva
	Change of Principal Office of the Family Day Care Service
CHANGE TO APPROVED SERVICE CONTACT DETAILS	
New Phone:	0455555555
New Mobile:	
New Mobile.	
New Fax:	e.g 0212345678, 1800XXXXX
New Email:	
New after hours emergency phone number: (Required in the case of an emergency)	e.g 0212345678, 1800XXXXXX
Please fill in the Address Details	
	New Postal Address
	Non i Gold Addiolo
Address:	123 Street, Suburb, State

Operating hours when schools are open.

SCHOOL TERMS ONLY



#### Back to Main Menu

Note: The notification types depicted in the screenshots on this page are only a subset for the purpose of illustration

## **Fill Details in the Form**

**1.c** If you select **Proposed change to the centre-based service or family day care service premises or Service has not commenced operation within 6 months of a grant of Service Approval**, no new section is displayed but you must add details of the change of service in the **SUPPORTING INFORMATION** section.

TYPE OF NOTIFICATION DETAILS	
Please specify the type of notification:*	Changes to hours and days of operation of service
	Change to Approved Service contact details
	Proposed change to the centre-based service or family day care venue premises
	Service has not commenced operation within 6 months of a grant of Service Approval
	Change of Principal Office of the Family Day Care Service
V INSTRUCT	TONS V DETAILS CONTACT INFO SUBMISSION
	IONS V DETAILS CONTACT INFO SUBMISSION
	TONS V DETAILS CONTACT INFO SUBMISSION
INSTRUCT	TONS       ✓       DETAILS       CONTACT INFO       SUBMISSION         O       Changes to hours and days of operation of service
TYPE OF NOTIFICATION DETAILS	
TYPE OF NOTIFICATION DETAILS	<ul> <li>Changes to hours and days of operation of service</li> </ul>
TYPE OF NOTIFICATION DETAILS	<ul> <li>Changes to hours and days of operation of service</li> <li>Change to Approved Service contact details</li> </ul>

1.d If you select Change of Principal Office of the Family Day Care Service, the NEW PRINCIPAL OFFICE OF THE FAMILY DAY CARE section is displayed. Enter the proposed commencement date and new address of the principal office. DETAILS CONTACT INFO INSTRUCTIONS SUBMISSION TYPE OF NOTIFICATION DETAILS Changes to hours and days of operation of service specify the type of notification: \* Change to Approved Service contact details Proposed change to the centre-based service or family day care venue premises Service has not commenced operation within 6 months of a grant of Service Approval Change of Principal Office of the Family Day Care Service NCIPAL OFFICE OF THE FAMILY DAY CARE SERVICE ed Commencement Date: \* 123 Street, Suburb, State declare that I have the right to occupy and use the proposed premises as a principal office of the W PRINCIPAL OFFICE OF THE FAMILY DAY CARE SERVICE 31/01/2018 Select the I declare that posed Commencement Date 125 Liverpool St ddress Line 1: e the right to occupy and Address Line 2: he proposed premises as SYDNEY Suburb/Town: ncipal office of the State/Territory: NSW ce checkbox. 2000 ostcode AUSTRALIA Country: Reset Add I declare that I have the right to occupy and use the p

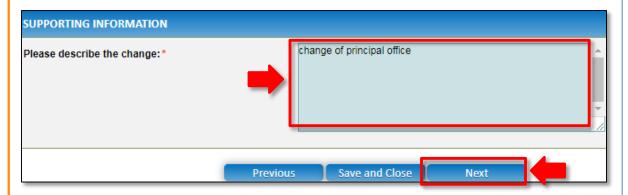
clare that I have the right to occupy and use the proposed premises as a principal office of the \*



#### Back to Main Menu

## **Fill Details in the Form**

2. After selecting the relevant change option and entering all required information, add details about the requested change with relevant reasoning in the SUPPORTING INFORMATION field and click Next.



## **Provide Contact Details in the Form**

1. The CONTACT INFO stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select Save as application/notification default contact (if required). Click Next.

<u>/ Details</u>	
	Service: test case day care
	✓ INSTRUCTIONS > ✓ DETAILS > CONTACT INFO > SUBMISSION
=	
NAME AND CONTACT DETA	AILS FOR THIS NOTIFICATION
Note: The contact for this Notifica	ation must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this
Name:*	Sample User
Phone Number:*	041111111
Email Address:*	sampletestuser2102@gmail.com
	* Please fill in all fields
	Save as application/notification default contact
	Save as application/notification default contact



#### Back to Main Menu

#### 3. After adding all the requested documents, click Next. **Submit the Form** CONTACT INFO SUBMISSION INSTRUCTIONS DETAILS 1. In the SUBMISSION stage, on the Attachments page, add all the requested documents. Click Add Documents to add the requested documents. Attachments CONTACT INFO SUBMISSION INSTRUCTIONS DETAILS ATTACHMENTS Attachments You will need to upload the following documents: Supporting Documents dd Docume ATTACHMENTS Right to occupy and use the proposed premises as principal You will need to upload the following documents: dd Docume office \* Supporting Documents Document Type Right to occupy and use the proposed premises as principal Supporting Documents office<sup>1</sup> gibberish.docx sample supporting document 11.20 KB x Remove Right to occupy and use the x Remove 11.20 KB proposed premises as principal gibberish.docx sample right to occupy document No documents have been uploaded. Total Files: 2 Total Size: 22.41 KB 2. Browse and choose the required file. Add description and click Upload. Previous Save Next ADD DOCUMENT Please attach any supporting documentation Note: Ensure that NOTE: you fill all the The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png. mandatory fields tiff, .rtf, .xls, .xlsx, .csv The file size should not exceed 20MB. that are marked with A file description is required for upload. a Red Asterisk \*. Choose File gibberish.doc> sample supporting document Upload Cancel Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



#### Back to Main Menu

## **Submit the Form**

**4.** In the **Summary** section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

V INSTRUC	itions 🔪 🗸 details 🔪 🗸	CONTACT INF	) SUBMISSIO	N
	Attachments Sur	mmary		
SUMMARY				
SUMMART				
Here is a summary of the information you are abo	ut to submit. If you need to make changes, p	blease click on the Ed	lit link of the correspond	ding section you want to ame
Note: You cannot make further changes beyond to	his point.			
Warning: Forms not submitted within 90 days from	m the start date will be deleted from the syst	em.		
NOTIFICATION OF CHANGE TO APPROVE	D SERVICE DETAILS			
	PROVIDER DETA	ILS		· · · · ·
Provider Approval Name: test entity		Provider PR-5000	Approval Number: 0691	Provider Approval Stat Approved
	SERVICE DETAI	LS		
Service Trading Name: test case day care		Service SE-5000	Approval Number: 1031	Service Approval Statu Approved
	NOTIFICATION DET	TAILS		1
The Type of Notification	Change of Principal Offi	ce of the Family Day	Care Service	
Proposed Commencement Date:	31/01/2018			
Change of Principal Office Address:	125 Liverpool St, SYDN	EY, NSW 2000		
Right To Occupy:	Yes			
Change Description:	change of principal office	e		
NOTIFIER'S DETAILS				
Name Sample User	Phone Number 041111111		Email Address sampletestuser2102(	@gmail.com

