

National Quality Agenda IT System

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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

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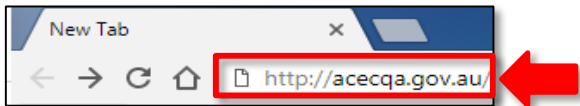
- [Access NQA IT System](#)
 - Methods of accessing the **NQA IT System** portal.
- [Create Account](#)
 - Register a new account / email address.
- [Set Password](#)
 - As part of creating an account on the **NQA IT System** portal, set a password for the account.
- [Sign In](#)
 - Steps to log in the **NQA IT System** portal with the account and password credentials.
- [Reset Password](#)
 - Steps to change the password (if needed).

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Access NQA IT System

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

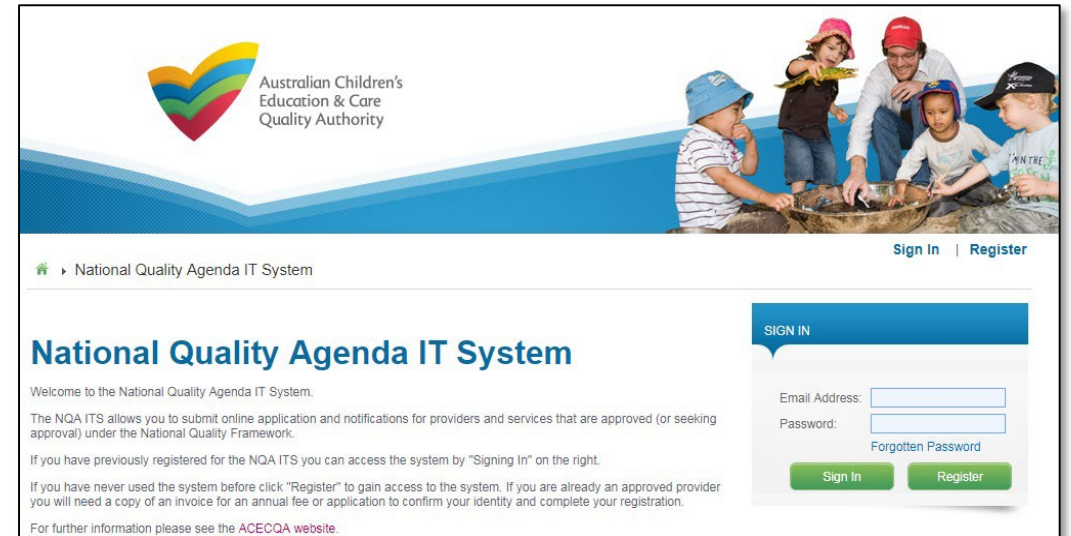
1. In your Web browser, enter the URL of ACECQA Website in the **Address Bar** <http://www.acecqa.gov.au/>. Press **Enter**.



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



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



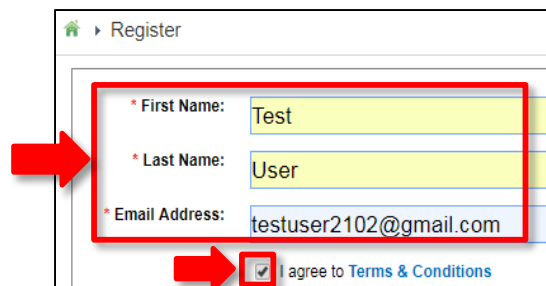
Create Account

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

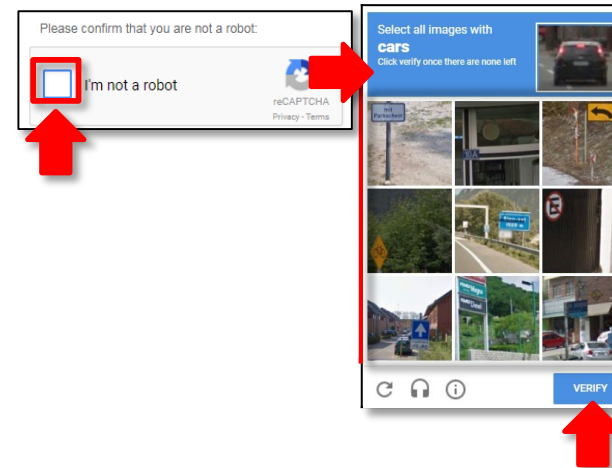
1. Click **Register**.



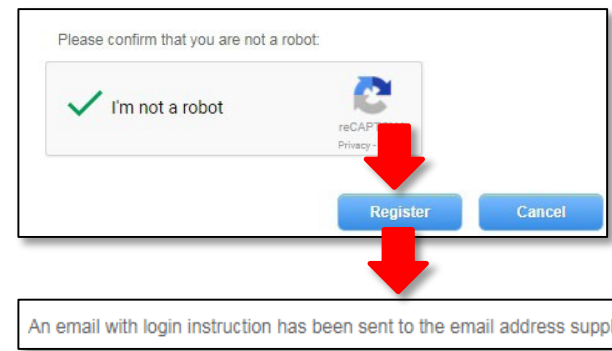
2. Enter your **First Name**, **Last Name**, and **Email Address**. Select **I agree to Terms & Conditions**. Select **I'm not a robot**.



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.



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

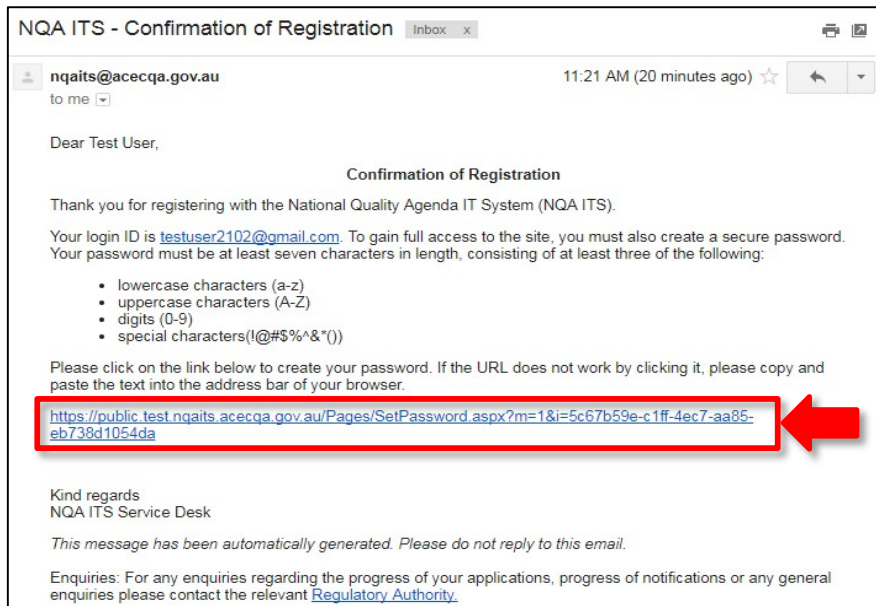
Set Password

After creating an account, set up password.

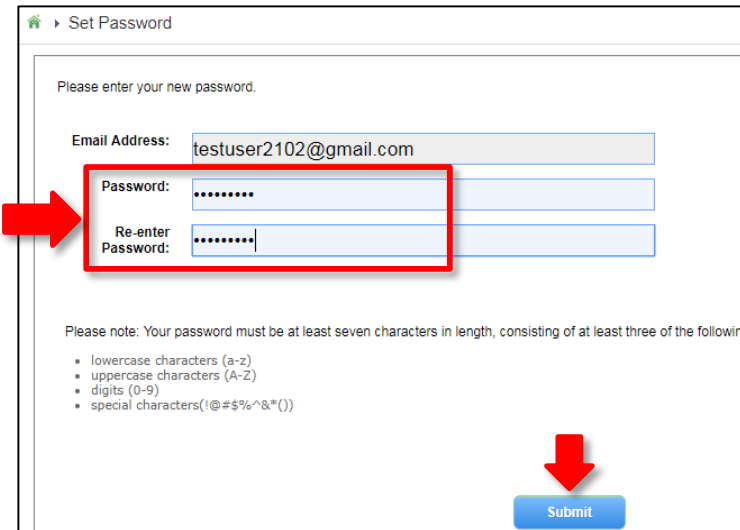
1. From your email account, open the **NQA ITS Confirmation of Registration** email.



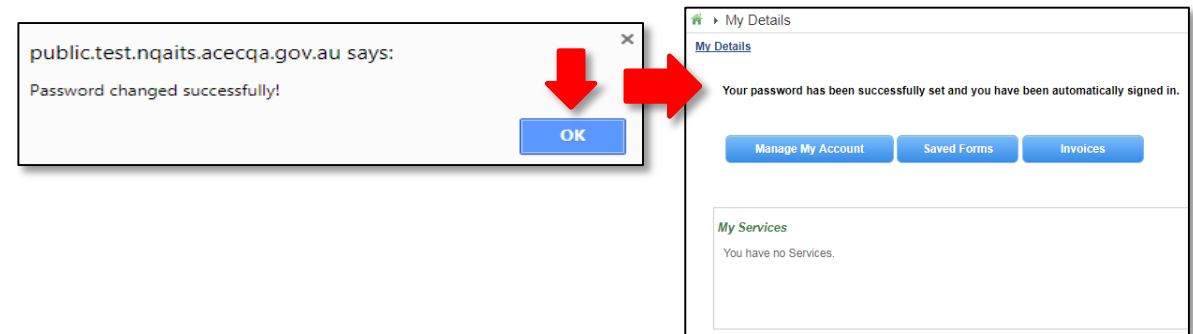
2. Check if the details in the **Confirmation of Registration** email are correct and follow the instructions to set the password. Click the **Set Password** link.



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**.



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



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Sign In

Log in to the **NQA IT System** portal.

1. Enter your **Email Address** registered with **NQA IT System** and **Password**. Click **Sign In**.



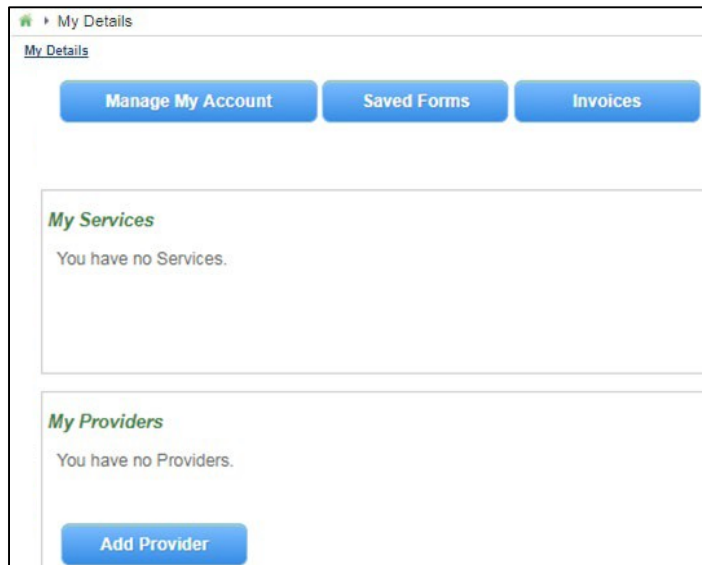
SIGN IN

Email Address: testuser2102@gmai
Password: ●●●●●●●●

[Forgotten Password](#)

Sign In Register

The **My Details** page is displayed.



My Details

Manage My Account Saved Forms Invoices

My Services
You have no Services.

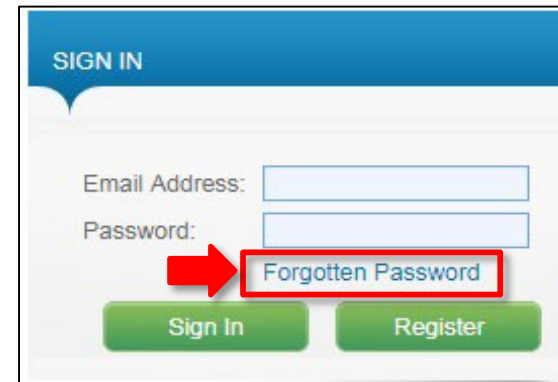
My Providers
You have no Providers.

Add Provider

Reset Password

If you have forgotten your password, you can reset it to a new password.

1. On the **SIGN IN** screen, click **Forgotten Password**.



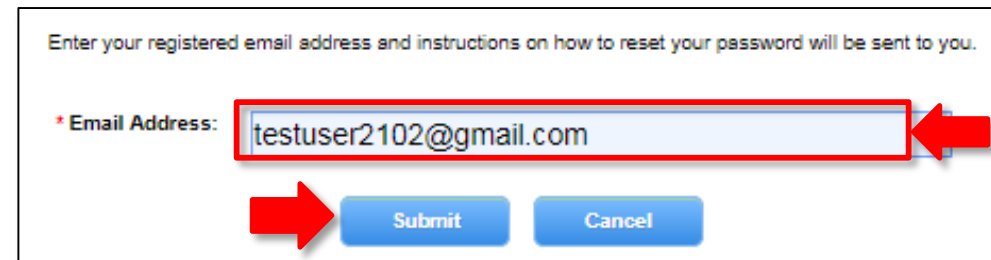
SIGN IN

Email Address:
Password:

[Forgotten Password](#)

Sign In Register

2. In the **Email Address** field, enter your registered email address. Click **Submit**.



Enter your registered email address and instructions on how to reset your password will be sent to you.

* Email Address: testuser2102@gmail.com

Submit Cancel

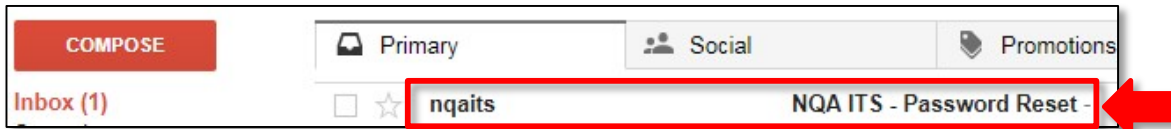
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Reset Password

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**.

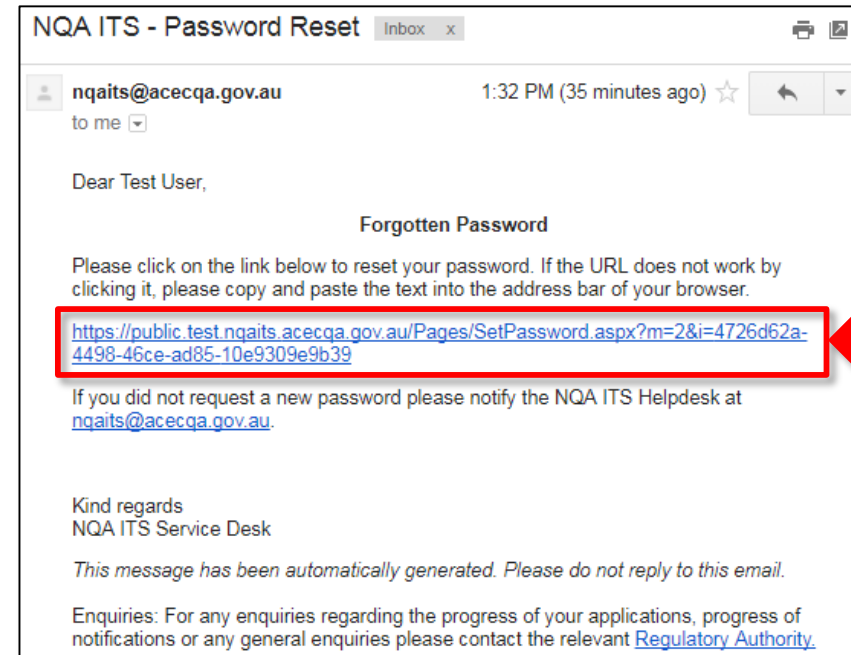


4. From your registered email account, open the **NQA ITS - Password Reset** email.



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

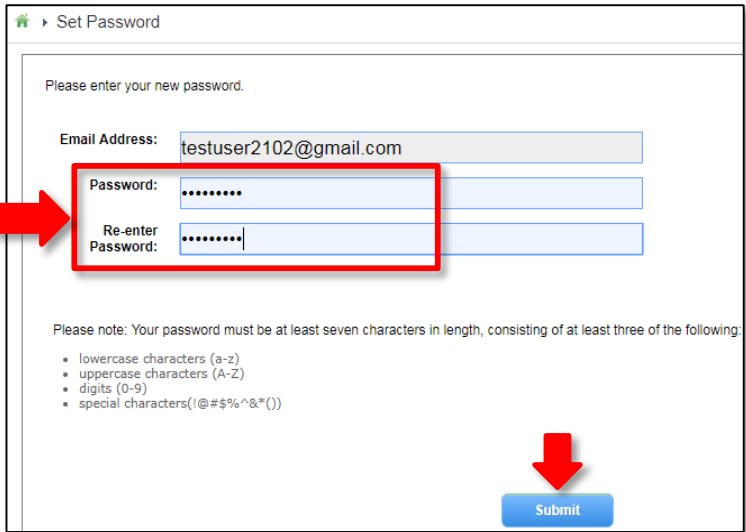
5. Check if the details in the **Forgotten Password** email are correct and follow the instructions to reset the password. Click the **Set Password** link.



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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**.



Set Password

Please enter your new password.

Email Address:

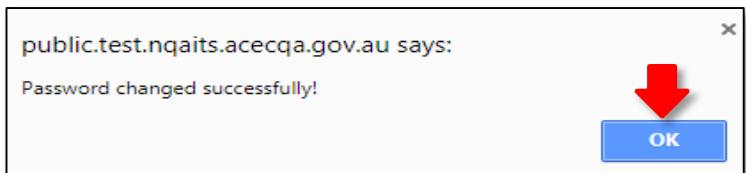
Password:

Re-enter Password:

Please note: 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(!@#%&^*())

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.

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 - Submitting a saved form

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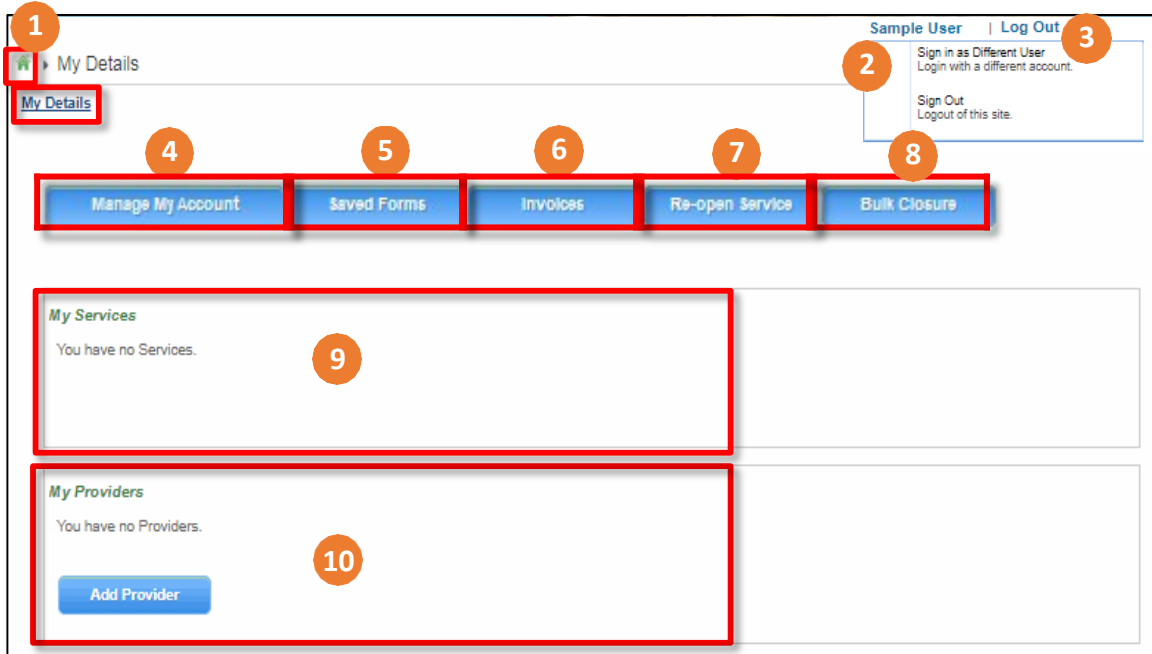
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Portal Overview

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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.



1: My Details breadcrumb

2: Sign in as Different User / Sign Out options

3: Log Out button

4: Manage My Account button

5: Saved Forms button

6: Invoices button

7: Re-open Service button

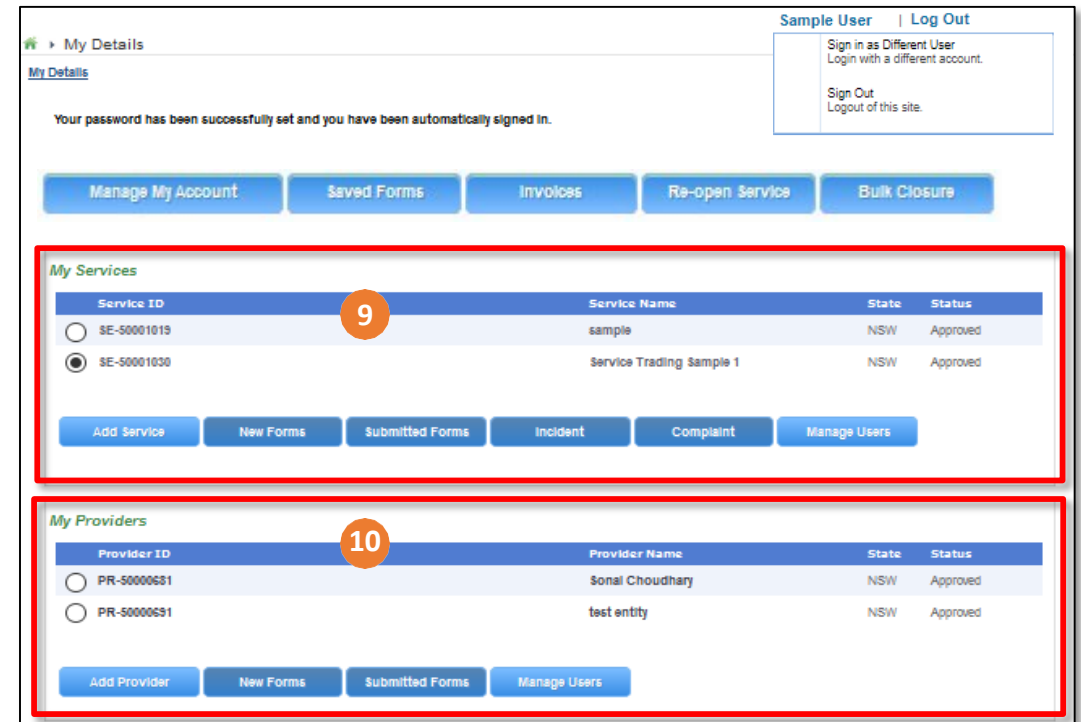
8: Bulk Closure button

9: My Services section (empty)

10: My Providers section (empty)

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.



9: My Services table

Service ID	Service Name	State	Status
<input type="radio"/> SE-50001015	sample	NSW	Approved
<input checked="" type="radio"/> SE-50001030	Service Trading Sample 1	NSW	Approved

10: My Providers table

Provider ID	Provider Name	State	Status
<input type="radio"/> PR-50000651	Sonal Choudhary	NSW	Approved
<input type="radio"/> PR-50000651	test entity	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:

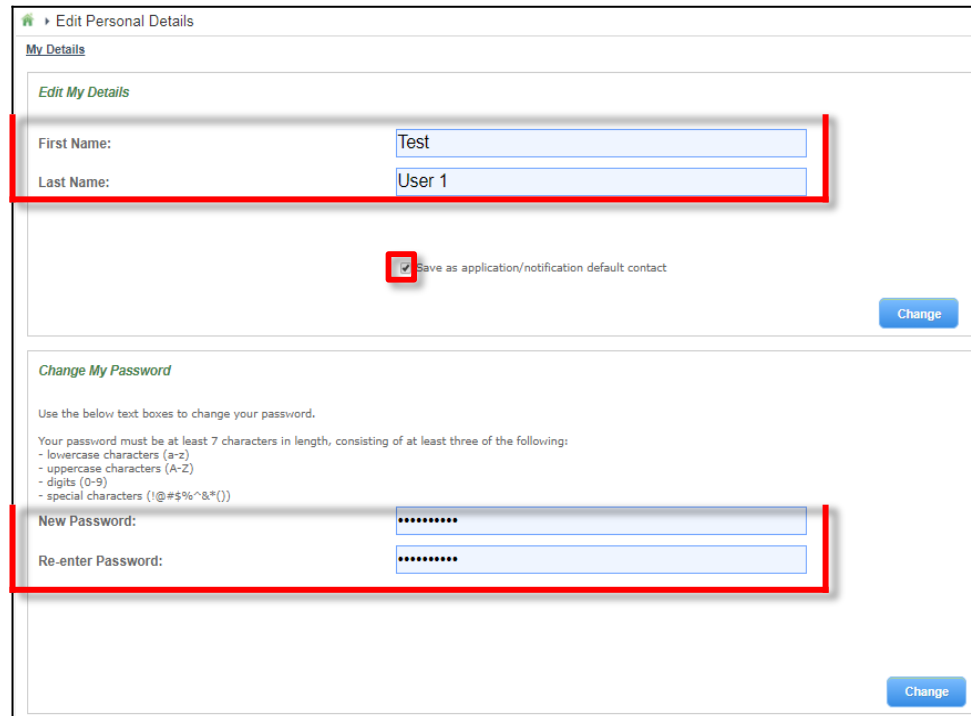
- If you have no provider already linked, this section displays the message '**You have no Providers**' along with the **Add Provider** action button and all other action buttons are unavailable.

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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.



1.1. 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**.

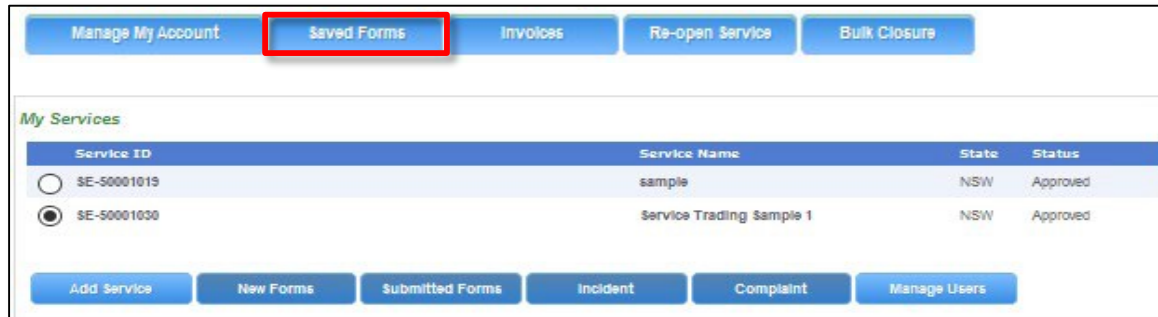
1.2. To change your password, enter the new password in the **New Password** field and re-enter it in the **Re-enter Password** field. To save the edited details, click **Change**.

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Work with Saved Forms

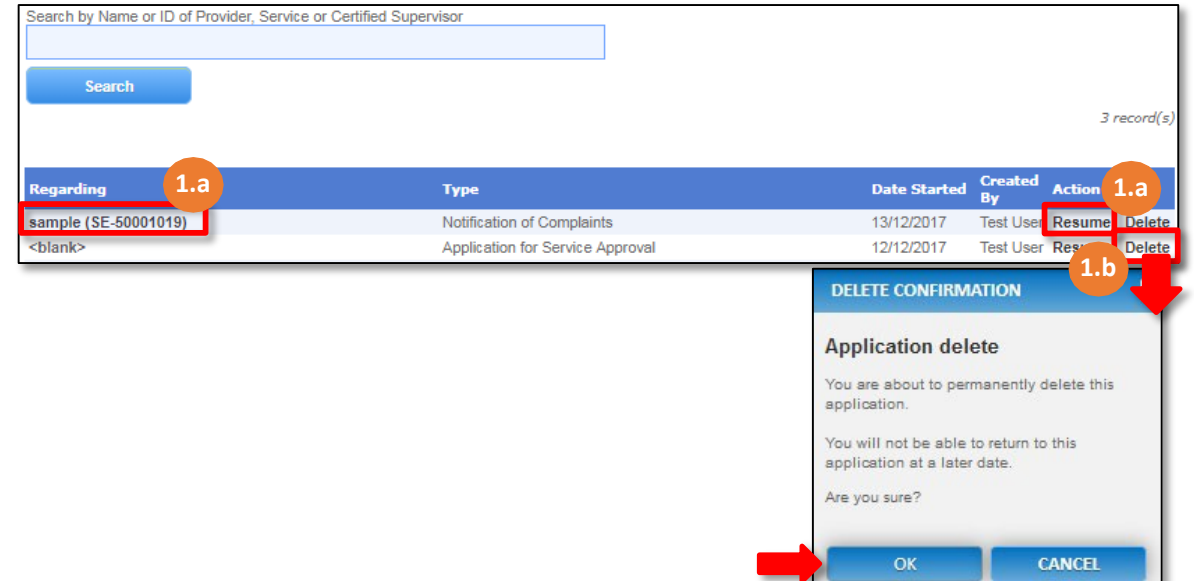
1. You should already have at least one saved form to view the list of saved forms (incomplete / pending), click **Saved Forms**.

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



Service ID	Service Name	State	Status
SE-50001019	sample	NSW	Approved
SE-50001030	Service Trading sample 1	NSW	Approved

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.



Regarding	Type	Date Started	Created By	Action
sample (SE-50001019)	Notification of Complaints	13/12/2017	Test User	Resume Delete
<blank>	Application for Service Approval	12/12/2017	Test User	Resume Delete

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?

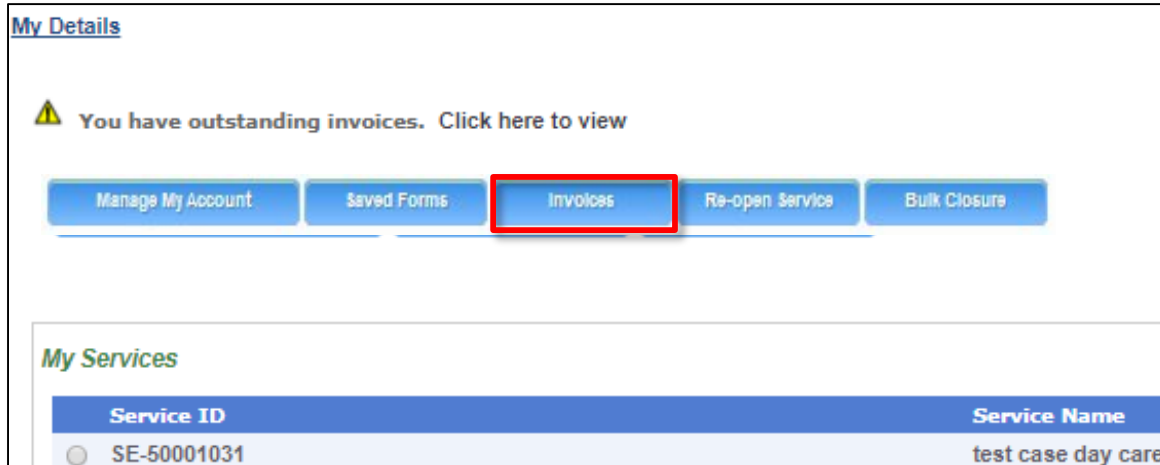
OK CANCEL

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

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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

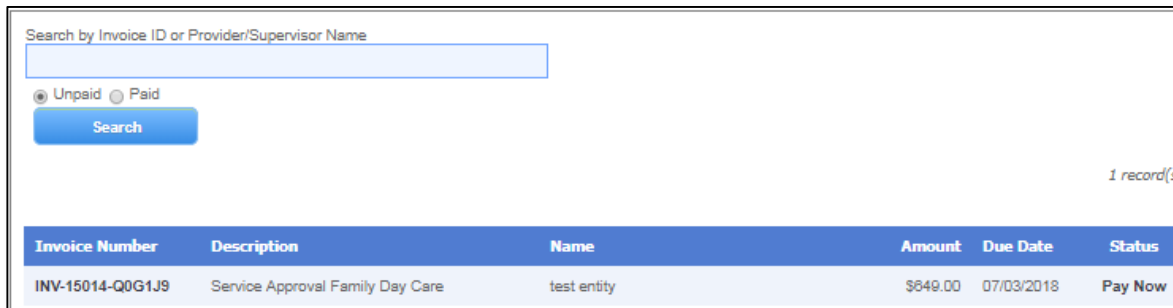
⚠ You have outstanding invoices. Click here to view