# **5.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

Document Type	Description	File Name
Right to occupy and use the proposed premises as principal office	sample right to occupy document	gibberish.docx
Supporting Documents	sample supporting document	gibberish.docx
DECLARATION		
I declare that: *		
	this application form (including any attachm	
3. The Applicant understands t	hat the Regulatory Authority and/or ACECO	and the associated material contained in this form; NA will have the right (but will not be obliged) to act in reliance upon the contents of t
application form, including its 4. I have read and understood	a Provider's legal obligations under the Edu	cation and Care Services National Law,
6. Some of the information prov		Commonwealth for the purposes of the Family Assistance Law and may be disclosed
<ol> <li>Some of the information prov other persons/authorities wh</li> <li>I am aware that I may be sull</li> </ol>	vided in this application may be disclosed to be authorised by the Education and Care bject to penalties under the Education and	Commonwealth for the purposes of the Family Assistance Law and may be disclost Services National Law or other legislation; and Care Services National Law if I provide false or misleading information in this form.
<ol> <li>Some of the information provo other persons/authorities wh</li> <li>I am aware that I may be suited as a subscription of the subs</li></ol>	vided in this application may be disclosed to be authorised by the Education and Care bject to penalties under the Education and	Commonwealth for the purposes of the Family Assistance Law and may be disclos Services National Law or other legislation; and Care Services National Law if I provide false or misleading information in this form. al Law using the contact details provided in this application, including the postal, st
<ol> <li>Some of the information provo other persons/authorities wh</li> <li>I am aware that I may be suited as a subscription of the subs</li></ol>	vided in this application may be disclosed to lere authorised by the <i>Education and Care</i> bject to penalties under the <i>Education and</i> uthority may serve a notice under the Natio	Commonwealth for the purposes of the Family Assistance Law and may be disclos Services National Law or other legislation; and Care Services National Law if I provide false or misleading information in this form. al Law using the contact details provided in this application, including the postal, st
<ol> <li>Some of the information provo other persons/authorities wh</li> <li>I am aware that I may be suited as a subscription of the subs</li></ol>	vided in this application may be disclosed to ere authorised by the Education and Care bject to penalties under the Education and uthority may serve a notice under the Natio r (in accordance with section 293 of the Nat	Commonwealth for the purposes of the Family Assistance Law and may be disclos Services National Law or other legislation; and Care Services National Law if I provide false or misleading information in this form. al Law using the contact details provided in this application, including the postal, st
<ol> <li>Some of the information provo other persons/authorities wh</li> <li>I am aware that I may be suited as a subscription of the subs</li></ol>	vided in this application may be disclosed to ere authorised by the Education and Care bject to penalties under the Education and uthority may serve a notice under the Natio r (in accordance with section 293 of the Nat	o Commonwealth for the purposes of the Family Assistance Law and may be disclos Services National Law or other legislation; and Care Services National Law if I provide false or misleading information in this form. In Law using the contact details provided in this application, including the postal, st ional Law).
<ol> <li>Some of the information provo other persons/authorities wh</li> <li>I am aware that I may be suited as a subscription of the subs</li></ol>	vided in this application may be disclosed to ere authorised by the Education and Care bject to penalties under the Education and uthority may serve a notice under the Natio r (in accordance with section 293 of the Nat	o Commonwealth for the purposes of the Family Assistance Law and may be disclos Services National Law if I provide false or misleading information in this form. nal Law using the contact details provided in this application, including the postal, st ional Law).
<ol> <li>Some of the information provo other persons/authorities wh</li> <li>I am aware that I may be suited as a subscription of the subs</li></ol>	vided in this application may be disclosed to ere authorised by the Education and Care bject to penalties under the Education and uthority may serve a notice under the Natio r (in accordance with section 293 of the Nat	o Commonwealth for the purposes of the Family Assistance Law and may be disclos Services National Law or other legislation; and Care Services National Law if I provide false or misleading information in this form. In Law using the contact details provided in this application, including the postal, st ional Law).
<ol> <li>Some of the information provoter persons/authorities wh</li> <li>I am aware that I may be suited.</li> <li>I agree that the regulatory at</li> </ol>	vided in this application may be disclosed to ere authorised by the Education and Care bject to penalties under the Education and uthority may serve a notice under the Natio r (in accordance with section 293 of the Nat	o Commonwealth for the purposes of the Family Assistance Law and may be disclos Services National Law if I provide false or misleading information in this form. nal Law using the contact details provided in this application, including the postal, st ional Law).
<ol> <li>Some of the information provoter persons/authorities wh</li> <li>I am aware that I may be suited.</li> <li>I agree that the regulatory at</li> </ol>	vided in this application may be disclosed to ere authorised by the Education and Care bject to penalties under the Education and uthority may serve a notice under the Natio r (in accordance with section 293 of the Nat	o Commonwealth for the purposes of the Family Assistance Law and may be disclos Services National Law if I provide false or misleading information in this form. nal Law using the contact details provided in this application, including the postal, st ional Law).
<ol> <li>Some of the information provoter persons/authorities wh</li> <li>I am aware that I may be suited.</li> <li>I agree that the regulatory at</li> </ol>	vided in this application may be disclosed to ere authorised by the Education and Care bject to penalties under the Education and uthority may serve a notice under the Natio r (in accordance with section 293 of the Nat	o Commonwealth for the purposes of the Family Assistance Law and may be disclos Services National Law if I provide false or misleading information in this form. Tal Law using the contact details provided in this application, including the postal, st ional Law).



Back to Main Menu

## **Print or Close the Form**

**1.** Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.

Application Submitted

My Details

Thank you for your submission

Notification Reference Number: NOT-50005957
Service Number: SE-50001031

For any enquiries regarding the progress of your notification, please contact NSW Regulatory Authority. Contact details can be found on the <u>ACECQA</u> website.

OK
Print



# Notification of Change to Nominated Supervisor (NS02)

#### Back to Main Menu

## **Introduction**

This Quick Reference Guide (QRG) provides details about the Notification of Change to Nominated Supervisor (NS02) form available in National Quality Agenda IT System (NQA IT System).

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one service, refer the Application for Service Approval QRG.
- The required supporting documents that you may be asked to attach.

## **Table of Contents**

#### Access the Form

- Steps to access the Notification of Change to Nominated Supervisor form.
- Begin the Form
  - Steps to start working on the Notification of Change to Nominated Supervisor form.
- Fill Details in the Form
  - Steps to add the following requested information in the form:
    - <u>Select type of notification.</u>
    - o Add new nominated supervisor.
    - o <u>Cease/remove/withdraw nominated supervisor.</u>
    - o Change names or contact details of nominated supervisors.
- Provide Contact Details in the Form
  - Steps to add requested contact information.
- Submit the Form
  - Steps to submit and finalise the form by completing the following:
    - o Add attachments.
    - o Review summary and finalising the form.
- Print or Close the Form
  - Steps to print and close the form.



# Notification of Change to Nominated Supervisor (NS02)

Quick Reference Guide Author: ACECQA

#### Back to Main Menu

## Access the Form

**1.** From the **My Details** page, in the **My Services** section, select the **Service ID** and click **New Forms**.

etails					
Manage My Account	Saved Forms	Involces	Re-open Service	Bulk Closure	
y Services Service ID			Service Name	Slate	Status
SE-50001031			test case day care	NSW	Approved
SE-50001032	Ļ		sample user	NSW	Under assessment

# 2. On the Submit a Service Form page, click Notify corresponding to the Form # : NS02 and Form Name : Notification of Change to Nominated Supervisor.

Form #	Form Name	Description	
AD3	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	Apply
A06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Apply
A07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notify
A08	Application for Service or Temporary Waiver	Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the National Regulations.	Apply
A09	Application for Revocation of Service Waiver	An approved provider may apply to revoke their service waiver at any time.	Apply
A12	Notification of Change of Information About an Approved Service	Notify the regulatory authority about: • A change to the hours and days of operation of your service • A change to your service's contact details • Any proposed changes to service's premises • Service has not commenced operation within 6 months of a grant of Service Approval • Change of Principal Office of the Family Day Care Service	Notify
A10	Application for Re-Assessment and Re-Rating	Apply to have your service reassessed and re-rated. For more information refer to the Guide to the National Law and National Regulations.	Apply
A11	Application for Review of Ratings by Regulatory Authority	Request a review of your service's rating level for one or more quality areas. Please note that you may only apply for a review within 14 days of receiving the notification of the rating.	Apply
502	Notification of Change to Nominated Supervisor	<ul> <li>Notify the Regulatory Authority about adding a new nominated supervisor</li> <li>Notify the Regulatory Authority about ceasing, removing or withdrawing a nominated supervisor</li> <li>Notify the Regulatory Authority about changes to names or contact details of nominated supervisor</li> <li>Notify the Regulatory Authority about suspension or cancellation of a working with children card or teacher registration of a nominated supervisor</li> <li>Notify the Regulatory Authority about disciplinary proceedings under an education law of a participating jurisdiction in respect of a nominated supervisor</li> </ul>	Notify