Manage My Account | Saved Forms | **Invoices** | Re-open Service | Bulk Closure

My Services

Service ID	Service Name
SE-50001031	test case day care

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



Search by Invoice ID or Provider/Supervisor Name

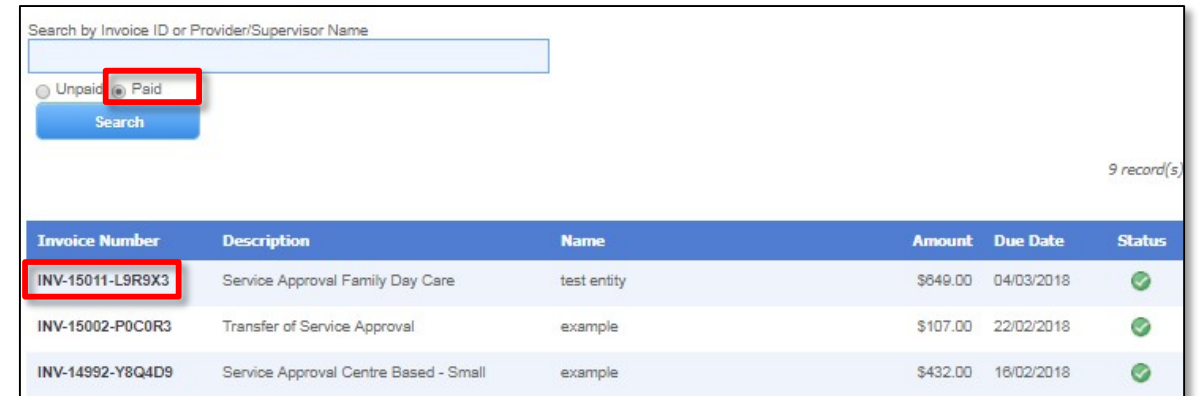
Unpaid Paid

Search

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 Provider/Supervisor Name

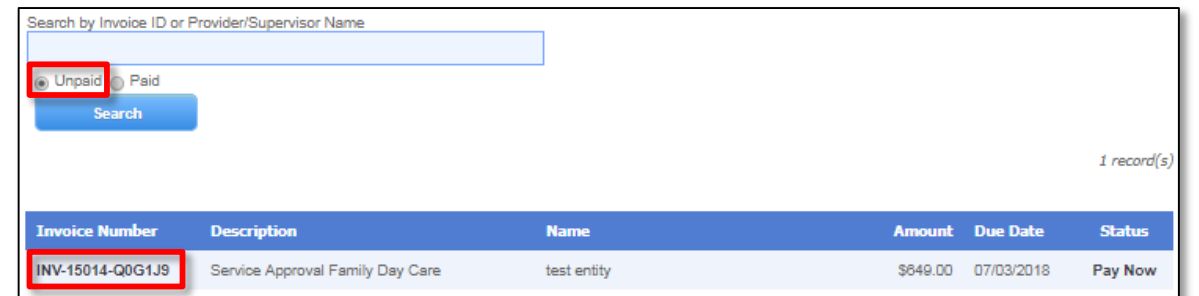
Unpaid Paid

Search

9 record(s)

Invoice Number	Description	Name	Amount	Due Date	Status
INV-15011-L9RSX3	Service Approval Family Day Care	test entity	\$649.00	04/03/2018	✓
INV-15002-P0C0R3	Transfer of Service Approval	example	\$107.00	22/02/2018	✓
INV-14992-Y8Q4D9	Service Approval Centre Based - Small	example	\$432.00	16/02/2018	✓

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 Provider/Supervisor Name

Unpaid Paid

Search

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

Portal Overview

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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.



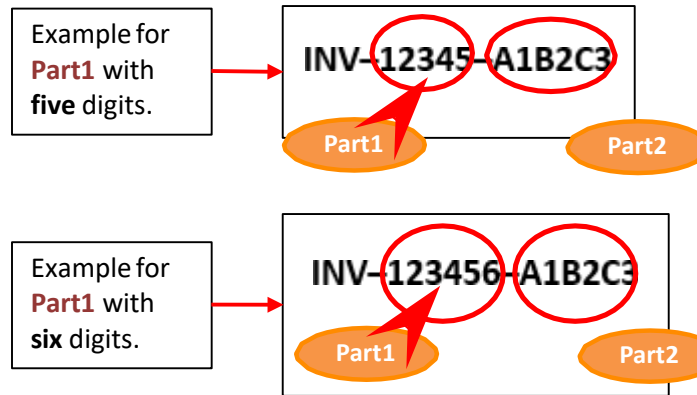
Invoice Number	Description	Name	Amount	Due Date	Status
INV-15014-Q0G1J9	Service Approval Family Day Care	test entity	\$649.00	07/03/2018	Pay Now

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

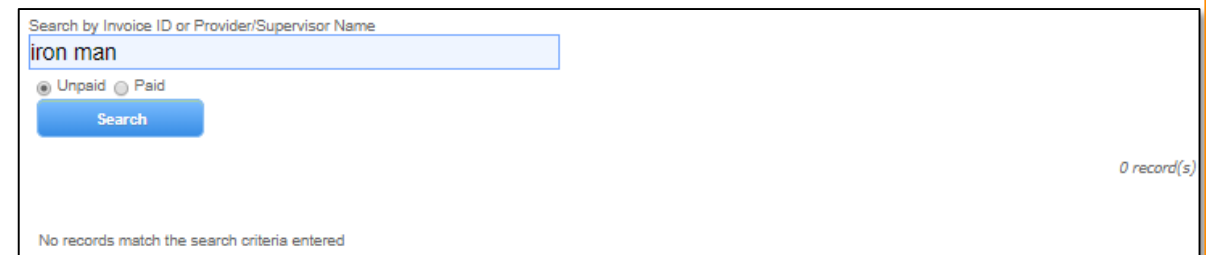
INV-<Part1>-<Part2>

Where,

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



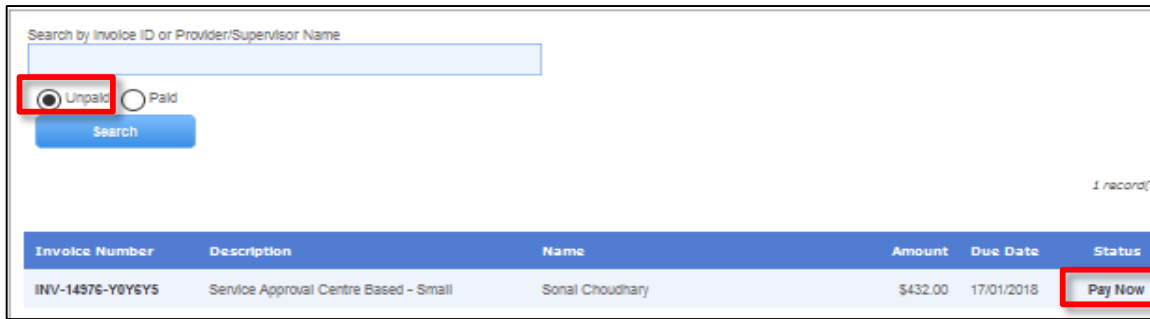
Important: You should have at least one invoice matching the search criteria, otherwise the “**No records match the search criteria entered**” message is displayed.



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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 Provider/Supervisor Name

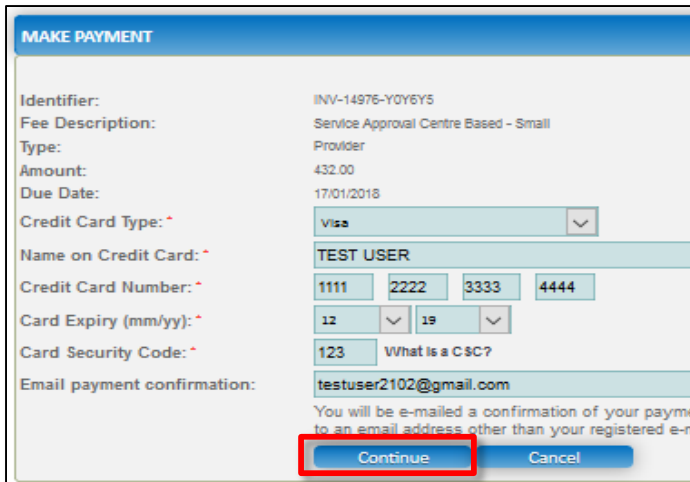
Unpaid Paid

Search

1 record(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**.



MAKE PAYMENT

Identifier: INV-14976-Y0Y6Y5
 Fee Description: Service Approval Centre Based - Small
 Type: Provider
 Amount: 432.00
 Due Date: 17/01/2018

Credit Card Type: *

Name on Credit Card: *

Credit Card Number: *

Card Expiry (mm/yy): *

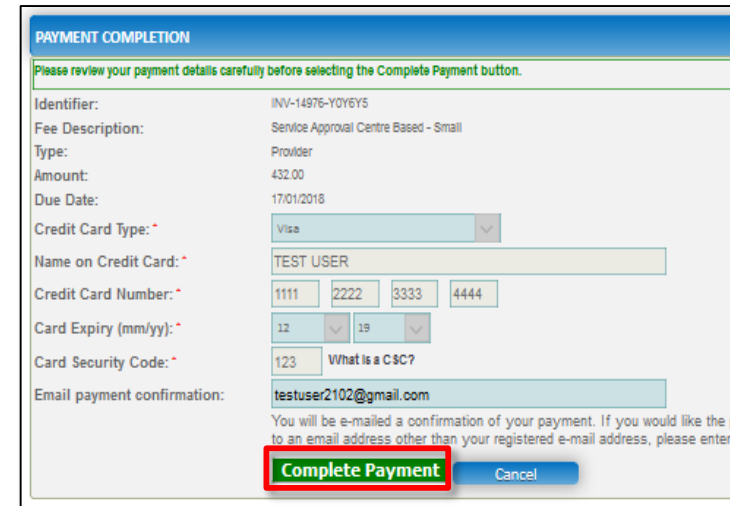
Card Security Code: * [What is a CSC?](#)

Email payment confirmation:

You will be e-mailed a confirmation of your payment to an email address other than your registered e-mail address.

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
 Type: Provider
 Amount: 432.00
 Due Date: 17/01/2018

Credit Card Type: *

Name on Credit Card: *

Credit Card Number: *

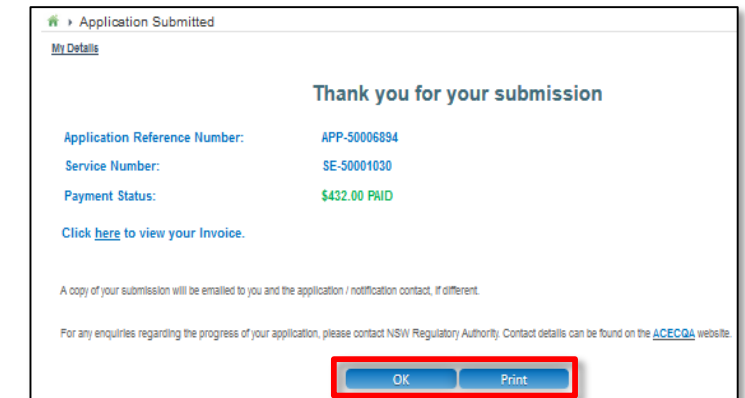
Card Expiry (mm/yy): *

Card Security Code: * [What is a CSC?](#)

Email payment confirmation:

You will be e-mailed a confirmation of your payment. If you would like the payment to an email address other than your registered e-mail address, please enter that email address.

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



Application Submitted

[My 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 application, please contact NSW Regulatory Authority. Contact details can be found on the [ACECQA](#) website.

Portal Overview

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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**.

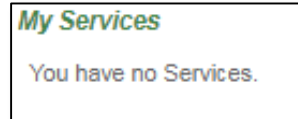
Important:

- 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.

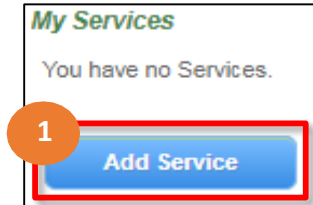


Service ID	Service Name	State	Status
<input type="radio"/> SE-50001019	sample	NSW	Approved
<input checked="" type="radio"/> SE-50001030	Service Trading Sample 1	NSW	Approved

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.



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.

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Work with My Services



Service ID	Service Name	State	Status
<input type="radio"/> SE-50001019	sample	NSW	Approved
<input checked="" type="radio"/> SE-50001030	Service Trading Sample 1	NSW	Approved

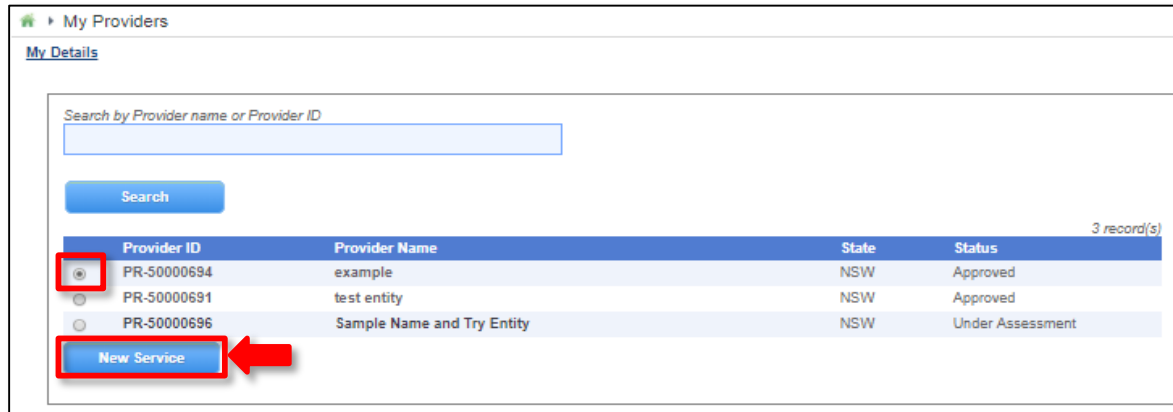
1 Add Service New Forms Submitted Forms Incident Complaint Manage Users

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**.



My Providers

My Details

Search by Provider name or Provider ID

Search

Provider ID	Provider Name	State	Status
<input checked="" type="radio"/> PR-50000694	example	NSW	Approved
<input type="radio"/> PR-50000691	test entity	NSW	Approved
<input type="radio"/> PR-50000696	Sample Name and Try Entity	NSW	Under Assessment

3 record(s)

New Service

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



My Details

Provider: example

INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION

PROVIDER DETAILS

Provider Name: example	Provider Approval Number: PR-50000694	Provider Status: Approved
------------------------	---------------------------------------	---------------------------

IMPORTANT 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.
Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.
The regulatory authority will make a decision on your application within 90 days subject to your application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant. The service approval will not be granted until a provider approval has been granted.
NOTE: This is not an application for Child Care Benefit (CCB) under the Family Assistance Law. You must apply to the Australian Government for this.
Privacy Statement

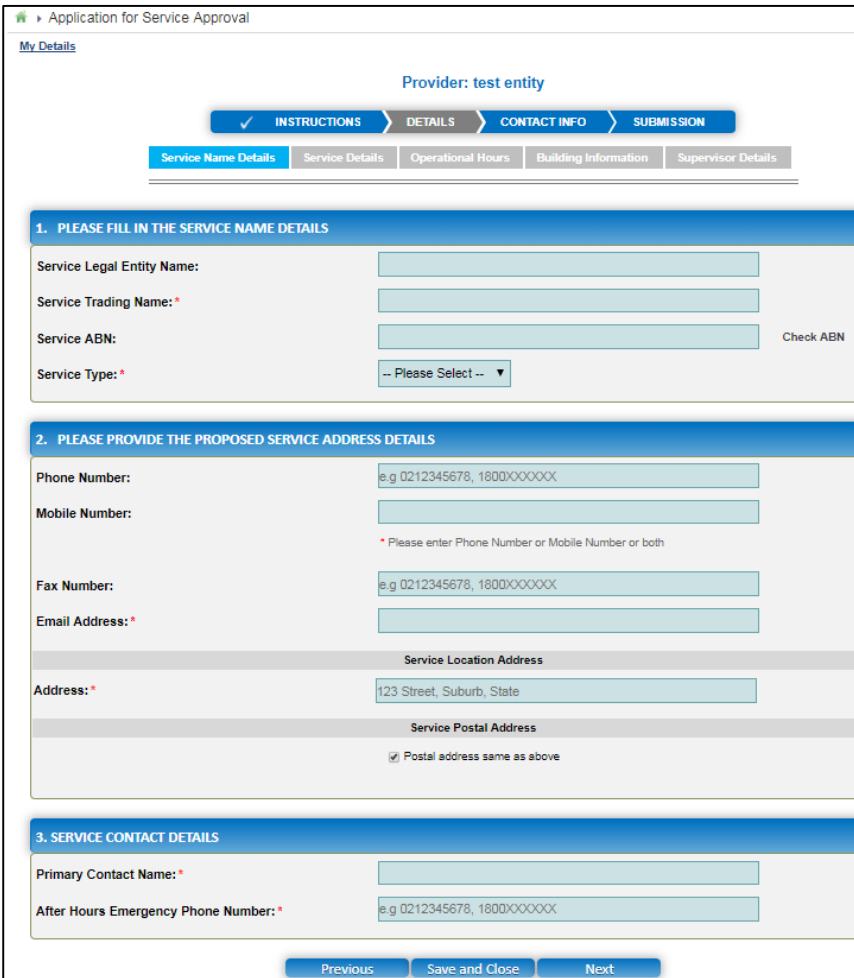
SUPPORTING DOCUMENTATION

- NS01 Nominated Supervisor Consent Form
The approved provider must designate a nominated supervisor for each service they operate and intend to operate and the nominated supervisor must give their written consent. (This one page form should be included with an application for service approval as well as a notification of change to nominated supervisor).

Cancel Begin

[Back to Main Menu](#)

Work with My Services



Application for Service Approval

My Details

Provider: test entity

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

Service Name Details | Service Details | Operational Hours | Building Information | Supervisor Details

1. PLEASE FILL IN THE SERVICE NAME DETAILS

Service Legal Entity Name:

Service Trading Name: *

Service ABN: Check ABN

Service Type: *

2. PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS

Phone Number:

Mobile Number:

* Please enter Phone Number or Mobile Number or both

Fax Number:

Email Address: *

Service Location Address

Address: *

Service Postal Address

Postal address same as above

3. SERVICE CONTACT DETAILS

Primary Contact Name: *

After Hours Emergency Phone Number: *

Previous | Save and Close | Next

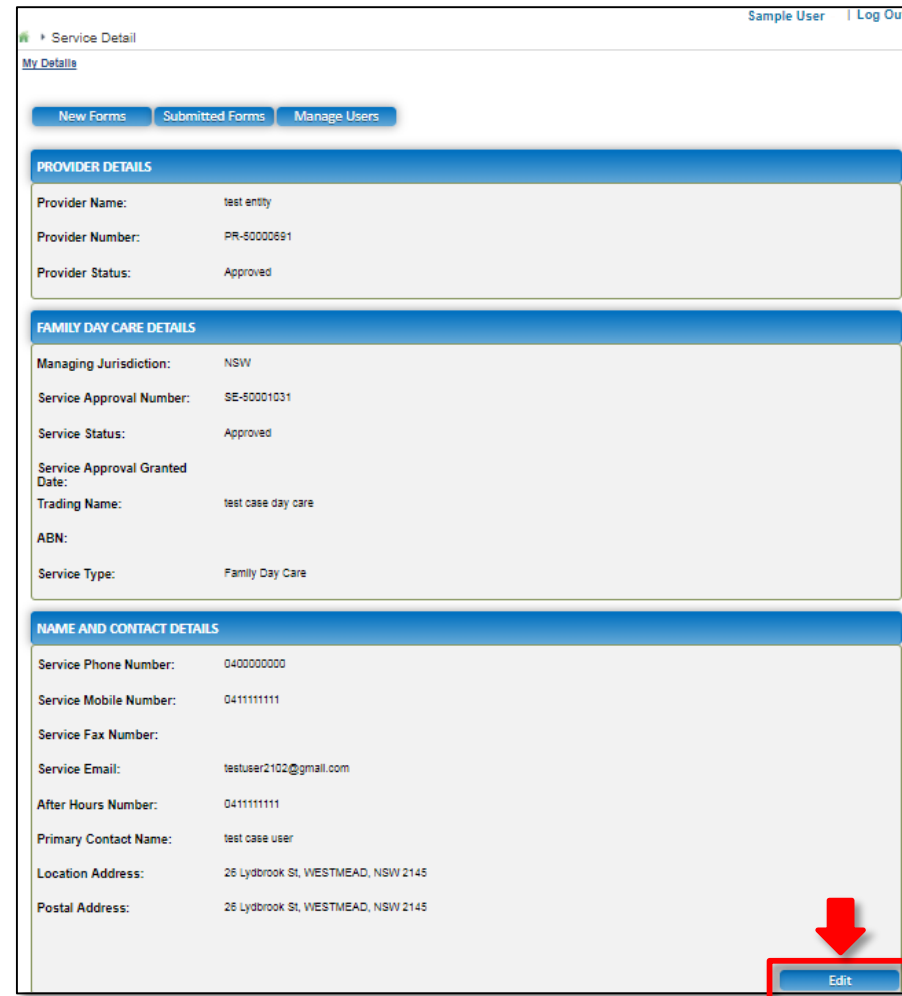
1.c Then, follow the instructions to fill the **DETAILS, CONTACT INFO, and SUBMISSION** pages of the form.

Fill all mandatory fields (marked with a **Red Asterisk ***).

Make the payment, finalize the information, and submit the form.

Tip: The **Application for Service Approval (SA01/02)** form is also available in the **My Providers** section under **New Forms**.

Work with My Services - Editing



Service Detail

Sample User | Log Out

My Details

New Forms | Submitted Forms | Manage Users

PROVIDER DETAILS

Provider Name: test entity

Provider Number: PR-50000691

Provider Status: Approved

FAMILY DAY CARE DETAILS

Managing Jurisdiction: NSW

Service Approval Number: SE-50001031

Service Status: Approved

Service Approval Granted Date:

Trading Name: test case day care

ABN:

Service Type: Family Day Care

NAME AND CONTACT DETAILS

Service Phone Number: 0400000000

Service Mobile Number: 0411111111

Service Fax Number:

Service Email: testuser2102@gmail.com

After Hours Number: 0411111111

Primary Contact Name: test case user

Location Address: 26 Lydbrook St, WESTMEAD, NSW 2145

Postal Address: 26 Lydbrook St, WESTMEAD, NSW 2145

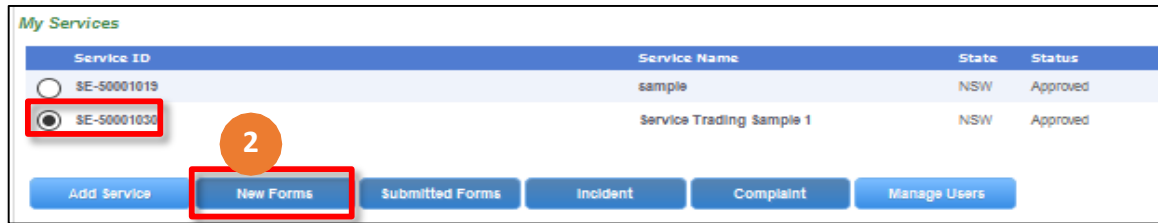
Edit

Go through the pages to enter the requested information.

If you need to make some changes to a section of the **Service Detail** page, click **Edit** corresponding to that section (see arrow below).

You can then edit the contents of the section.

Work with My Services



Service ID	Service Name	State	Status
SE-50001019	sample	NSW	Approved
SE-50001036	Service Trading Sample 1	NSW	Approved

Buttons: Add Service, **New Forms**, Submitted Forms, Incident, Complaint, Manage Users

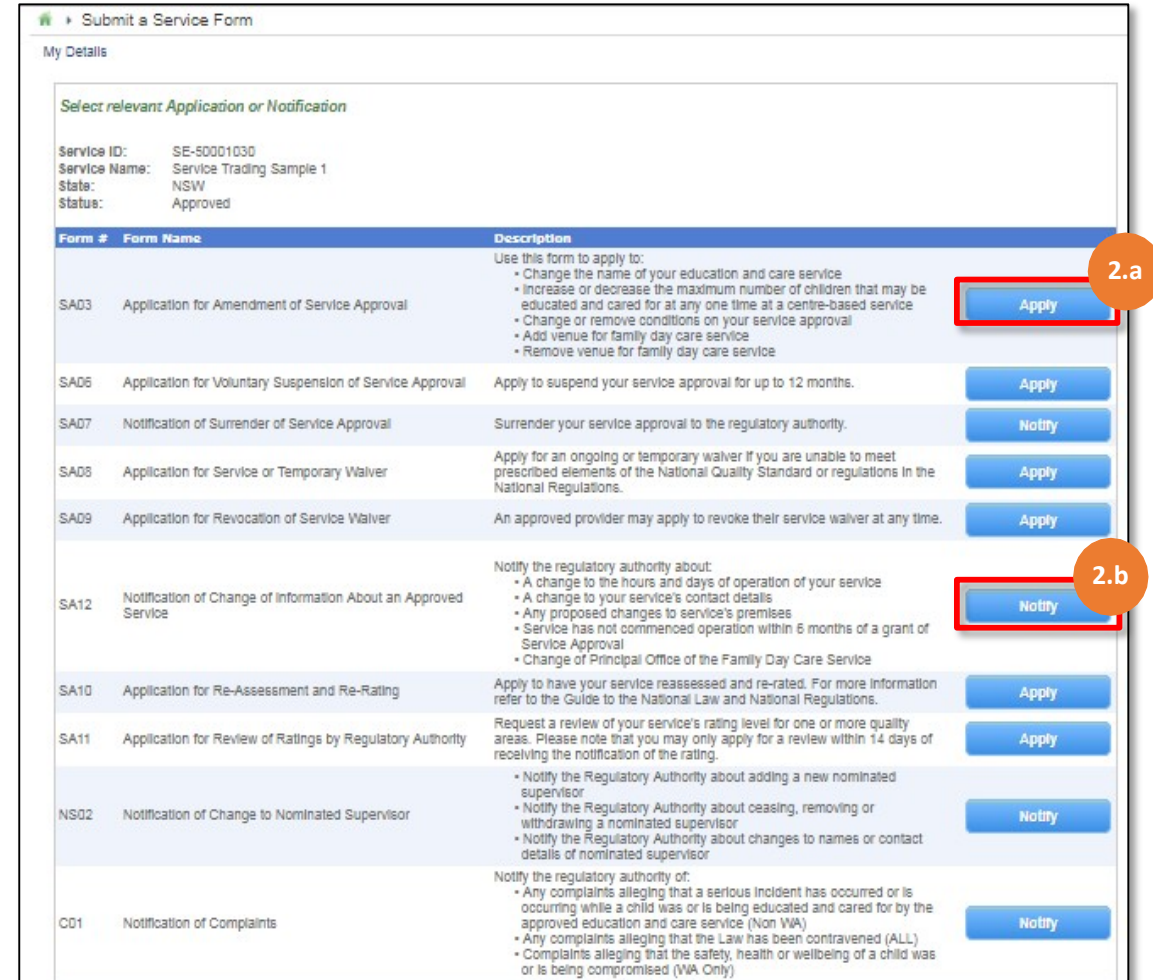
Note: You should have at least one service to be able to open new forms.

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.

- To fill a particular application form, click **Apply** next to the application.
- 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.



Submit a Service Form

My Details

Select relevant Application or Notification

Service ID: SE-50001030
Service Name: Service Trading Sample 1
State: NSW
Status: Approved

Form #	Form Name	Description	Action
SA03	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
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
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	Notify
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	Notify
CO1	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 WA) • Any complaints alleging that the Law has been contravened (ALL) • Complaints alleging that the safety, health or wellbeing of a child was or is being compromised (WA Only)	Notify

Work with My Services



Service ID	Service Name	State	Status
<input type="radio"/> SE-50001019	sample	NSW	Approved
<input checked="" type="radio"/> SE-50001030	Service Trading Sample 1	NSW	Approved

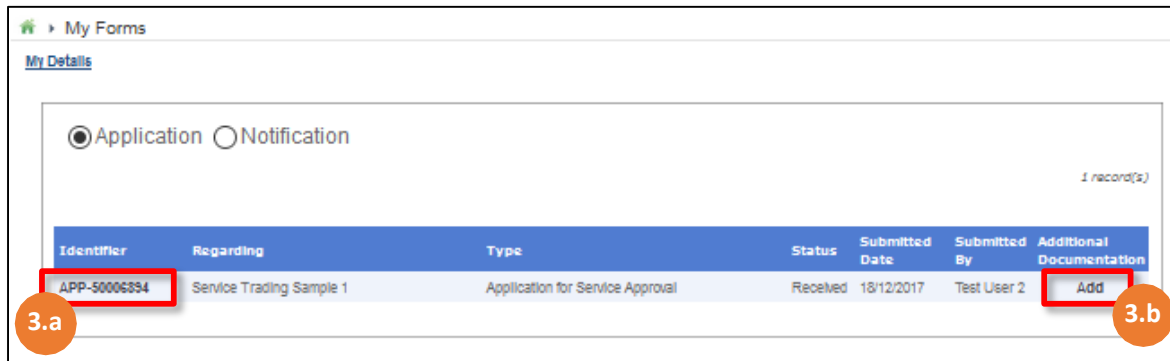
Buttons: Add Service, New Forms, Submitted Forms (3), Incident, Complaint, Manage Users

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.



My Forms

My Details

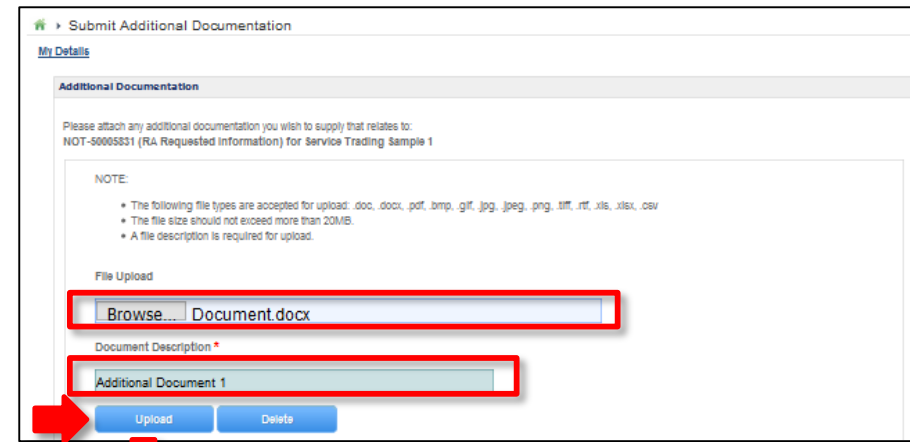
Application Notification

1 record(s)

Identifier	Regarding	Type	Status	Submitted Date	Submitted By	Additional Documentation
APP-50006884	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**.



Submit Additional Documentation

My Details

Additional Documentation

Please attach any additional documentation you wish to supply that relates to:
NOT-50005831 (RA Requested Information) for Service Trading Sample 1

NOTE:

- The following file types are accepted for upload: doc, docx, pdf, bmp, gif, jpg, jpeg, png, tiff, rtf, xls, xlsx, csv
- The file size should not exceed more than 20MB.
- A file description is required for upload.

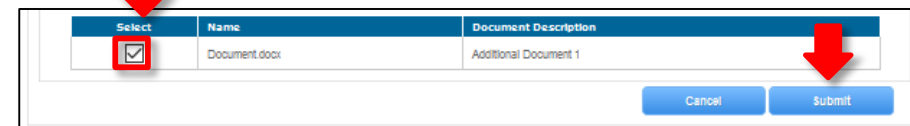
File Upload

Browse... Document.docx

Document Description *

Additional Document 1

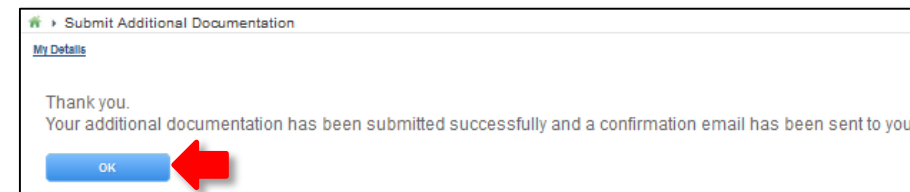
Upload Delete



Select	Name	Document Description
<input checked="" type="checkbox"/>	Document.docx	Additional Document 1

Cancel Submit

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.

OK

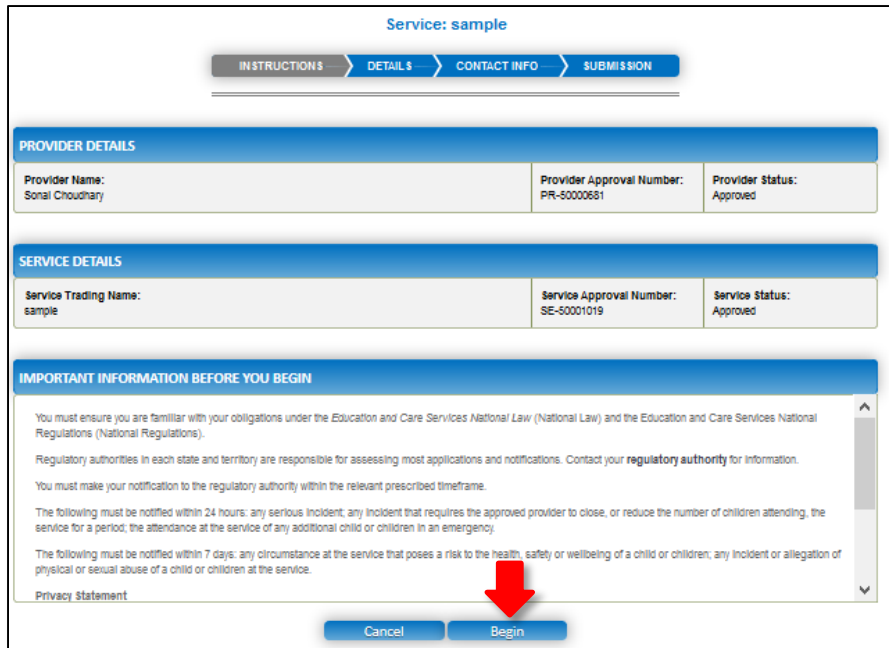
[Back to Main Menu](#)

Work with My Services



Service ID	Service Name	State	Status
<input type="radio"/> SE-50001019	sample	NSW	Approved
<input checked="" type="radio"/> SE-50001030	Service Trading Sample 1	NSW	Approved

4. To report an incident related to a service, select the **Service ID** and click **Incident**. The **Notification of Incident (IO1)** form is displayed. To start filling the form, click **Begin**.