## **Begin the Form**

**1.** Carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

tails				
	Service: test case d	ay care		
	INSTRUCTIONS DETAILS CONTA	CT INFO		
OVIDER DETAILS				
rovider Name: st entity			vider Approval Number: 50000691	Provider Status: Approved
RVICE DETAILS				
ervice Trading Name: st case day care			vice Approval Number: 50001031	Service Status: Approved
PORTANT INFORMATION B	EFORE YOU BEGIN			
You must ensure you are familiar v National Regulations (National Re Regulatory authorities in each stat Privacy statement	with your obligations under the <i>Education and Care Service</i> gulations). le and territory are responsible for assessing most applicati	ons and notific	ations. Contact your regulate	ory authority for information.
You must ensure you are familiar v National Regulations (National Re Regulatory authorities in each stat Privacy statement ACECQA and the regulatory autho	with your obligations under the Education and Care Service gulations).	ons and notific	ations. Contact your regulate	ory authority for information.
You must ensure you are familiar v National Regulations (National Re Regulatory authorities in each stat Privacy statement ACECQA and the regulatory author contained in the Privacy Amendme	with your obligations under the Education and Care Service gulations). te and territory are responsible for assessing most applicati prities are committed to protecting personal information in a ent (Enhancing Privacy Protection) Act 2012. Acted for the purposes of assessing this application or notifi	ons and notific	ations. Contact your regulate	ory authority for information. He Australian Privacy Principles
You must ensure you are familiar n National Regulations (National Re Regulatory authorities in each stat <b>Privacy statement</b> ACECQA and the regulatory author contained in the Privacy Amendmu Information provided is being colle accordance with the National Law.	with your obligations under the Education and Care Service gulations). te and territory are responsible for assessing most applicati prities are committed to protecting personal information in a ent (Enhancing Privacy Protection) Act 2012. Acted for the purposes of assessing this application or notifi	ons and notific ccordance wit cation and ma	ations. Contact your regulate h the Privacy Act 1988 and th y be provided to other authori	ory authority for information. le Australian Privacy Principles ties or government agencies in
You must ensure you are familiar n National Regulations (National Re Regulatory authorities in each stat <b>Privacy statement</b> ACECQA and the regulatory author contained in the Privacy Amendmu Information provided is being colle accordance with the National Law.	with your obligations under the <i>Education and Care Service</i> gulations). te and territory are responsible for assessing most applicati prities are committed to protecting personal information in a ent (Enhancing Privacy Protection) Act 2012. ected for the purposes of assessing this application or notifi	ons and notific ccordance wit cation and ma	ations. Contact your regulate h the Privacy Act 1988 and th y be provided to other authori	ory authority for information. le Australian Privacy Principles ties or government agencies in
You must ensure you are familiar n National Regulations (National Re Regulatory authorities in each stat <b>Privacy statement</b> ACECQA and the regulatory author contained in the Privacy Amendmu Information provided is being colle accordance with the National Law.	with your obligations under the <i>Education and Care Service</i> gulations). te and territory are responsible for assessing most applicati prities are committed to protecting personal information in a ent (Enhancing Privacy Protection) Act 2012. ected for the purposes of assessing this application or notifi- s and the Australian Government may publish information	ons and notific ccordance wit cation and ma	ations. Contact your regulate h the Privacy Act 1988 and th y be provided to other authori	ory authority for information. le Australian Privacy Principles ties or government agencies in
You must ensure you are familiar National Regulations (National Re Regulatory authorities in each stat <b>Privacy statement</b> ACECQA and the regulatory author contained in the Privacy Amendmu Information provided is being colle accordance with the National Law. ACECQA, the regulatory authoritie PPORTING DOCUMENTATION • NS01 Nominated Supervisor The approved provider must de	with your obligations under the <i>Education and Care Service</i> gulations). ie and territory are responsible for assessing most applicati prities are committed to protecting personal information in a ent (Enhancing Privacy Protection) Act 2012.	ons and notific ccordance wit cation and may about you in a ate or intend t	ations. Contact your regulate the Privacy Act 1988 and th y be provided to other authori ccordance with the National L o operate and the nominated	ory authority for information. e Australian Privacy Principles ties or government agencies in .aw.

## **Fill Details in the Form**

**1.** On the **Change Type** page, in the **TYPE OF NOTIFICATION DETAILS** section, select the relevant notification type from the **Please specify type of notification** options and click **Next**.

		s DETAIL S	CONTACT INFO		
		Change Type	Change Details		
TYPE OF NOTIFICATION DETAIL	s				
Please specify type of notifica	ation:	Change to names or Suspension or canc	vithdrawing of nominated si contact details of nominat eliation of a working with cl	ed supervisor hildren card or teacher regi	Istration of a Nominated Supervisor ction in respect of a Nominated
		Previous save and (	Close Next		



#### Back to Main Menu

## **Fill Details in the Form**

**1.a** If you select Adding new nominated supervisor, then on the Change Details page, the list of existing nominated supervisors is displayed with the Add Nominated Supervisor button. To add a new supervisor, click Add Nominated Supervisor.

	~	INSTRUCTIONS	🗸 DETAI	LS CONTAC	TINFO SU	BMISSION
			Change Type	Change Details	I	
NOMINATED SUPERVISOR	S					
		(	CURRENT NOMIN	ATED SUPERVISOR(	(S)	
NAME		TYF	E A	PPROVED PROVIDER	START DA	TE FINISH DATE
Test case user case user		Cur	rent	Yes	01/01/2018	i .
Add Nominated Supervise			NEW NOMINAT	ED SUPERVISOR(S)		
Note: Adding the Nominated S	upervisor	will only be effective af	ter this form is subr	nitted.		

**1.a.(i)** The **NOMINATED SUPERVISOR DETAILS** section is displayed. Fill the details of the new nominated supervisor, such as, full name, contact details, date of birth, start date, and whether the person is an approved provider. Click **Save**.

	<ul> <li>Image: A second s</li></ul>	NSTRUCTIONS	🗸 DETAILS	CONTACT INFO	
=			Change Type	Change Details	
DMINATED SUPERVISOR	S				
IOMINATED SUPERVISOI	R DETAILS				
irst Name:*			sample		
ast Name:*			test user		
mail:*			testuser2102@gn	nail.com	
lobile Number:*			0455555555		
hone Number (Day Time)	:*		0425555555		•
OB:*			21/01/1985	]	
tart Date:*			31/01/2018	]	
his person is the approve	ed provide	r*	⊛ Yes ⊖ No		
			Cancel	Save	

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



sample test user test use

Quick Reference Guide Author: ACECQA

Back to Main Menu

## **Fill Details in the Form**

**1.a.(ii)** The newly added nominated supervisor name is displayed in the **NEW NOMINATED SUPERVISOR(S)** table. To move to the next stage which is **CONTACT INFO** 

#### (see descriptive arrows at the top), click Next.

		DETAILS CONTACT IN	FO SUBMISSION	
	Chang	e Type Change Details		
MINATED SUPERVISORS				
	CURRENT	NOMINATED SUPERVISOR(S)		
NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE
Test case user case user	Current	Yes	01/01/2018	
	NEW NO	MINATED SUPERVISOR(S)		
ote: Adding the Nominated Supervisor will only be				
NEW NOMINATED SUPERVISOR NAME		APPROVED PROVIDER	START DATE	
sample test user		Yes	31/01/2018	i
	Previous	Save and Close	Next	

**1.b** If you select **Ceasing/removing/withdrawing of nominated supervisors**, the **CURRENT NOMINATED SUPERVISOR(S)** table is displayed on the **Change Type** page. For the nominated supervisor you need to cease/remove/withdraw, click the **bin** icon.

	V INSTRUCTIO	ons 🔪 🗸 🗆	DETAILS	CONTACT INFO	SUBMISSI	ON
		Change	Type Chang	je Details		
TYPE OF NOTIFICATION D	ETAILS					
Please specify type of noti	fication:	Ceasi		t supervisor adrawing of nominal ontact details of nor		
		Change Type Cha	nge Details		_	
DMINATED SUPERVISORS						
	CUF	RENT NOMINATED S	UPERVISOR(S)			
lote: Removing the Nominated Super	visor will only be effective aft	er this form is submitted	I			
NAME	TYPE	APPROVE	D PROVIDER	START DATE	FINISH DATE	
Test case user case user	Current		Yes	01/01/2018		
sample test user test user	Pending	l	Yes	31/01/2018		Ô
AME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE		
est case user case user	Current	Yes	01/01/2018	31/01/2018	3	

31/01/2018

Next

**1.b.(i)** Select a **FINISH DATE** for the supervisor you want to remove and click **Next**.

Yes

Save and Close

Pending

Previous



#### Back to Main Menu

## **Fill Details in the Form**

**1.c** If you select **Change to names or contact details of nominated supervisor**, then on the **Change Details** page, the **NOMINATED SUPERVISOR** section is displayed. To choose the supervisor for which you want to change name or contact details, click corresponding **Select**.

✓	INSTRUCTION	NS DETAILS	CONTACT	NFO SI	JEMISSION
		Change Type	Change Details		
YPE OF NOTIFICATION DETAILS					
lease specify type of notification:	_	Adding new nom     Ceasing/removin     Change to name	a/withdrawing o	f nominated sup	
	Cha	ange Type Change Deta	ils		_
OMINATED SUPERVISORS					
	CURRE	NT NOMINATED SUPERVIS	OR(S)		_
lote: Changes to the details of the Nominated Supe	rvisor will only be	effective after this form is subr	nitted		
	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE	
NAME					
NAME Test case user case user	Current	Yes	01/01/2018	31/01/2018	Select

**1.c.(i)** On the **Change Details** page, the **NOMINATED SUPERVISOR DETAILS** section is displayed. Fill supervisor's new details, such as full name, contact details, date of birth and whether the person is an approved provider. Click **Save**.

	Change Type Change Deta	ails
NOMINATED SUPERVISORS		
NOMINATED SUPERVISOR DETAILS		
First Name:*	Test	
Last Name:*	case user	
Email: *	testuser2102@gmail.com	
Mobile Number:*	041111111	
Phone Number (Day Time):*	040000000	
DOB:*	21/02/1985	
This person is the approved provider*	⊙ Yes 🔿 No	
Са	ncel Save	

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.

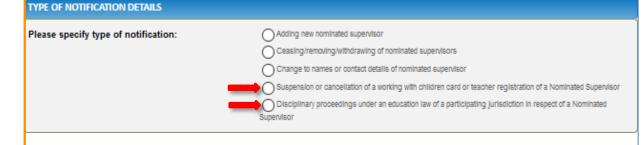


## Fill Details in the Form

URRENT NOMINATED SUPI	ERVISOR(S)		
ly be effective after this form	is submitted		
APPROVED P	ROVIDER START DATE	FINISH DATE	
ent Yes	01/01/2018	31/01/2018	3
ing Yes	31/01/2018		
e	E APPROVED P ent Yes	ent Yes 01/01/2018	E         APPROVED PROVIDER         START DATE         FINISH DATE           ent         Yes         01/01/2018         31/01/2018

**1.d and 1.e** If you had selected either **Suspension or cancellation** or **Disciplinary proceedings** on the **Change Type** page (see below figure), you will be prompted in the next page for the nominated supervisor as shown earlier.