Service: sample

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

Provider Name: Sorral Choudhary | Provider Approval Number: PR-50000681 | Provider Status: Approved

SERVICE DETAILS

Service Trading Name: sample | Service Approval Number: SE-50001019 | Service Status: Approved

IMPORTANT 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.

You must make your notification to the regulatory authority within the relevant prescribed timeframe.

The following must be notified within 24 hours: any serious incident; any incident that requires the approved provider to close, or reduce the number of children attending, the service for a period; the attendance at the service of any additional child or children in an emergency.

The following must be notified within 7 days: any circumstance at the service that poses a risk to the health, safety or wellbeing of a child or children; any incident or allegation of physical or sexual abuse of a child or children at the service.

Privacy Statement

Cancel | **Begin**

Note: You should have at least one service to be able to file related incidents.

Tip: The **Notification of Incident (IO1)** form is also available under the list of forms for a service, when in the **My Services** section, you select a **Service ID**, and click **New Forms**.

4.a. Select the **Incident Type** and click **Next**.



Service: sample

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

Incident Type | Incident Details | Additional Details

TYPE OF INCIDENT

Injury or trauma	Illness	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

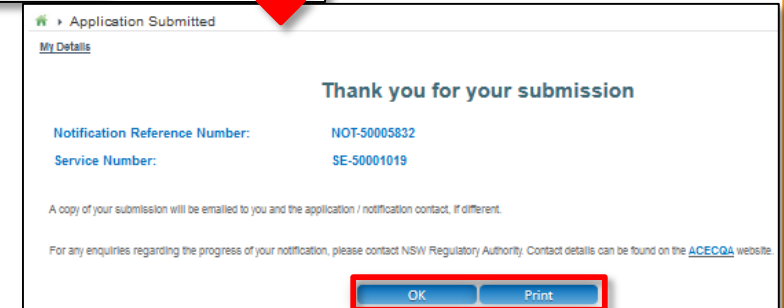
Previous | Save and Close | **Next**

4.b. Follow the instructions on the following pages of the **Notification of Incident** form and submit the incident notification.

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

Further References:

- For details on incidents and types of incidents, refer the **Notification of Incident QRG**.



Application Submitted

My Details

Thank you for your submission

Notification Reference Number: NOT-50005832

Service Number: SE-50001019

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 notification, please contact NSW Regulatory Authority. Contact details can be found on the [ACECQA](#) website.

OK | Print

Portal Overview

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Work with My Services

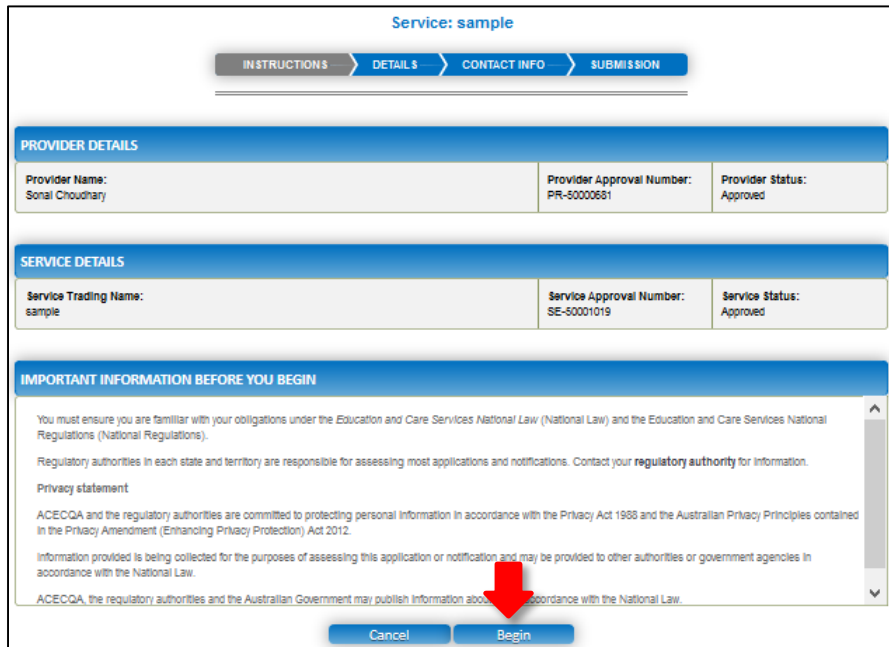


Service ID	Service Name	State	Status
<input type="radio"/> SE-50001019	sample	NSW	Approved
<input checked="" type="radio"/> SE-50001030	Service Trading Sample 1	NSW	Approved

Buttons: Add Service, New Forms, Submitted Forms, Incident, **Complaint**, Manage Users

5. To file a complaint related to a service, select the **Service ID** and click **Complaint**.

The **Notification of Complaint (C01)** form is displayed. To start filling the form, click **Begin**.



Service: sample

INSTRUCTIONS → DETAILS → CONTACT INFO → SUBMISSION

PROVIDER DETAILS

Provider Name: Sonal Choudhary	Provider Approval Number: PR-50000581	Provider Status: Approved
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SERVICE DETAILS

Service Trading Name: sample	Service Approval Number: SE-50001019	Service Status: Approved
---------------------------------	-----------------------------------------	-----------------------------

IMPORTANT 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.

Privacy statement

ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in accordance with the National Law.

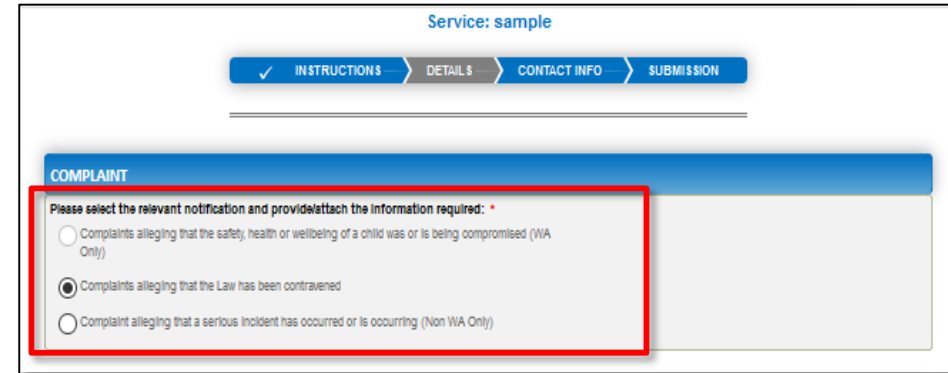
ACECQA, the regulatory authorities and the Australian Government may publish information about you in accordance with the National Law.

Buttons: Cancel, **Begin**

Note: You should have at least one service to be able to file related complaints.

Tip: The **Notification of Complaint (C01)** form is also available under the list of forms for a service, when in the **My Services** section, you select a **Service ID**, and click **New Forms**.

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



Service: sample

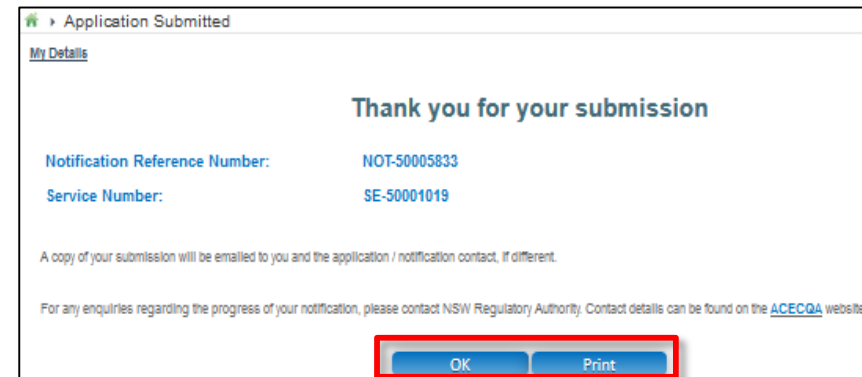
INSTRUCTIONS → DETAILS → CONTACT INFO → SUBMISSION

COMPLAINT

Please select the relevant notification and provide/attach the information required: *

- Complaints alleging that the safety, health or wellbeing of a child was or is being compromised (WA Only)
- Complaints alleging that the Law has been contravened
- Complaint alleging that a serious incident has occurred or is occurring (Non WA Only)

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

My Details

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 the application / notification contact, if different.

For any enquiries regarding the progress of your notification, please contact NSW Regulatory Authority. Contact details can be found on the [ACECQA](#) website.

Buttons: **OK**, **Print**

Further References:

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

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Work with My Services



Service ID	Service Name	State
<input type="radio"/> SE-50001019	sample	NSW
<input checked="" type="radio"/> SE-50001030	Service Trading Sample 1	NSW

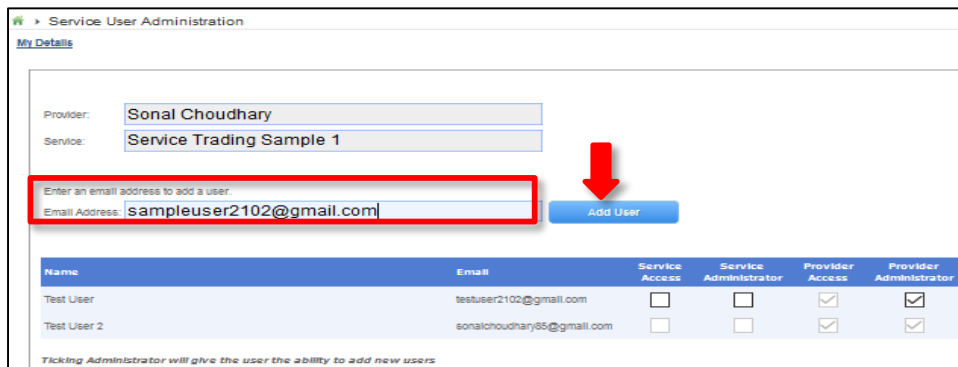
Buttons: Add Service, New Forms, Submitted Forms, Incident, Complaint, **Manage Users**

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.



Provider: Sonal Choudhary
Service: Service Trading Sample 1

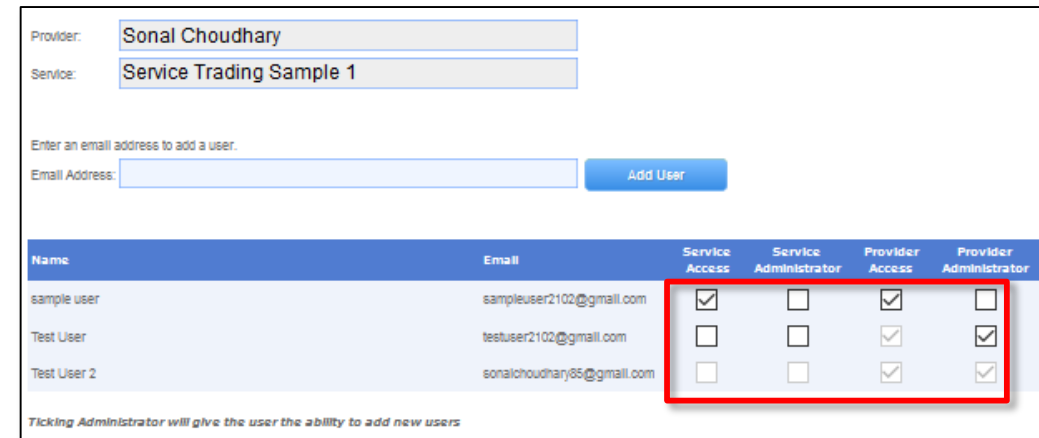
Enter an email address to add a user.
Email Address: **Add User**

Name	Email	Service Access	Service Administrator	Provider Access	Provider Administrator
Test User	testuser2102@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Test User 2	sonalchoudhary65@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

6.b. Make required changes to the different access types for the listed users.



Provider: Sonal Choudhary
Service: Service Trading Sample 1

Enter an email address to add a user.
Email Address: **Add User**

Name	Email	Service Access	Service Administrator	Provider Access	Provider Administrator
sample user	sampleuser2102@gmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Test User	testuser2102@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Test User 2	sonalchoudhary65@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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.

[Back to Main Menu](#)

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

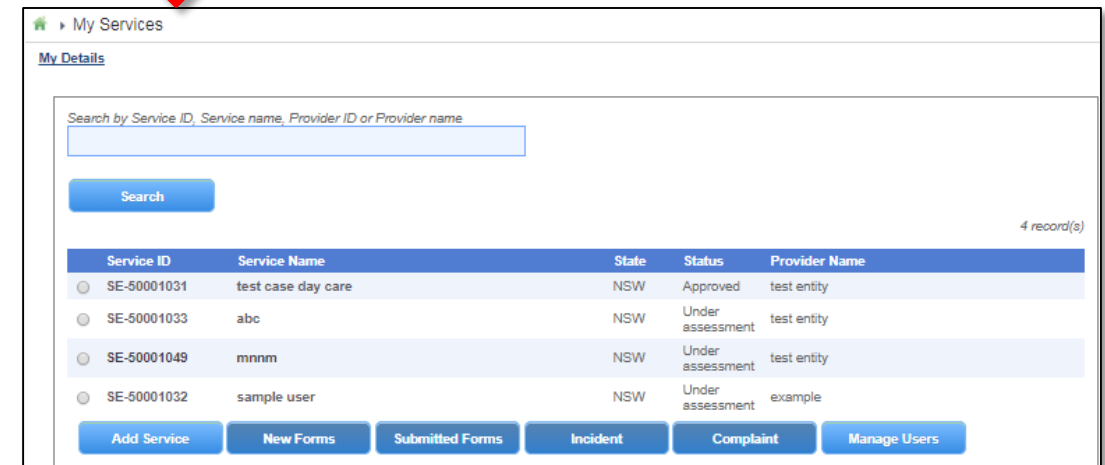
7. When there are more than three services, to view the list of all services, click **View All Services(x)**. Where, **x** = number of services.



My Services

Service ID	Service Name	State
SE-50001031	test case day care	NSW
SE-50001033	abc	NSW
SE-50001049	mnm	NSW

Buttons: Add Service, New Forms, Submitted Forms, Incident, Complaint, Manage Users, **View All Services(4)**



My Services

My Details

Search by Service ID, Service name, Provider ID or Provider name

Search

4 record(s)

Service ID	Service Name	State	Status	Provider Name
SE-50001031	test case day care	NSW	Approved	test entity
SE-50001033	abc	NSW	Under assessment	test entity
SE-50001049	mnm	NSW	Under assessment	test entity
SE-50001032	sample user	NSW	Under assessment	example

Buttons: Add Service, New Forms, Submitted Forms, Incident, Complaint, Manage Users

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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**.



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.

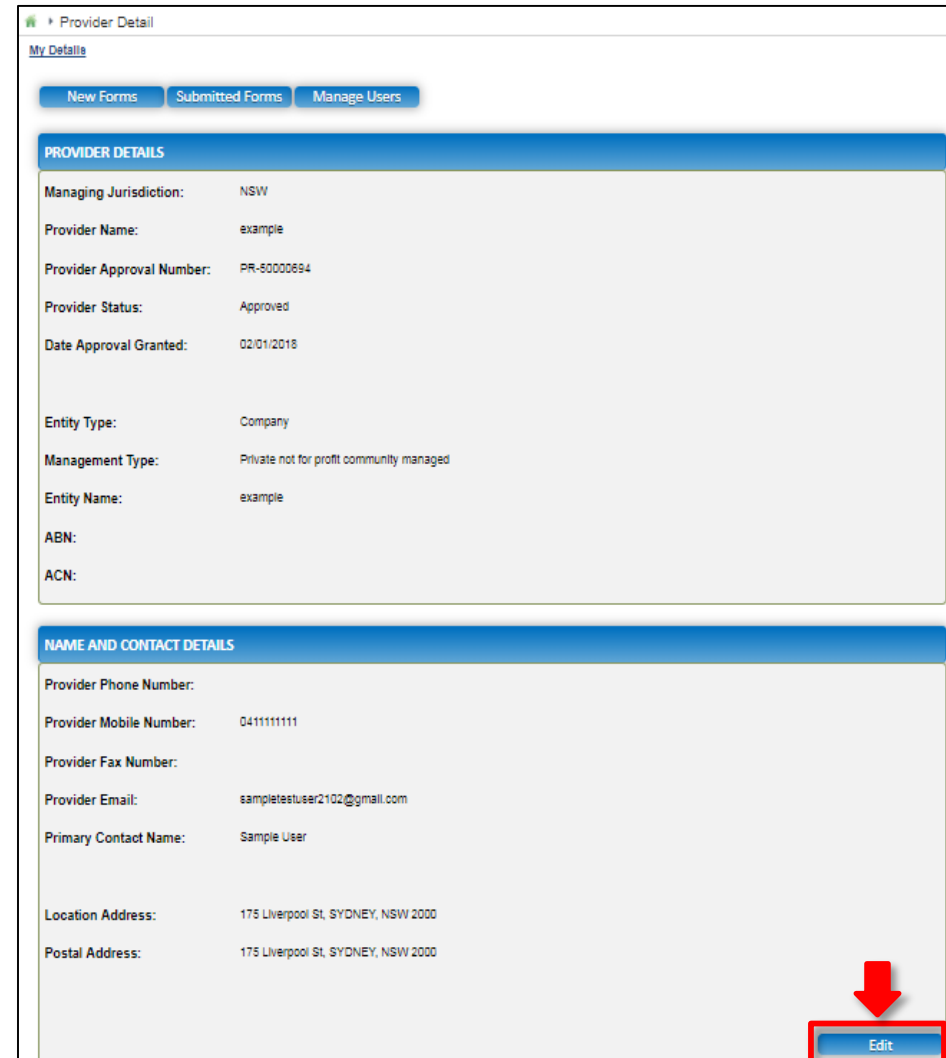
If no providers are linked, then no action buttons are displayed (except **Add Provider**).

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.



If you need to make some changes to an editable section of the **Provider Detail** page, click **Edit** corresponding to that section. You can then edit the contents of the section.

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Work with My Providers



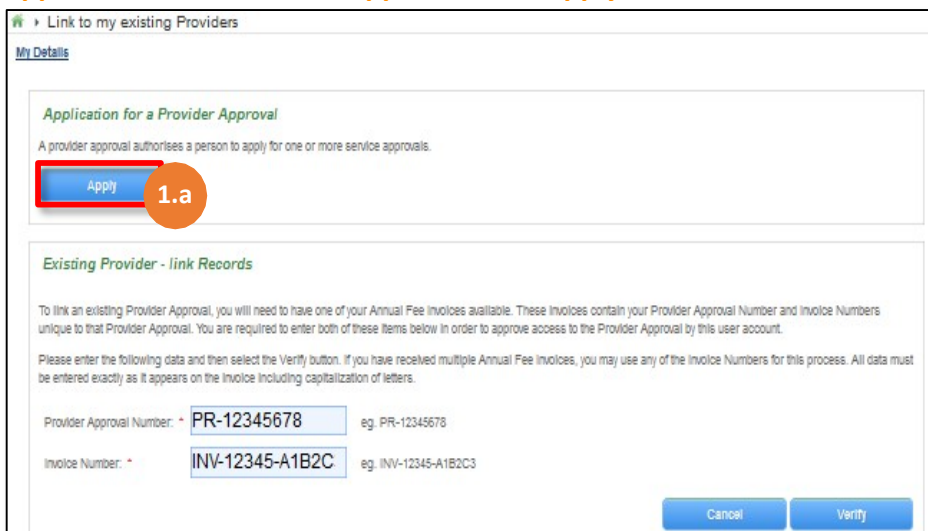
Provider ID	Provider Name	State	Status
PR-50000654	example	NSW	Approved

1 Add Provider New Forms Submitted Forms Manage Users

Note: You should have a registered account to add a new provider.

1. To add a new provider, click **Add Provider**. You can either apply for new 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

Application for a Provider Approval

A provider approval authorises a person to apply for one or more service approvals.

1.a Apply

Existing Provider - link Records

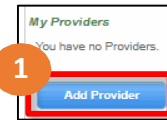
To link an existing Provider Approval, you will need to have one of your Annual Fee Invoices available. These invoices contain your Provider Approval Number and Invoice Numbers unique to that Provider Approval. You are required to enter both of these items below in order to approve access to the Provider Approval by this user account.

Please enter the following data and then select the Verify 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 invoice including capitalization of letters.

Provider Approval Number: * PR-12345678 eg. PR-12345678

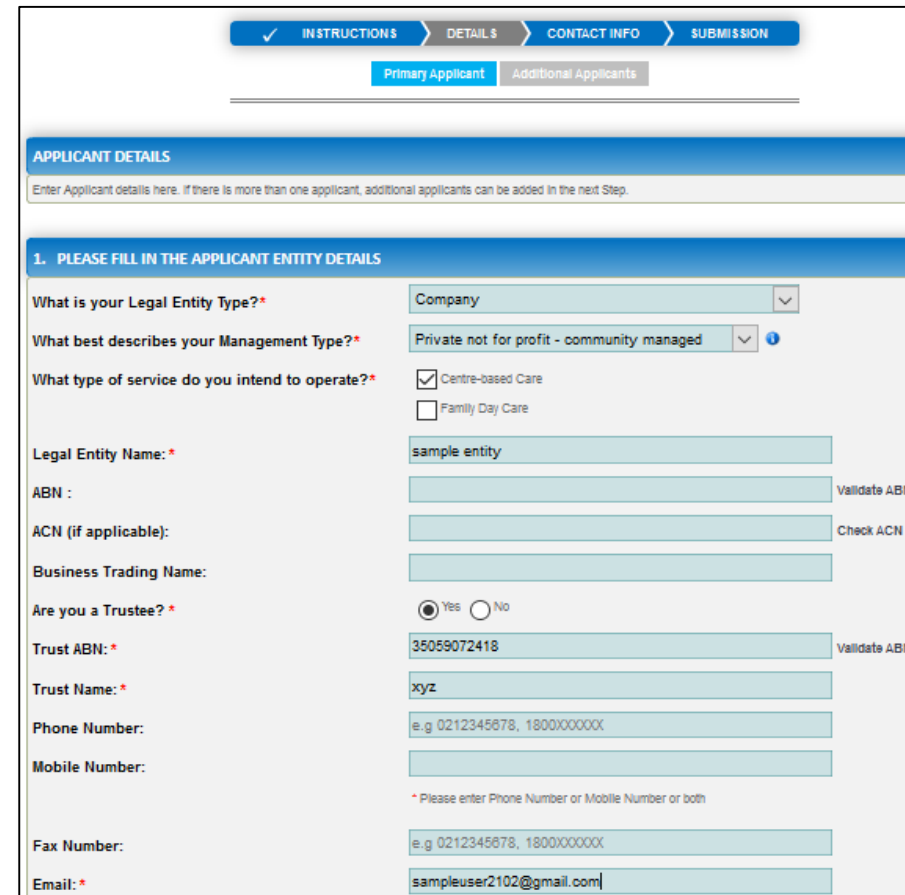
Invoice Number: * INV-12345-A1B2C eg. INV-12345-A1B2C3

Cancel Verify



1 Add Provider

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.



INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION

Primary Applicant Additional Applicants

APPLICANT DETAILS

Enter Applicant details here. If there is more than one applicant, additional 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

Mobile Number: * Please enter Phone Number or Mobile Number or both

Fax Number: e.g. 0212345678, 1800XXXXXX

Email: * sampleuser2102@gmail.com

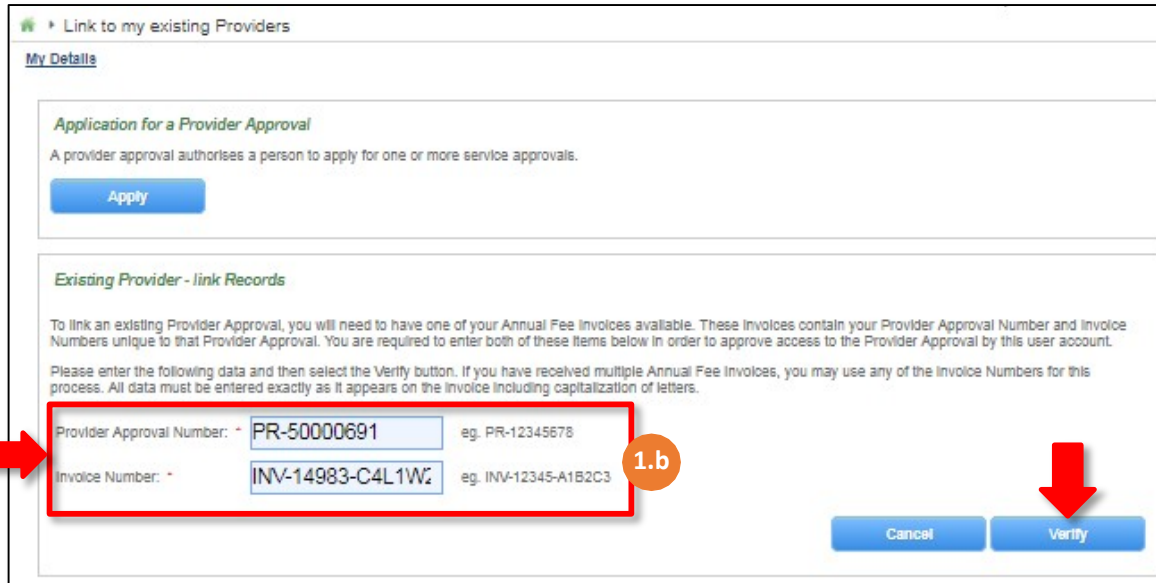
Further References:

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

Portal Overview

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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](#).



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.

[Apply](#)

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 'Verify' 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 invoice including capitalization of letters.

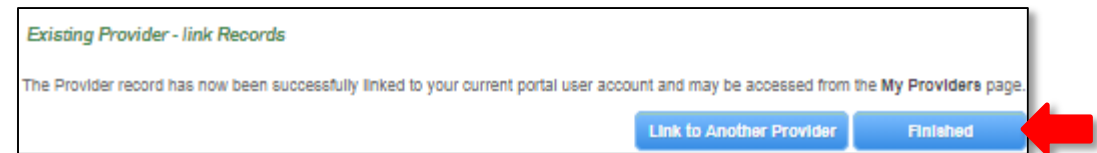
Provider Approval Number: eg. PR-12345678

Invoice Number: eg. INV-12345-A1B2C3

[Cancel](#) [Verify](#)

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).



Existing Provider - link Records

The Provider record has now been successfully linked to your current portal user account and may be accessed from the My Providers page.

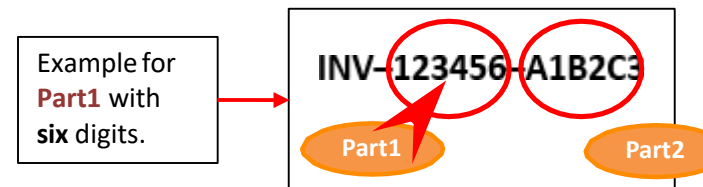
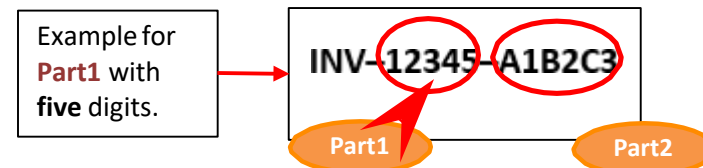
[Link to Another Provider](#) [Finished](#)

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).



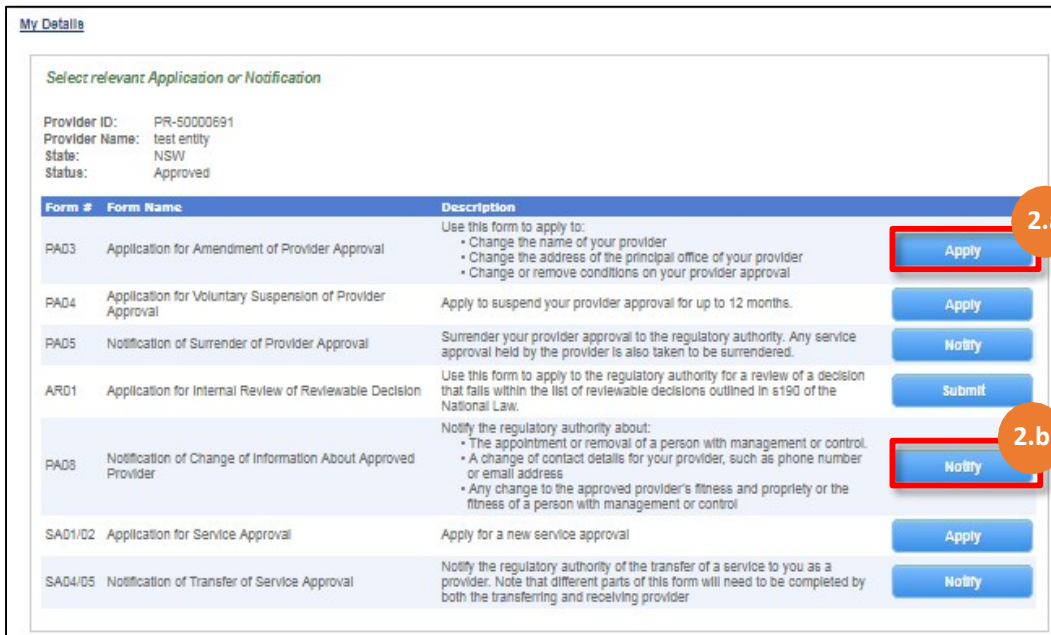
Work with My Providers



Provider ID	Provider Name	State	Status
PR-50000694	example	NSW	Approved

Buttons: Add Provider, **New Forms**, **Submitted Forms**, Manage Users

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



Select relevant Application or Notification

Provider ID: PR-50000691
Provider Name: test entity
State: NSW
Status: Approved

Form #	Form Name	Description	Action
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
ARD1	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
PA08	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

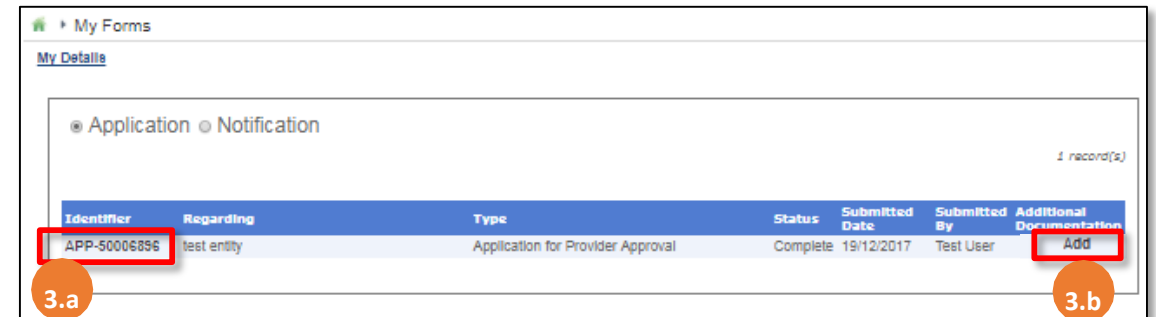
2.To fill an application related to a provider or to add a notification, select the **Provider ID**, and click **New Forms**. The list of relevant forms is displayed with **Form #**, **Form Name**, and **Description** columns.

- To fill a particular application form, click **Apply** next to the application.
- 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.



My Forms

My Details

Application Notification

1 record(s)

Identifier	Regarding	Type	Status	Submitted Date	Submitted By	Additional Documentation
APP-50006856	test entity	Application for Provider Approval	Complete	19/12/2017	Test User	Add

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

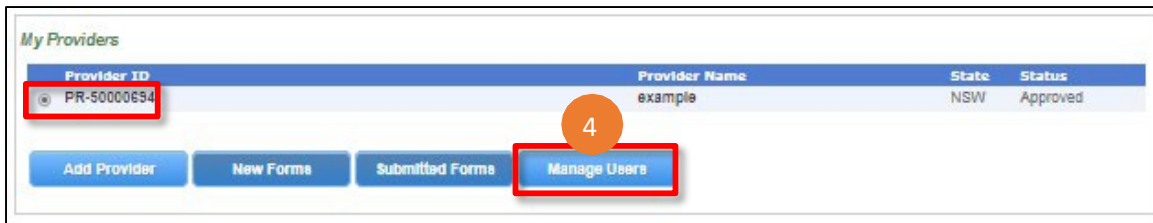
Follow the instructions provided on the form to attach additional documents.