From there you simply need to provide the details of the suspension/cancellation or disciplinary proceedings for the relevant nominated supervisor.



## **Provide Contact Details in the Form**

**1.** The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select **Save as application/notification default contact** (if required). Click **Next**.

<ul> <li>Notification of Chang</li> <li>Details</li> </ul>	ge to Nominated Supervisor
	Service: test case day care
	✓ INSTRUCTIONS > ✓ DETAILS > CONTACT INFO > SUBMISSION
NAME AND CONTACT	DETAILS FOR THIS NOTIFICATION
Note: The contact for this N	lotification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this for
Name:*	Sample User
Phone Number:*	041111111
Email Address:*	sampletestuser2102@gmail.com
	* Please fill in all fields
	Save as application/notification default contact
	Previous Save and Close Next



#### 3. After adding all the requested documents, click Next. **Submit the Form** SUBMISSION DETAILS CONTACT INFO INSTRUCTIONS 1. In the SUBMISSION stage, the Attachments page might be displayed based on the Attachments notification type you selected in the **DETAILS** stage. Add all the requested documents. Click Add Documents to add the requested documents. SUBMISSION INSTRUCTIONS DETAILS CONTACT INFO ATTACHMENTS You will need to upload the following documents: Attachments Supporting Documents Add Document ATTACHMENTS Document Type You will need to upload the following documents: Supporting Documents 11.20 KB x Remove gibberish.docx sample supporting document Supporting Documents Total Files: 1 Total Size: 11.20 KB Save and Close Previous Next No documents have been uploaded. 2. Browse and choose the required file. Add description and click Upload. ADD DOCUMENT Please attach supporting documents Note: Ensure that you NOTE: fill all the mandatory The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png. fields that are marked tiff, .rtf, .xls, .xlsx, .csv The file size should not exceed 20MB. with a Red Asterisk \*. A file description is required for upload. Choose File gibberish.docx sample supporting document Cancel Upload 123



#### Back to Main Menu

## **Submit the Form**

**4.** In the **Summary** section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

PROVIDER DETAILS         Provider Approval Name: test entity       Provider Approval Number: PR-50000691       Provider Approval Approved         SERVICE DETAILS         Service Trading Name: test case day care       Service Approval Number: SE-50001031       Service Approval Approved         NOMINATED SUPERVISOR DETAILS         Type of Notification: Change to names or contact details of nominated supervisor
test entity     PR-50000691     Approved       SERVICE DETAILS       Service Approval Number: Service Approval Number: SE-50001031       NOMINATED SUPERVISOR DETAILS
Service Trading Name: test case day care Service Approval Number: Service Approved Approved SE-50001031 Service Approved SE-50001031 SE-500000 SE-50000 SE-50000 SE-50000 SE-50000 SE-50000 SE-50000 SE-50000 SE-5000 SE-50000 SE-50000 SE-50000 SE-50000 SE-5000 SE-
Service Trading Name: test case day care  Service Approval Number: SE-50001031 Service Approved  Approved  Fype of Notification:
test case day care     SE-50001031     Approved       NOMINATED SUPERVISOR DETAILS
ype of Notification:
ype of Notification:
Modified Nominated Supervisors Details
NAME         DOB         PHONE NUMBER         EMAIL           Test case user case user         21/02/1985         041111111         testuser2102@gmail.com

**5.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

Document Type	Description	File Name	
Supporting Documents	sample supporting document	gibberish.docx	
DECLARATION			
✓ I declare that: *			
<ol> <li>I have read and unders</li> <li>The Application form, includi</li> <li>I have read and unders</li> <li>The Regulatory Authori</li> <li>Some of the information other persons/authoritie</li> <li>I agree that I may b</li> </ol>	nds that the Regulatory Authority and/or ACE( ing its attachments; tood a Provider's legal obligations under the <i>E</i> ty is authorised to verify any information provid n provided in this application may be disclosed as where authorised by the <i>Education and Car</i> be subject to penalties under the <i>Education</i> and	and the associated material contained in this form; QA will have the right (but will not be obliged) to act in reliance upon th <i>ducation and Care Services National Law</i> , ed in this application; to Commonwealth for the purposes of the <i>Family Assistance Law</i> and r <i>Services National Law</i> or other legislation; and <i>I Care Services National Law</i> if I provide false or misleading information onal Law using the contact details provided in this application, including	may be disclose
		Q Submission	in progress.



## **Print or Close the Form**

**1.** Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.

Application Submitted My Details Thank you for your submission Notification Reference Number: NOT-50005962 Service Number: SE-50001031 For any enquiries regarding the progress of your notification, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA website. OK Print



## **Introduction**

This **Quick Reference Guide (QRG)** provides details about the **Notification of Incident (I01)** form available in **National Quality Agenda IT System (NQA IT System)**.

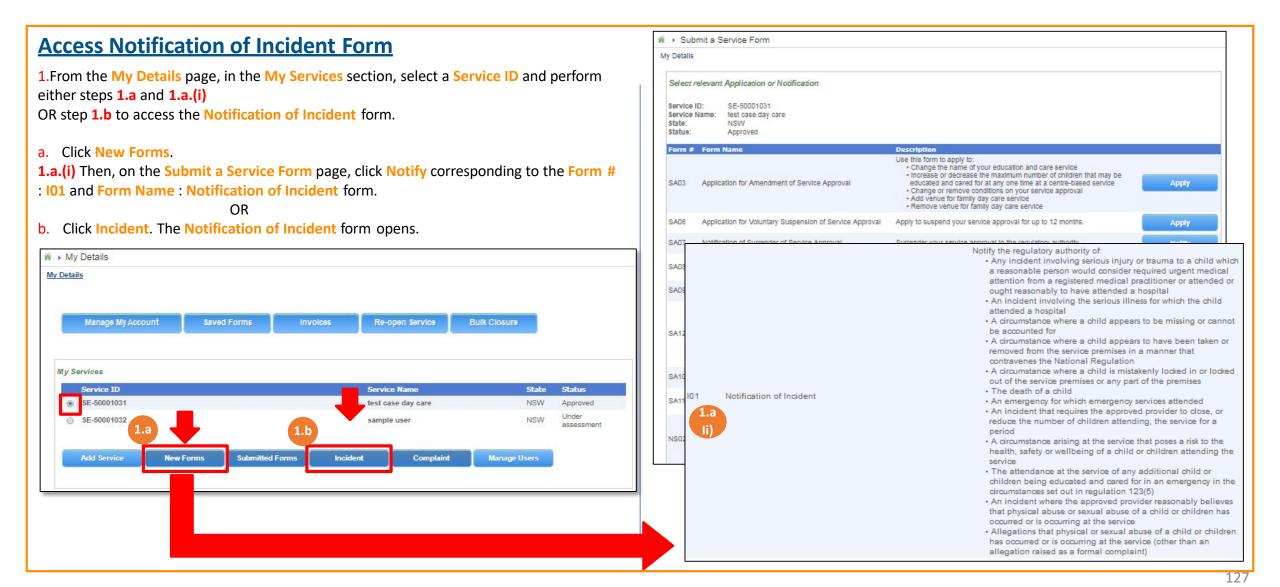
**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one service, refer the Application for Service Approval QRG.
- The required **supporting documents** that you may be asked to attach.

## **Table of Contents**

- Access Notification of Incident Form
  - Steps to access the Notification of Incident form.
- Begin Notification of Incident Form
  - Steps to start working on the Notification of Incident form.
- Fill Details in Notification of Incident Form
  - Steps to add the following requested information in the form:
    - o <u>Select type of incident</u>.
    - o Fill incident related details.
- Provide Contact Details in Notification of Incident Form
  - Steps to add requested contact information.
- Submit Notification of Incident Form
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o <u>Reviewing summary and finalising the form</u>
- Print or Close Notification of Incident Form
  - Steps to print and close the form.