Further References:

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

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Work with My Providers



Provider ID	Provider Name	State	Status
PR-50000694	example	NSW	Approved

Buttons: Add Provider, New Forms, 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: test entity

Enter an email address to add a user.

Email Address: **sampletestuser2102@gmail.com**

Add User

Name	Email	Administrator
Remove Sample User	sampletestuser2102@gmail.com	<input checked="" type="checkbox"/>
Remove Test User	testuser2102@gmail.com	<input checked="" type="checkbox"/>

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

4.b. Make required changes to the different access types for the listed users.



Provider: test entity

Enter an email address to add a user.

Email Address:

Add User

Name	Email	Administrator
Remove Sample User	sampletestuser2102@gmail.com	<input checked="" type="checkbox"/>
Remove Test User	testuser2102@gmail.com	<input checked="" type="checkbox"/>

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

4.c. To delete a user, click **Remove** corresponding to the user's **Name**.

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.

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.

Portal Overview

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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.

My Providers

Provider ID	Provider Name
<input type="radio"/> PR-50000694	example
<input type="radio"/> PR-50000691	test entity

[Add Provider](#)
[New Forms](#)
[Submitted Forms](#)
[Manage Users](#)
[View All Providers\(3\)](#)



🏠 → My Providers

My Details

Search by Provider name or Provider ID

[Search](#)

3 record(s)

Provider ID	Provider Name	State	Status
<input type="radio"/> PR-50000694	example	NSW	Approved
<input type="radio"/> PR-50000691	test entity	NSW	Approved
<input type="radio"/> PR-50000696	Sample Name and Try Entity	NSW	Under Assessment

[Add Provider](#)
[New Forms](#)
[Submitted Forms](#)
[Manage Users](#)

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 [National Law and Regulations](#) 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

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

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 ITSystem)**.

Steps to register an account are listed in the [Register and Log-In](#) 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 the application).

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.

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 Approved Service**
- **SA10** **Re-Assessment and Re-Rating**
- **SA11** **Review of Ratings by Regulatory Authority**
- **NS02** **Notification of Change to Nominated Supervisor**
- **C01** **Notification of Complaints**
- **I01** **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.)

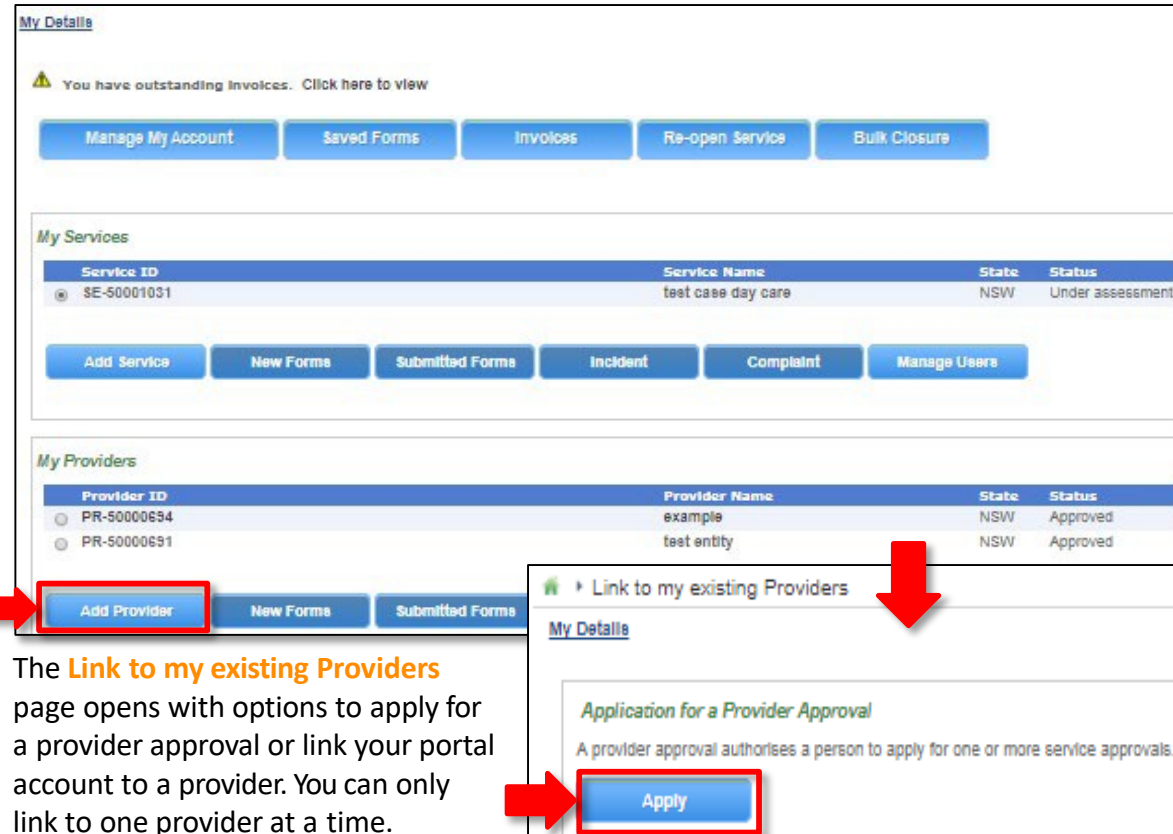
Table of Contents

- [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:
 - [Entity details](#)
 - [Address details](#)
 - [Financial declaration](#)
 - [Persons with management or control](#)
 - Steps to add requested information regarding [additional applicants](#) (if any).
- [Provide Contact Details in Application for Provider Approval Form](#)
 - Steps to add requested contact information.
- [Submit Application for Provider Approval Form](#)
 - Steps to submit and finalise the form by completing the following:
 - [Adding attachments](#)
 - [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.

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Access Application for Provider Approval Form

1. From the **My Details** page, in the **My Providers** section, click **Add Provider**.



My Details

You have outstanding Invoices. [Click here to view](#)

Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closure

My Services

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Under assessment

Add Service | New Forms | Submitted Forms | Incident | Complaint | Manage Users

My Providers

Provider ID	Provider Name	State	Status
PR-50000694	example	NSW	Approved
PR-50000691	test entity	NSW	Approved

Add Provider | New Forms | Submitted Forms

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.

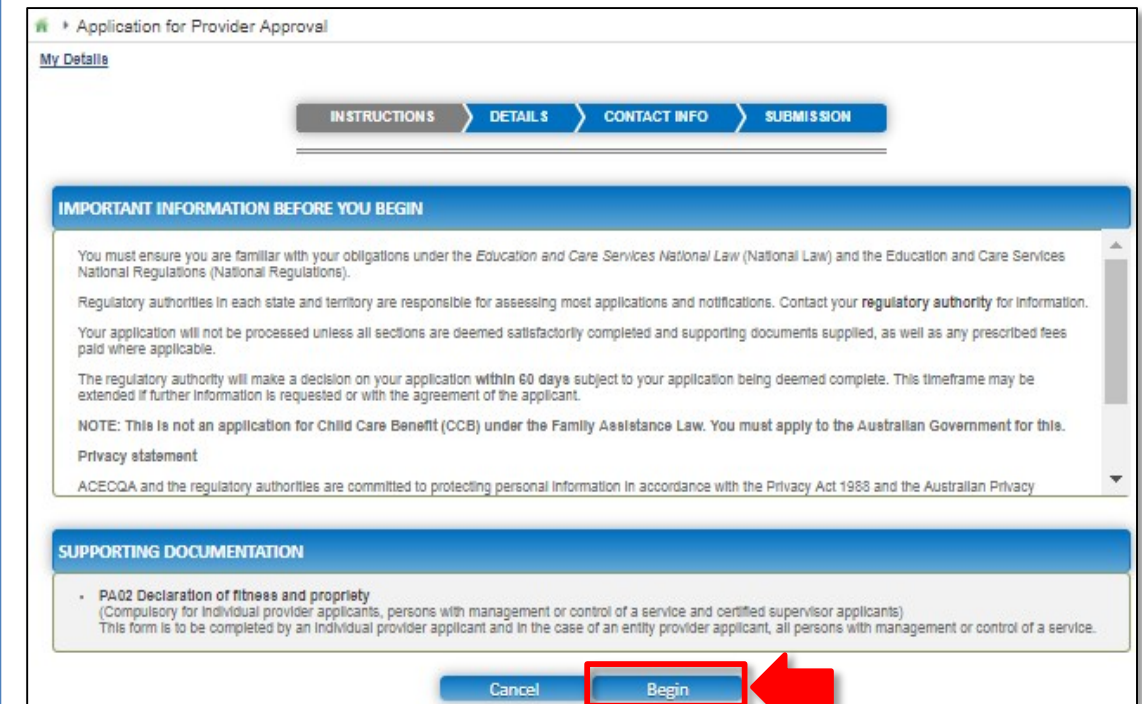
Apply

The **Link to my existing Providers** page opens with options to apply for a provider approval or link your portal account to a provider. You can only link to one provider at a time.

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

Begin Application for Provider Approval Form

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



Application for Provider Approval

My Details

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

IMPORTANT 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.

Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.

The regulatory authority will make a decision on your application **within 60 days** subject to your application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant.

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

Privacy statement
ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy

SUPPORTING DOCUMENTATION

- PA02 Declaration of fitness and propriety (Compulsory for individual provider applicants, persons with management or control of a service and certified supervisor applicants) This form is to be completed by an individual provider applicant and in the case of an entity provider applicant, all persons with management or control of a service.

Cancel | **Begin**

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

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Fill Details in Application for Provider Approval Form

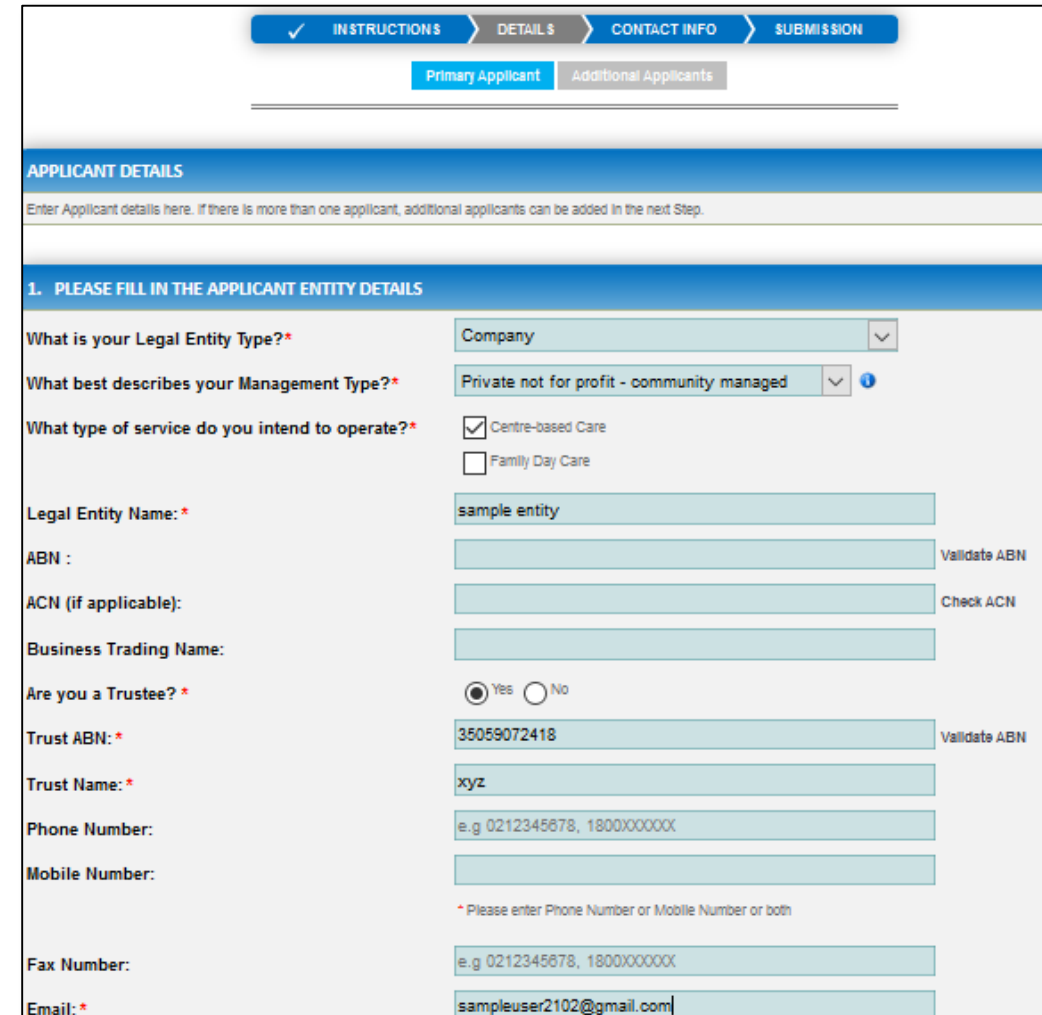
In the **DETAILS** stage, the applicant information is categorised into four sections: **ENTITY DETAILS**, **ADDRESS DETAILS**, **FINANCIAL DECLARATION**, and **PERSONS WITH MANAGEMENT OR CONTROL**.

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 ***.



The screenshot shows the 'PLEASE FILL IN THE APPLICANT ENTITY DETAILS' section of the application form. At the top, there are navigation tabs: 'INSTRUCTIONS', 'DETAILS', 'CONTACT INFO', and 'SUBMISSION'. Below these are buttons for 'Primary Applicant' and 'Additional Applicants'. The form is titled 'APPLICANT DETAILS' and includes a note: 'Enter Applicant details here. If there is more than one applicant, additional applicants can be added in the next Step.'

The main section is titled '1. PLEASE FILL IN THE APPLICANT ENTITY DETAILS' and contains the following fields:

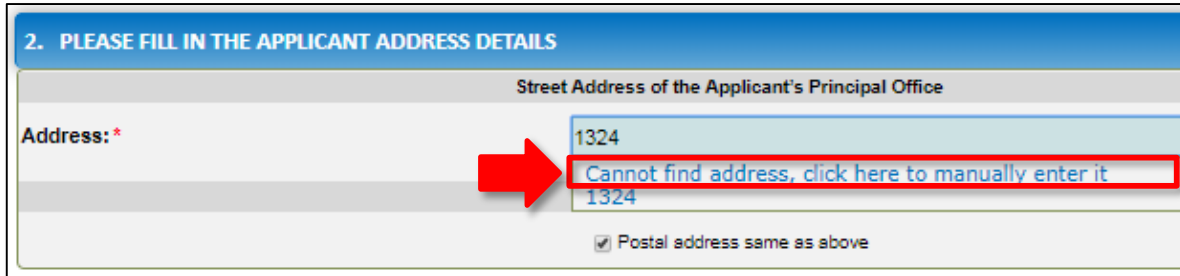
- What is your Legal Entity Type?***: A dropdown menu with 'Company' selected.
- What best describes your Management Type?***: A dropdown menu with 'Private not for profit - community managed' selected.
- What type of service do you intend to operate?***: Two checkboxes, 'Centre-based Care' (checked) and 'Family Day Care' (unchecked).
- Legal Entity Name: ***: A text input field containing 'sample entity'.
- ABN :**: A text input field with a 'Validate ABN' button.
- ACN (if applicable):**: A text input field with a 'Check ACN' button.
- Business Trading Name:**: A text input field.
- Are you a Trustee? ***: Radio buttons for 'Yes' (selected) and 'No'.
- Trust ABN: ***: A text input field containing '35059072418' with a 'Validate ABN' button.
- Trust Name: ***: A text input field containing 'xyz'.
- Phone Number:**: A text input field with a placeholder 'e.g 0212345678, 1800XXXXXX'.
- Mobile Number:**: A text input field.
- Fax Number:**: A text input field with a placeholder 'e.g 0212345678, 1800XXXXXX'.
- Email: ***: A text input field containing 'sampleuser2102@gmail.com'.

A note at the bottom of the form states: '* Please enter Phone Number or Mobile Number or both'.