## **Begin Notification of Incident Form**

**1.** In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

Detalls			
	Service: test cas	e day care	
		ONTACT INFO SUBMISSION	
ROVIDER DETAILS			
Provider Name: lest entity		Provider Approval Number: PR-50000691	Provider Status: Approved
ERVICE DETAILS		Service Approval Number:	Service Status:
Service Trading Name: test case day care		SE-50001031	Approved
MPORTANT INFORMATION B	efore you begin		
National Regulations (National Re Regulatory authorities in each sta You must make your notification t The following must be notified wit attending, the service for a period The following must be notified wit	with your obligations under the Education and Care Se guilations). Ite and territory are responsible for assessing most app to the regulatory authority within the relevant prescribed hin 24 hours: any serious incident; any incident that ree (; the attendance at the service of any additional child of thin 7 days; any circumstance at the service that poses	ilications and notifications. Contact your <b>regulat</b> I timeframe. quires the approved provider to close, or reduce ir children in an emergency.	ory authority for information.
You must ensure you are familiar National Regulations (National Re Regulatory authorities in each sta You must make your notification t The following must be notified wit attending, the service for a period The following must be notified wit	with your obligations under the Education and Care Se egulations). Ite and territory are responsible for assessing most app to the regulatory authority within the relevant prescribed thin 24 hours: any serious incident; any incident that rec ; the attendance at the service of any additional child o	ilications and notifications. Contact your <b>regulat</b> I timeframe. quires the approved provider to close, or reduce ir children in an emergency.	ory authority for information.
You must ensure you are familiar National Regulations (National Re Regulatory authorities in each sta You must make your notification t The following must be notified wit attending, the service for a period The following must be notified wit allegation of physical or sexual at Privacy Statement	with your obligations under the Education and Care Se guilations). Ite and territory are responsible for assessing most app to the regulatory authority within the relevant prescribed hin 24 hours: any serious incident; any incident that ree (; the attendance at the service of any additional child of thin 7 days; any circumstance at the service that poses	ilications and notifications. Contact your <b>regulat</b> d timeframe. quires the approved provider to close, or reduce ir children in an emergency. a risk to the health, safety or wellbeing of a chil	ory authority for information. the number of children d or children; any incident or

## **Fill Details in Notification of Incident Form**

**1.** In the **DETAILS** stage, on the **Incident Type** page, select the relevant incident type from the **TYPE OF INCIDENT** options (for example, **Closure or reduction in number of children attending the service or Any circumstance posing risk to health, safety and wellbeing)**.

YPE OF INCIDENT				
Injury or trauma	lliness	Child missing	Child taken or removed	
Child locked in or out	Death of a child	Emergency service attended	Closure or reduction in number of children attending the service	
Any circumstance posing risk to health, safety and wellbeing	Attendance of additional children	Incident of sexual or physical abuse	Allegation of sexual or physical abuse	Note: You can onl report one incide type through a single Notificatio of Incident form.



#### **Fill Details in Notification of Incident Form 1.a** On selecting a particular **TYPE OF INCIDENT**, the description of the incident type is selection. displayed. Click Next to move to the Incident Details page. TYPE OF INCIDENT Injury or trauma Illness Child missing Child taken or removed Note: For assistance in filling in the incident details for an Reg 175-Any incident that emergency Emergency service Death of a child Child locked in or out management attended hildren attending, the education and care service for a period situation, refer to the Emergency Managemen **Help Guide** Any circumstance posing Attendance of additional Incident of sexual or Allegation of sexual or risk to health, safety and children physical abuse physical abuse wellbeing Save and Close Previous Next

**2.** In the **INCIDENT DETAILS** section, the fields are provided based on the **TYPE OF INCIDENT** selected on the **Incident Type** page and may differ based on the incident type selection.

Fill in the requested details. Click Next to move to the CONTACT INFO stage.

Incident date: *	
Incident Management	
What action was required? *	O <sub>Closure</sub> O <sup>Number</sup> reduction
Please supply the following information:	
Detailed description of the incident inci Detailed description of impact on opera Involvement of emergency services or o Action taken by Approved Provider to m Any other relevant information	ation of the service including dates and times closed and reduced numbers of children attending the other authorities (if relevant)



## **Provide Contact Details in Notification of Incident Form**

The CONTACT INFO stage of the form is available. Enter the contact information.
 Fill name, phone number, and email address of the contact person of the provider.
 Select Save as application/notification default contact (if required). Click Next.

My Details         Service: test case day care         INSTRUCTIONS       OETAILS       CONTACT INFO       SUBMISSION         NAME AND CONTACT DETAILS FOR THIS NOTIFICATION         Note: The contact for this Notification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this         Name *         Phone Number: *         Email Address: *         Previous       Save and Close	Notification of Incident	
VINSTRUCTIONS       VETALS       CONTACT INFO       SUBMISSION         NAME AND CONTACT DETAILS FOR THIS NOTIFICATION         Note: The contact for this Notification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this         Name *         Phone Number: *         Email Address: *         • Please fill in all fields	ly Details	
NAME AND CONTACT DETAILS FOR THIS NOTIFICATION         Note: The contact for this Notification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this         Name*         Phone Number:*         Email Address:*         Please fill in all fields		Service: test case day care
Note: The contact for this Notification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this         Name*         Phone Number:*         Email Address:*         Please fill in all fields		✓ INSTRUCTIONS > ✓ DETAILS > CONTACT INFO > SUBMISSION
Note: The contact for this Notification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this         Name*         Phone Number:*         Email Address:*         Please fill in all fields		
Name *     Sample User       Phone Number: *     D41111111       Email Address: *     sampletestuser2102@gmail.com       * Please fill in all fields	NAME AND CONTACT DE	TAILS FOR THIS NOTIFICATION
Phone Number: * Email Address: * D41111111 Sampletestuser2102@gmail.com * Please fill in all fields	Note: The contact for this Noti	ication must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this fo
Email Address: * Sampletestuser2102@gmail.com * Please fill in all fields	Name *	Sample User
* Please fill in all fields	Phone Number: *	D41111111
	Email Address: *	sampletestuser2102@gmail.com
Previous Save and Close Next		* Please fill in all fields
Previous Save and Close Next		
Previous Save and Close Next		
		Previous Save and Close Next

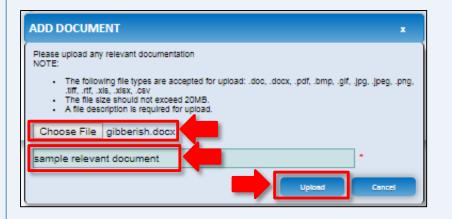
## **Submit Notification of Incident Form**

**1.** In the **SUBMISSION** stage, on the **Attachments** page, add all the requested documents. Click **Add Documents** to add the requested documents.

	<ul> <li>✓</li> </ul>	INSTRUCTIONS	$\rangle$	1	DETAILS	$\rangle$	✓	CONTACT INFO	$\rightarrow$	SUBMISSION
					Attachments	5	Sum	mary		
ATTACHMENTS										
ou will need to uploa	d the follo	owing documents:								
Relevant Documenta	tion									

No documents have been uploaded.

2. Browse and choose the required file. Add description and click Upload.



Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



## **Submit Notification of Incident Form**

3.	After	adding	all the	requested	documents,	click	Next.
----	-------	--------	---------	-----------	------------	-------	-------

ATTACHMENTS				
You will need to upload the	e following documents:			
Relevant Documentation				Add Documents
Document Type	File	Description	Size	
Relevant Documentation	gibberish.docx	sample relevant document	11.20 KB	x Remove
Total Files: 1			Total Size: 11.20 Ki	В
Total Files: 1	Previous	Save an Next	Total Size: 11.20 Ki	8

**Note:** Instead of adding documents, you could choose to fax or post documents. In such case, instead of clicking Add Documents, select the I will be posting or faxing instead checkbox.

**4.** In the **Summary** section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

# INSTRUCTIONS OETAILS CONTACT INFO SUBMISSION Attachments Summary

#### SUMMARY

Here is a summary of the information you are about to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to amend.

Note: You cannot make further changes beyond this point.

Warning: Forms not submitted within 90 days from the start date will be deleted from the system.

NOTIFICATION OF INCIDENT					Edit	
		PROVIDER DETAILS			-	
Provider Approval Name: test entity		Provider Approval Number: Provider Approval Status PR-50000891 Approved				
		SERVICE DETAILS				
Service Trading Name: test case day care			Service / SE-50001	Approval Number: 1031	Service Approval Status: Approved	
		INCIDENT DETAILS				
Incident type:	Reg 175-Any incident that requires the approved provider to close, or reduce the number of children attending, the education and care service for a period					
Incident date:	19/01/2018					
Detailed description of the incident including nature o time, cause, etc:	sample detailed incident descriptio description of involvement of emer management sample miscellaneou	gency servi	ices sample description			
NOTIFIER'S DETAILS					Edit	
Name Sample User	Phone N 04111111			Email Address sampletestuser2102@	)gmail.com	



## **Submit Notification of Incident Form**

**5.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

ECLARATION	<ul> <li>PECLARATION</li> <li>I declare that: *         <ol> <li>The information provided in this application form (including any attachments) is true, complete and correct;</li> <li>I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form:</li> <li>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;</li> <li>I have read and understood a Provider's legal obligations under the Education and Care Services National Law;</li> <li>The Regulatory Authority is authorised by the Education may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation; and</li> <li>Some of the information provided in this application and Care Services National Law or other legislation; and</li> <li>I are resons/authorities where authorised by the Education and Care Services National Law or other legislatior; and</li> <li>I are resons/authority as subject to penalties under the Education and Care Services National Law or other legislatior; and</li> <li>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).</li> </ol></li></ul>	locument Type	Description	File Name
<ol> <li>I declare that: *         <ol> <li>The information provided in this application form (including any attachments) is true, complete and correct;</li> <li>I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;</li> <li>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;</li> <li>I have read and understood a Provider's legal obligations under the Education and Care Services National Law;</li> <li>The Regulatory Authority is authority is 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;</li> <li>Some of the information provided in this application and Care Services National Law or other legislation; and</li> <li>I am aware that I may be subject to penalities under the Education and Care Services National Law if I provide false or misleading information in this form.</li> <li>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).</li> </ol> </li></ol>	<ul> <li>I declare that: *         <ol> <li>The information provided in this application form (including any attachments) is true, complete and correct;</li> <li>I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;</li> <li>The Applicant Inderstands that the Regulatory Authonity and/or ACEQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;</li> <li>I have read and understood a Provider's legal obligations under the Education and Care Services National Law;</li> <li>The Regulatory Authonity is authorised to verify any information provided in this application.</li> <li>Some of the information provided in this application may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law if I provide false or misleading information in this form.</li> <li>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.</li> <li>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.</li> <li>I am aware that I may be subject to genalties under the Education and Care Services National Law if I provide false or misleading information in this form.</li> <li>I am aware that I may be subject to genalties 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).</li> </ol></li></ul>	televant Documentation	sample relevant document	gibberish.docx
<ol> <li>I declare that: *         <ol> <li>The information provided in this application form (including any attachments) is true, complete and correct;</li> <li>I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;</li> <li>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;</li> <li>I have read and understood a Provider's legal obligations under the Education and Care Services National Law;</li> <li>The Regulatory Authority is authority is 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;</li> <li>Some of the information provided in this application and Care Services National Law or other legislation; and</li> <li>I am aware that I may be subject to penalities under the Education and Care Services National Law if I provide false or misleading information in this form.</li> <li>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).</li> </ol> </li></ol>	<ul> <li>I declare that: *         <ul> <li>1. The information provided in this application form (including any attachments) is true, complete and correct;</li> <li>2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;</li> <li>3. The Applicant understood and the Applicant agrees to the conditions and the material contained in this form;</li> <li>3. The Applicant understood and the Applicant agrees to the conditions and the material contained in this form;</li> <li>and the Applicant understood and the Applicant agrees to the conditions and the material contained in this form;</li> <li>and the Applicant understood a Provider's legal obligations under the Education and Care Services National Law;</li> <li>5. The Regulatory Authority is authorised to verify any information provided in this application;</li> <li>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 if I provide false or misleading information in this form.</li> <li>1 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.</li> <li>1 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.</li> <li>1 am event that I may be subject to genalties 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).</li> </ul> </li> </ul>			
<ol> <li>The information provided in this application form (including any attachments) is true, complete and correct;</li> <li>I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;</li> <li>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;</li> <li>I have read and understood a Provider's legal obligations under the Education and Care Services National Law;</li> <li>The Regulatory Authority is authorised to verify any information provided in this application;</li> <li>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 of the regulator; and</li> <li>I are subject to penalties under the Education and Care Services National Law of the regulator; and</li> <li>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).</li> </ol>	<ol> <li>The information provided in this application form (including any attachments) is true, complete and correct;</li> <li>I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;</li> <li>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;</li> <li>I have read and understood a Provider's legal obligations under the Education and Care Services National Law;</li> <li>The Regulatory Authority is authorised to verify any information provided in this application;</li> <li>Some of the information provided in this application and Care Services National Law;</li> <li>The Regulatory Authority is ubtorised by the Education and Care Services National Law;</li> <li>answare that I may be subject to penalties under the Education and Care Services National Law or other legislation; and</li> <li>I are avare that I may be subject to penalties under the Education and Care Services National Law or other legislation; and</li> <li>I are 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).</li> </ol>	ECLARATION		
	Submission in progress	<ol> <li>I have read and unders?</li> <li>The Applicant understar application form, includi</li> <li>I have read and unders?</li> <li>The Regulatory Authorit</li> <li>Some of the information other persons/authoritie</li> <li>I am aware that I may b</li> <li>I agree that the regulator</li> </ol>	ood and the Applicant agrees to the condition and that the Regulatory Authority and/or ACI ong its attachments; ood a Provider's legal obligations under the y is authorised to verify any information prov provided in this application may be disclose s where authorised by the Education and Cr s subject to penalties under the Education ary ry authority may serve a notice under the N mber (in accordance with section 293 of the	ons and the associated material contained in this form; ECQA will have the right (but will not be obliged) to act in reliance upon the contents of the Education and Care Services National Law; vided in this application; ed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to are Services National Law or other legislation; and and Care Services National Law if I provide false or misleading information in this form. ational Law using the contact details provided in this application, including the postal, street or National Law).

## **Print or Close Notification of Incident Form**

**1.** Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.

My Details	
	Thank you for your submission
Notification Reference Number:	NOT- 50005943
Service Number:	SE-50001031
	OK Print



## **Introduction**

This **Quick Reference Guide (QRG)** provides details about the **Notification of Complaint** (C01) form available in **National Quality Agenda IT System (NQA IT System)**.

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one service, refer the Application for Service Approval QRG.
- The required **supporting documents** that you may be asked to attach.

## Table of Contents

- Access Notification of Complaint Form
  - Steps to access the Notification of Complaint form.
- Begin Notification of Complaint Form
  - Steps to start working on the **Notification of Complaint** form.
- <u>Fill Details in Notification of Complaint Form</u>
  - Steps to add the following requested information in the form:
    - Select type of complaint.
    - o Fill complaint related details.
- Provide Contact Details in Notification of Complaint Form
  - Steps to add requested contact information.
- Submit Notification of Complaint Form
  - Steps to submit and finalise the form by completing the following:
    - o Adding attachments
    - o Reviewing summary and finalising the form
- Print or Close Notification of Complaint Form
  - Steps to print and close the form.



Apply

Apply

Notify

Apply

Apply

Notify

Apply

Apply

#### Back to Main Menu

#### Submit a Service Form **Access Notification of Complaint Form** My Details 1. From the My Details page, in the My Services section, select a Service ID and perform Select relevant Application or Notification either steps 1.a and 1.a.(i) SE-50001031 OR step 1.b to access the Notification of Complaint form: Service ID: test case day Service Name: care State: NSW Status: Approved 1.a Click New Forms. Description Form # Form Name 1.a.(i) Then, on the Submit a Service Form page, click Notify corresponding to the Form # Use this form to apply to: Change the name of your education and care service : C01 and Form Name : Notification of Complaints form. . Increase or decrease the maximum number of children that may be SA03 Application for Amendment of Service Approval educated and cared for at any one time at a centre-based service OR 1.b Click Complaint. The Notification of Complaint form opens. · Change or remove conditions on your service approval · Add venue for family day care service · Remove venue for family day care service # > My Details Application for Voluntary Suspension of Service Approval Apply to suspend your service approval for up to 12 months SA06 My Details Notification of Surrender of Service Approval SA07 Surrender your service approval to the regulatory authority. Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the SA08 Application for Service or Temporary Waiver Manage My Account saved Forms Involces Re-open Service Bulk Closure National Regulations. SA09 Application for Revocation of Service Waiver An approved provider may apply to revoke their service waiver at any time. Notify the regulatory authority about: My Services · A change to the hours and days of operation of your service Notification of Change of Information About an Approved . A change to your service's contact details SA12 Service ID State Service Name Status Service Any proposed changes to service's premises · Service has not commenced operation within 6 months of a grant of ۲ SE-50001031 test case day care NSW Approved Service Approval Under Change of Principal Office of the Family Day Care Service SE-50001032 NSW assessment Apply to have your service reassessed and re-rated. For more information SA10 Application for Re-Assessment and Re-Rating refer to the Guide to the National Law and National Regulations. Request a review of your service's rating level for one or more quality Submitted Forms Incident Add Service New Forms Complaint Manage Users SA11 Application for Review of Ratings by Regulatory Authority areas. Please note that you may only apply for a review within 14 days of receiving the notification of the rating. · Notify the Regulatory Authority about adding a new nominated supervisor · Notify the Regulatory Authority about ceasing, removing or Notification of Change to Nominated Supervisor NS02 withdrawing a nominated supervisor Notify the Regulatory Authority about changes to names or contact details of nominated supervisor 1.a.(i Notify the regulatory authority of: · Any complaints alleging that a serious incident has occurred or is occurring while a child was or is being educated and cared for by the C01 Notification of Complaints approved education and care service (Non WA) · Any complaints alleging that the Law has been contravened



## **Begin Notification of Complaint Form**

**1.** In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.

ase day care	
CONTACT INFO SUBMISSION	
Provider Approval Number: PR-50000891	Provider Status: Approved
	1
Service Approval Number: SE-50001031	Service Status: Approved
Services National Law (National Law) and the Edu pplications and notifications. Contact your regulat	
ion in accordance with the Privacy Act 1988 and t 112. or notification and may be provided to other author	
	CONTACT INFO SUBMISSION Provider Approval Number: PR-50000091 Service Approval Number: SE-50001031 Services National Law (National Law) and the Editorial Law (National Law) and the Editorial Law)

## **Fill Details in Notification of Complaint Form**

**1.** In the **DETAILS** stage, in the **COMPLAINT** section, select the relevant complaint type from the **Please select the relevant notification and provide/attach the information required** options (for example, **Complaints alleging that the Law has been contravened**).

<ul> <li>Notification of Complaint</li> <li><u>Ny Details</u></li> </ul>						
				Service:	test ca	se day c
	✓	INSTRUCTION	ıs >	DETAILS	<b>)</b> co	NTACT INFO
=						
COMPLAINT						
COMPLAINT Please select the relevant notifica O Complaints alleging that the L				mation requ	ired: *	
Please select the relevant notifica	aw has bee	en contravened			ired: *	

Note: You can only file one complaint type through a single Notification of Complaint form.

2. To start entering the details in the **Complaint** notification, click **Begin**.



complaint type selected.

#### Back to Main Menu

Fill Details in Notification of Complaint Form         2. On selecting a particular complaint type, the COMPLAINANT DETAILS, DETAILS OF         CHILD/CHILDREN, and COMPLAINT DETAILS sections are displayed. Fill these section with the requested details and click Next.         Service: test case day care         IN STRUCTIONS       DETAILS         CONTACT INFO	DETAILS OF CHILD/CHILDREN Please supply the following information:  • Name of child/children, gender and date of birth to whom complaint relates (if relevant) test child, male, 21/02/2013 sample child, female, 25/05/2014
COMPLAINT Please select the relevant notification and provide/attach the information required: * Complaints alleging that the Law has been contravened Complaint alleging that a serious incident has occurred or is occurring COMPLAINANT DETAILS	COMPLAINT DETAILS Please supply the following information:*  Date complaint received Copy of written complaint (or written summary) and any other relevant documentation (including correspondence, photographs, statements, etc) Steps taken / actions planned by approved provider in response to the complaint  19/01/2018 copy of complaint attached
Please supply the following information:*    Complainant name and contact details  sample user 0422222222  Note: The sections rendered on the form in this stage may slightly differ based on the	sample list of actions taken Previous Save and Close Next

Note: Ensure that you fill all the mandatory fields that are marked with an Asterisk \*.



## **Provide Contact Details in Notification of Complaint Form**

1. The CONTACT INFO stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select Save as application/notification default contact (if required). Click Next.

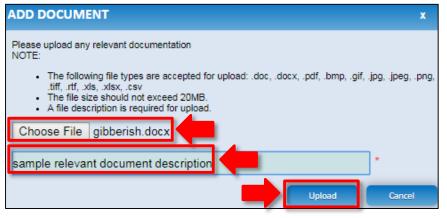
Details	
	Service: test case day care
	$\checkmark$ INSTRUCTIONS $\rangle$ $\checkmark$ DETAILS $\rangle$ CONTACT INFO $\rangle$ SUBMISSION
IAME AND CONTACT DETAILS	
Note: The contact for this Notification	must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this form.
lame *	Sample User
Phone Number: *	041111111
Email Address: *	sampletestuser2102@gmail.com
	* Please fill in all fields
	Save as application/notification default contact
	Previous Save and Close Next

## **Submit Notification of Complaint Form**

**1.** In the **SUBMISSION** stage, add all the requested documents on the **Attachments** page. Click **Add Documents** to add the requested documents.

	<ul> <li>✓</li> </ul>	INSTRUCTIONS	$\rightarrow \checkmark$	DETAILS	) 🗸	CONTACT INFO		
				Attachments	Sumn	nary		
TACHMENTS								
u will need to upload	the follow	ving documents:						
Relevant Documentatio	n		C	I will be postin	ıg or faxing	; instead	Add Documer	nts
documents have been up	ploaded.							

2. Browse and choose the required file. Add description and click Upload.



Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*. Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



## **Submit Notification of Complaint Form**

3. After	<sup>·</sup> adding al	l the reques	ted docume	ents,	click	Next.
----------	------------------------	--------------	------------	-------	-------	-------

ATTACHMENTS			
You will need to upload the	following documents:		
Relevant Documentation			Add Documents
Document Type	File	Description	Size
Relevant Documentation	gibberish.docx	sample relevant document description	11.20 KB x Remove
Total Files: 1			Total Size: 11.20 KB
	Previous Sav	ve ar Next	

**Note:** Instead of adding documents, you could choose to fax or post documents. In such case, instead of clicking Add Documents, select the I will be posting or faxing instead checkbox.

**4.** In the **Summary** section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

Attachments Summary
MARY

Here is a summary of the information you are about to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to amend Note: You cannot make further changes beyond this point.

Warning: Forms not submitted within 90 days from the start date will be deleted from the system.

NOTIFICATION OF COMPLAINT			Ed
	PROVIDER DETAILS		
Provider Approval Name: test entity		Provider Approval Number: PR-50000691	Provider Approval Statu Approved
	SERVICE DETAILS		
Service Trading Name: test case day care		Service Approval Number: SE-50001031	Service Approval Status Approved
	COMPLAINT		
Please select the relevant notification and provide/attach the information required:	Complaints alleging that the La	aw has been contravened	
	COMPLAINT DETAILS		
Please supply the following information:*	sample user 0422222222		
Complainant name and contact details			
Please supply the following information:	test child, male, 21/02/2013 sa	mple child, female, 25/05/2014	
<ul> <li>Name of child/children, gender and date of birth to whom complaint relates (if relevant)</li> </ul>			
Please supply the following information:*	19/01/2018 copy of complaint a	attached sample list of actions taken	
<ul> <li>Date complaint received</li> <li>Copy of written complaint (or written summary) and any other relevant documentation (including correspondence, photographs, statements, etc)</li> <li>Steps taken / actions planned by approved provider in response to the complaint</li> </ul>			



## **Submit Notification of Complaint Form**

**5.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

Name Sample User	Phone Number 041111111		Email Address sampletestuser2102@gmail.com
ATTACHMENT DETAILS			Edit
Document Type	Description	File Name	
Relevant Documentation	sample relevant document description	gibberish.docx	
DECLARATION			
<ol> <li>I have read and understood</li> <li>The Applicant understand</li> </ol>		d the associated material containe	ed in this form; obliged) to act in reliance upon the contents of the
<ol> <li>The information provided</li> <li>I have read and understor</li> <li>The Applicant understand application form, including</li> <li>I have read and understor</li> <li>The Regulatory Authority</li> <li>Some of the information p other persons/authorities</li> <li>I am aware that I may be</li> <li>B regulatory</li> </ol>	od and the Applicant agrees to the conditions and is that the Regulatory Authority and/or ACECQA jits attachments; od a Provider's legal obligations under the <i>Educa</i> is authorised to verify any information provided in vovided in this application may be disclosed to C where authorised by the <i>Education</i> and <i>Care Se</i> subject to penalties under the <i>Education</i> and <i>Care</i>	d the associated material containe will have the right (but will not be attion and Care Services National I this application; ommonwealth for the purposes of rvices National Law or other legisl re Services National Law if I por Law using the contact details pro	obliged) to act in reliance upon the contents of the Law; f the Family Assistance Law and may be disclosed to lation; and
<ol> <li>The information provided</li> <li>I have read and understor</li> <li>The Applicant understand application form, including</li> <li>I have read and understor</li> <li>The Regulatory Authority</li> <li>Some of the information p other persons/authorities</li> <li>I am aware that I may be</li> <li>B are ethat the regulatory</li> </ol>	od and the Applicant agrees to the conditions and is that the Regulatory Authority and/or ACECQA j its attachments; od a Provider's legal obligations under the <i>Educa</i> is authorised to verify any information provided in irrovided in this application may be disclosed to C where authorised by the <i>Education and Care Set</i> subject to penalties under the <i>Education and Care</i> a authority may serve a notice under the National ber (in accordance with section 293 of the Nation	d the associated material containe will have the right (but will not be attion and Care Services National I this application; ommonwealth for the purposes of rvices National Law or other legisl re Services National Law if I por Law using the contact details pro	obliged) to act in reliance upon the contents of the Law; f the Family Assistance Law and may be disclosed to lation; and de false or misleading information in this form. wided in this application, including the postal, street or

## **Print or Close Notification of Complaint Form**

**1.** Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.

	Thank you for your submission
Notification Reference Number:	NOT-50005954
Service Number:	SE-50001031
n or any enquines regarding the progress of your	OK Print



## Introduction

This **Quick Reference Guide (QRG)** provides details about the **RA Requested Information** (RIO1) form available in **National Quality Agenda IT System (NQA IT System)**. Use this form for:

Submitting information requested by Regulatory Authority (RA), such as: Quality Improvement Plan (QIP), Emergency Management Plan, Response to RA correspondence, and FDC Register.

**Prerequisites:** Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser and an existing email account that is registered on the portal.
- Logged in to the NQA IT System portal, refer the Register and Log-In QRG.
- Navigated the NQA IT System portal, refer the Portal Overview QRG.
- At least one service, refer the Application for Service Approval QRG.
- The required documents that you may be asked to attach based on the document type you select (only one of the following types):
  - Quality Improvement Plan
  - Emergency Management Plan
  - Response to RA Correspondence
  - FDC Register

## Table of Contents

- Access RA Requested Information Form
  - Steps to access the RA Requested Information form.
- Fill Details in RA Requested Information Form
  - Steps to add the following requested information in the form:
    - o Select type of document to upload.
    - o Add requested documents.
- Provide Contact Details in RA Requested Information Form
  - Steps to add requested contact information.
- Submit RA Requested Information Form
  - Steps to submit and finalise the form by completing the following:

     <u>Reviewing summary and finalising the form</u>
- Print or Close RA Requested Information Form
  - Steps to print and close the form.



## **Access RA Requested Information Form**

**1.** From the **My Details** page, in the **My Services** section, select a **Service ID** and click **New Forms**.

Manage My Account	Seved Forms	Involces	Re-open Service	Bulk Closure	
/ Services Service ID			Service Name	State	Status
			test case day care	NSW	Approved
	ŀ		test case day care sample user	NSW	Under assessmen

# 2. On the Submit a Service Form page, click Submit corresponding to the Form # : RIO1 and Form Name : RA Requested Information.

Details				
Select	relevant Application	or Notification		
Service Service State: Status:	tost anso da			
Form #	Form Name		Description	
SAD3	Application for Amer	Idment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	
5A06	Application for Volur		Notify the regulatory authority of: Any incident involving serious injury or trauma to a child which a	
A07	Notification of Surre		reasonable person would consider required urgent medical attention from a registered medical practitioner or attended or ought reasonably to have attended a hospital • An incident involving the serious illness for which the child attended a	
AD8	Application for Servi		<ul> <li>An induction involving the serious inness to which the onio attended a hospital</li> <li>A circumstance where a child appears to be missing or cannot be accounted for</li> </ul>	
A09	Application for Revo		<ul> <li>A circumstance where a child appears to have been taken or removed from the service premises in a manner that contravenes the National Regulation</li> <li>A circumstance where a child is mistakenly locked in or locked out of</li> </ul>	
A12	Notification of Chan Service	IB1 Notification of Incident	the service premises or any part of the premises • The death of a child • An emergency for which emergency services attended • An incident that requires the approved provider to close, or reduce the number of children attending, the service for a period • A circumstance ansing at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service	Notify
A10	Application for Re-A		<ul> <li>The attendance at the service of any additional child or children being educated and cared for in an emergency in the circumstances set out in regulation 123(5)</li> </ul>	
A11	Application for Revie		<ul> <li>An incident where the approved provider reasonably believes that physical abuse or sexual abuse of a child or children has occurred or is occurring at the service</li> <li>Allegations that physical or sexual abuse of a child or children has occurred or is occurring at the service (other than an allegation raised</li> </ul>	
S02	Notification of Chan		as a formal complaint) Any incident involving serious injury or trauma to, or illness of, a child (WA Only)	
			Submit Regulatory Authority requested information Example:	
:01	Notification of Comp	RI01 RA Requested Information		Submit



## **Fill Details in RA Requested Information Form**

**1.** In the **DETAILS** stage, in the **RA REQUESTED INFORMATION** section, select the relevant option from the **Please select the type of document to upload** dropdown list, for example **Quality Improvement Plan**.

		nuines to	at as a drug			
	56	rvice: te	st case day	care		
	DETAILS	CONT	ACT INFO	SUBMISSION		
PROVIDER DETAILS						
Provider Name: test entity				Provider Appr PR-50000691	oval Number:	Provider Status Approved
SERVICE DETAILS						
Service Trading Name: test case day care				Service Appro SE-50001031	val Number:	Service Status: Approved
RA REQUESTED INFORMATION						
		Please Se	lect			•
Please select the type of document to up	oad: *	Flease be	lect			•
	Save	and Clos	e Ne	xt		
			Please	Select		
			Please	Select		
			FDC Regi	isters		
			Response	to RA correspondent Plan		

**2.** After selecting the relevant document type, the **ATTACHMENTS** section is displayed. Click **Add Documents** to add the requested documents.

	DETAILS CONTACT INFO SUBMISSION	
PROVIDER DETAILS		
Provider Name: test entity	Provider Approval Number: Prov PR-50000691 Appr	ider Status: oved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: Service Approval Number: Appr SE-50001031	ice Status: oved
RA REQUESTED INFORMATIO	N	
Please select the type of docu	ment to upload: * Quality Improvement Plan	
ATTACHMENTS		
You will need to upload the follo Quality Improvement Plan *	wing documents:	Add Documents
No documents have been uploaded.	ADD DOCUMENT x If required please click here to obtain a sample template of a Quality Improvement Plan (download	Ĺ
Browse and	the Quality Improvement Plan template). Please upload your completed QIP NOTE:	Note: Ensure that you fill
noose the required	<ul> <li>The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .glf, .jpg, .jpeg, .png, .tlf, .nt, .xis, .xisx, .csv</li> <li>The file size should not exceed 20M5.</li> <li>A file description is required for upload.</li> </ul>	mandatory
e. Add description nd click <mark>Upload</mark> .	Choose File gibberish.docx	fields that are marked with a <b>Red</b>
	Uplead	Asterisk *.



Fill Details in RA Requested Information	ation Form	Provide Contact Details in	<b>RA Requested Information Form</b>
<ol> <li>After adding all the requested documents, click Ne</li> </ol>	xt.	-	is available. Enter the contact information. dress of the contact person for the provider and
	SUBMISSION	select Save as application/notification	default contact (if required). Click Next.
PROVIDER DETAILS		My Details	
Provider Name: test entity	Provider Approval Number: Provider Status: PR-50000091 Approved		Service: test case day care
SERVICE DETAILS			
Service Trading Name: test case day care	Service Approval Number: Service Status: SE-50001031 Approved	NAME AND CONTACT DETAILS FOR THIS APPLICA	ATION
RA REQUESTED INFORMATION		Note: The contact for this Application must be an individual v	who is authorised by the Applicant to act on their behalf with regards to the details on this form.
Please select the type of document to upload: * Quality Improvement Plan	▼	Name: *	Sample User
ATTACHMENTS		Phone Number: *	P41111111
You will need to upload the following documents:  Quality Improvement Plan *	Add Document	Email Address: *	sampletestuser2102@gmail.com
			* Please fill in all fields
Document Type File Descrip	ion Size		Save as application/notification default contact
Quality Improvement Plan gibberish.docx sample des	cription of document 11.20 KB × Remove		
Total Files: 1	Total Size: 11.20 KB	Pre	evious Save and Close Next
		-	

Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk \*.



## **Submit RA Requested Information Form**

**1.** In the **SUBMISSION** stage, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

	V DETAILS	✓ CONTACT INFO		
SUMMARY				
Here is a summary of the information you Note: You cannot make further changes b Warning: Forms not submitted within 90 d	eyond this point.		ick on the Edit link of the corres	ponding section you want to amen
RA REQUESTED INFORMATION		PROVIDER DETAILS		Edit
Provider Approval Name: test entity		PROVIDER DETAILS	Provider Approval Number PR-50000891	r: Provider Approval Status Approved
		SERVICE DETAILS	1	
Service Trading Name: test case day care			Service Approval Number: SE-50001031	Service Approval Status: Approved
ATTACHMENT DETAILS				Edi
Document Type Des	cription	File Name		
Quality Improvement Plan sam	ple description of document	gibberish.docx		

# **2.** Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

Name	Phone Nur 041111111			Address
Sample User	041111111		sample	testuser2102@gmail.com
DECLARATION				
I declare that: ●				
1. The information provided in t	this application form (including any	attachments) is true complete	and correct.	
<ol><li>I have read and understood.</li></ol>	and the Applicant agrees to the cor	nditions and the associated mat	terial contained in this f	orm; o act in reliance upon the contents of the
application form, including its				as in relative upon the contents of the
5. The Regulatory Authority is a	authorised to verify any information	provided in this application;		
other persons/authorities wh	ere authorised by the Education an	nd Care Services National Law	or other legislation; and	
<ol> <li>I am aware that I may be sut 8. I agree that the regulatory at</li> </ol>	bject to penalties under the Educati uthority may serve a notice under the	ion and Care Services National he National Law using the conta	Law if I provide false of act details provided in t	r misleading information in this form.
email address or fax number	r (in accordance with section 293 of	f the National Law).		in opprovident, including the poster, since
email address or fax number	r (in accordance with section 293 of	f the National Law).		in opprovident, including the provide, and c
email address or fax number	r (in accordance with section 293 of Previous	f the National Law).	Submit	
email address or fax number				
email address or fax number				
email address or fax number				
email address or fax number				دی Submission in progress.
email address or fax number				
email address or fax number				
email address or fax number				
email address or fax number				



## **Print or Close RA Requested Information Form**

**1.** Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.

	Thank you for your submission
	mank you for your submission
Notification Reference Number:	NOT- 50005972
Service Number:	SE-50001031
or any enquiring regarding the programs of your	petitional planes contract NSW Population Authority Contract details and he found on the ACEC
For any enquiries regarding the progress of your	notification, please contact NSW Regulatory Authority. Contact details can be found on the ACEC
For any enquiries regarding the progress of your	notification, please contact NSW Regulatory Authority. Contact details can be found on the <u>ACEC</u> OK Print
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	