Fill Details in Application for Provider Approval Form

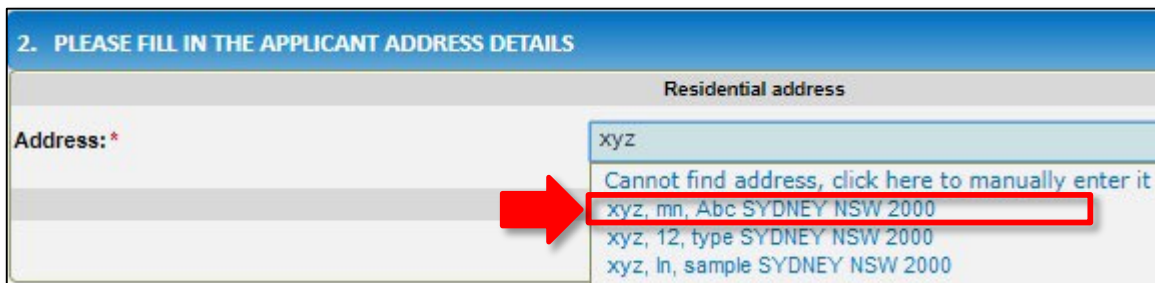
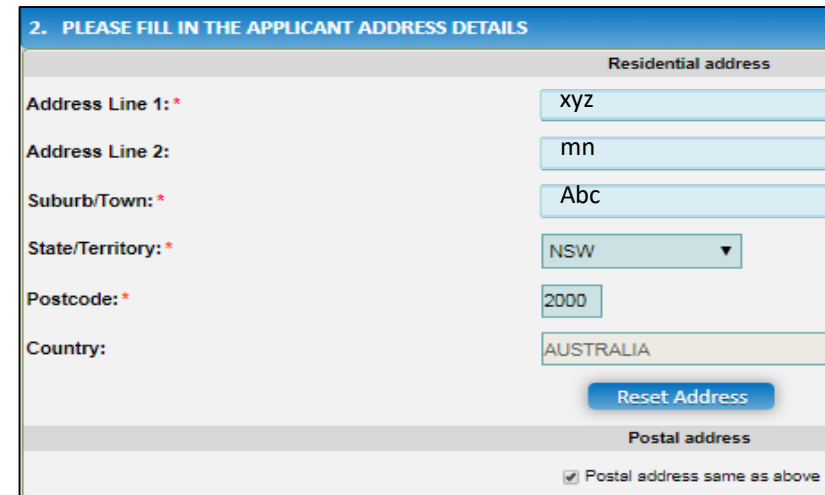
2. In the **PLEASE FILL IN THE APPLICANT ADDRESS DETAILS** section fill your entity's address and postal address (if different). Ensure you provide complete address with street, suburb, state, and post code information.

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.



OR

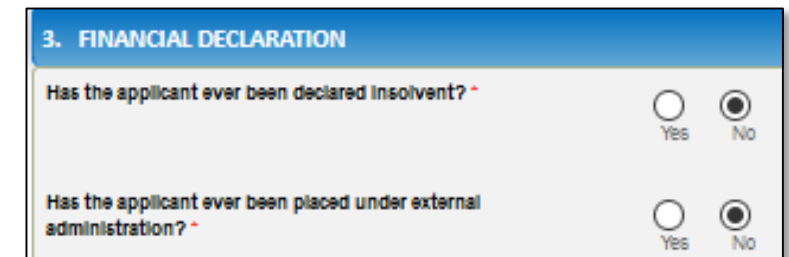
2.b. When you start filling the address, if the address is available in the auto-fill list of addresses, select the correct address and the address will be auto-populated in the fields.

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 ***.

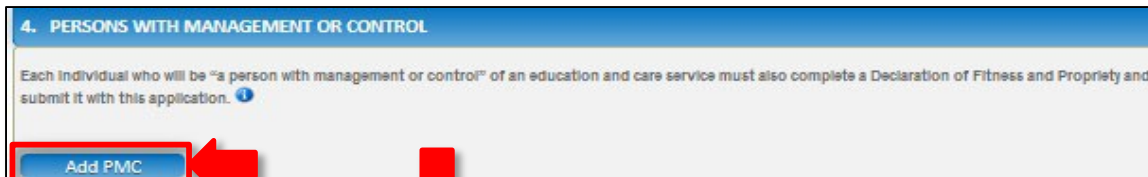
3. In the **FINANCIAL DECLARATION** section, select relevant options.



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Fill Details in Application for Provider Approval Form

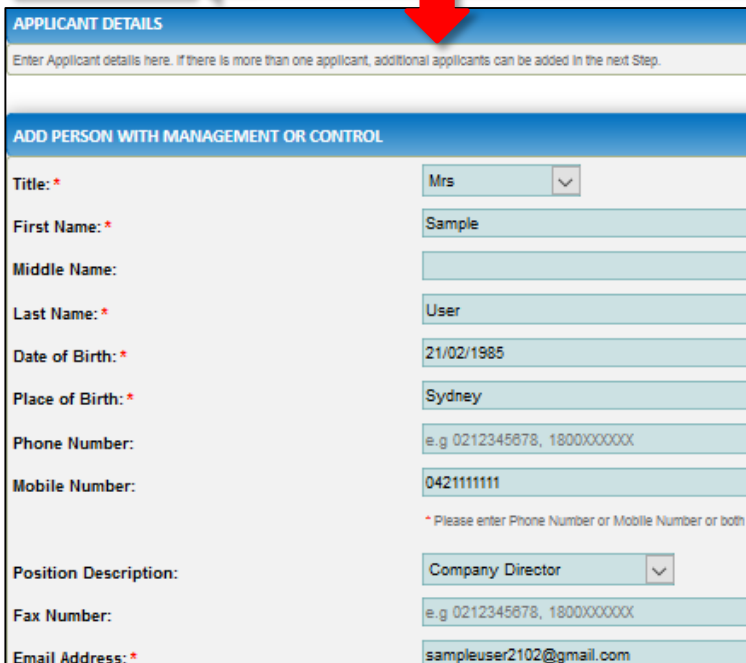
4. In the **PERSONS WITH MANAGEMENT OR CONTROL** section, add details about the persons who are in the management or have control of your legal entity. To add these details, click **Add PMC** and fill the details as requested.



4. PERSONS WITH MANAGEMENT OR CONTROL

Each Individual who will be "a person with management or control" of an education and care service must also complete a Declaration of Fitness and Propriety and submit it with this application. ⓘ

Add PMC



APPLICANT DETAILS

Enter Applicant details here. If there is more than one applicant, additional applicants can be added in the next Step.

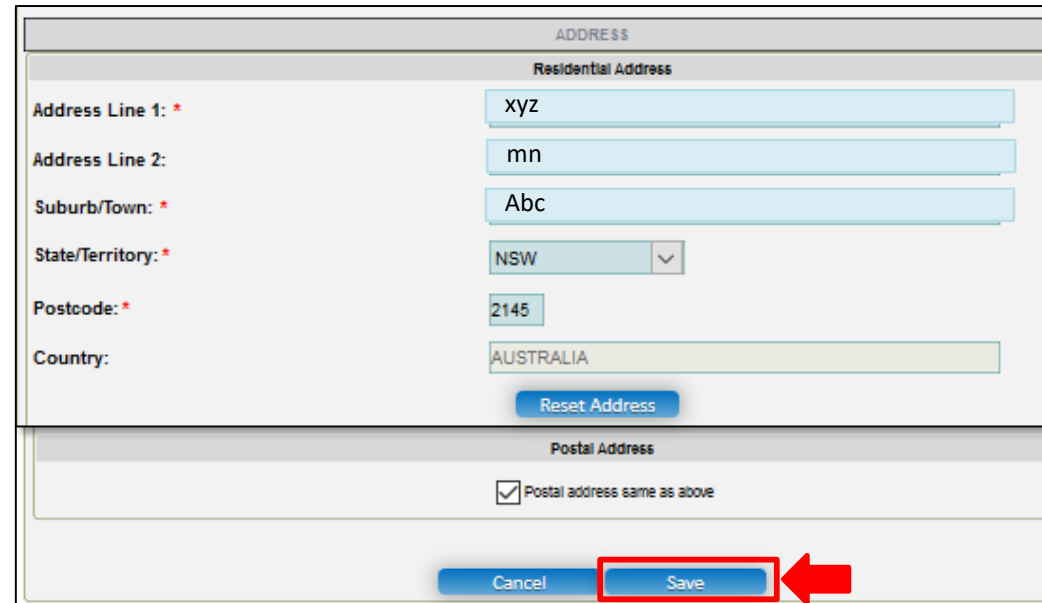
ADD PERSON WITH MANAGEMENT OR CONTROL

Title: *	Mrs
First Name: *	Sample
Middle Name:	
Last Name: *	User
Date of Birth: *	21/02/1985
Place of Birth: *	Sydney
Phone Number:	e.g 0212345678, 1800XXXXXX
Mobile Number:	0421111111
* Please enter Phone Number or Mobile Number or both	
Position Description:	Company Director
Fax Number:	e.g 0212345678, 1800XXXXXX
Email Address: *	sampleuser2102@gmail.com

5. Provide details, such as, full name, birth details, email address and other relevant details.

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

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



ADDRESS

Residential Address

Address Line 1: * xyz

Address Line 2: mn

Suburb/Town: * Abc

State/Territory: * NSW

Postcode: * 2145

Country: AUSTRALIA

Reset Address

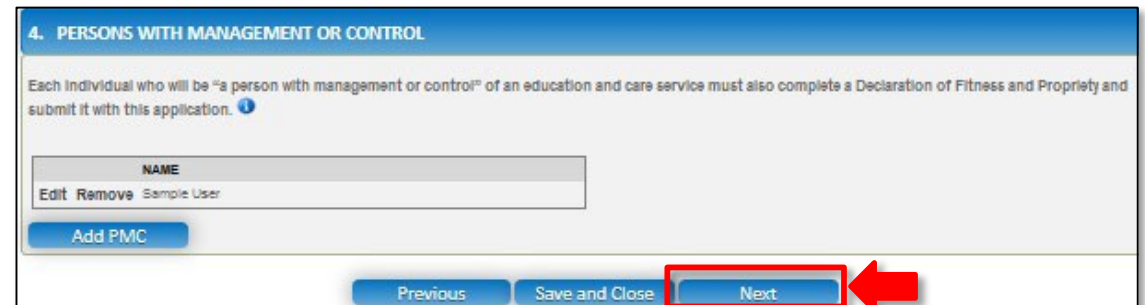
Postal Address

Postal address same as above

Cancel **Save**

Note: For filling the address, follow instructions provided in step 2 on slide 4.

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 management or control" of an education and care service must also complete a Declaration of Fitness and Propriety and submit it with this application. ⓘ

NAME

Edit Remove Sample User

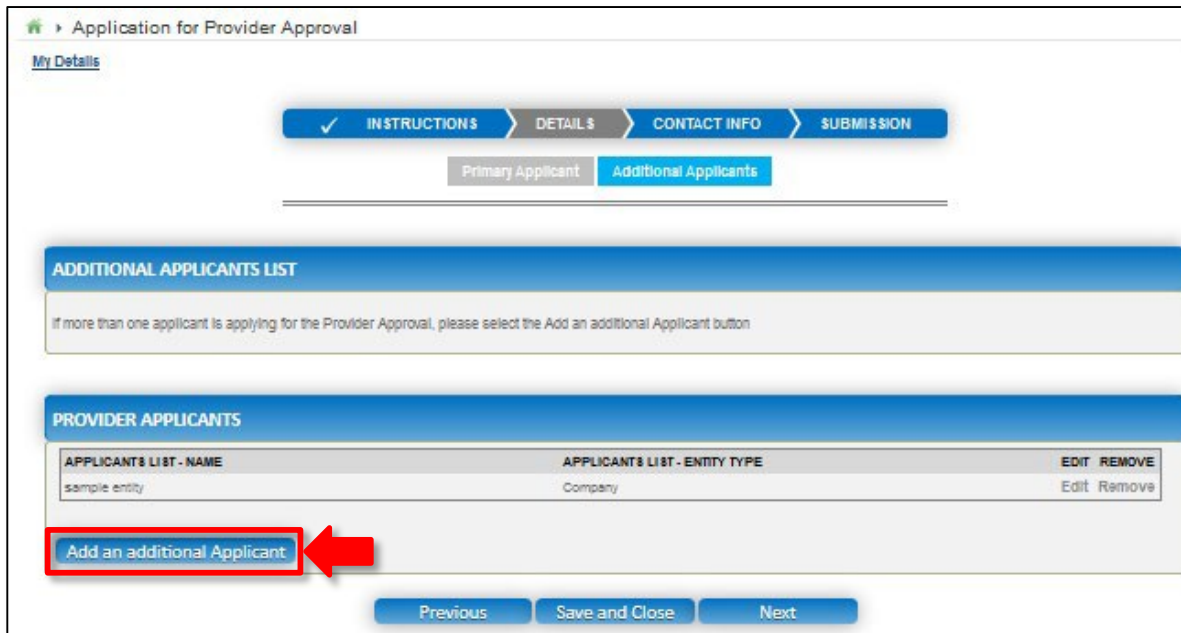
Add PMC

Previous Save and Close **Next**

[Back to Main Menu](#)

Fill Details in Application for Provider Approval Form

8. If there are more than one provider applicants, then in the **Additional Applicants** section, add details about the additional provider. To add an additional applicant (if any), click the **Add an additional Applicant** button.



Application for Provider Approval

My Details

INSTRUCTIONS ✓ DETAILS CONTACT INFO SUBMISSION

Primary Applicant Additional Applicants

ADDITIONAL APPLICANTS LIST

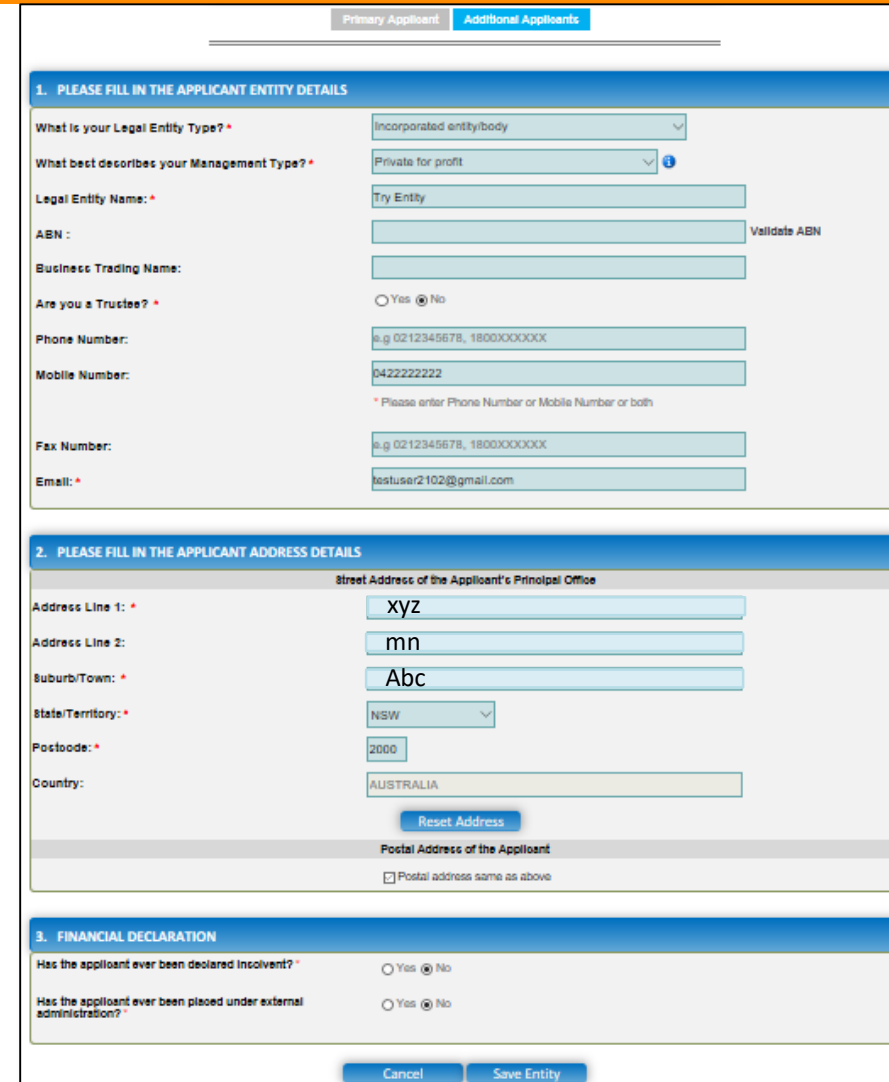
If more than one applicant is applying for the Provider Approval, please select the Add an additional Applicant button

PROVIDER APPLICANTS

APPLICANTS LIST - NAME	APPLICANTS LIST - ENTITY TYPE	EDIT REMOVE
sample entity	Company	Edit Remove

Add an additional Applicant ←

Previous Save and Close Next



Primary Applicant Additional Applicants

1. PLEASE FILL IN THE APPLICANT ENTITY DETAILS

What is your Legal Entity Type? * Incorporated entity/body

What best describes your Management Type? * Private for profit

Legal Entity Name: * Try Entity

ABN: Validate ABN

Business Trading Name:

Are you a Trustee? * Yes No

Phone Number: e.g 0212345678, 1800XXXXXX

Mobile Number: 0422222222

* Please enter Phone Number or Mobile Number or both

Fax Number: e.g 0212345678, 1800XXXXXX

Email: * testuser2102@gmail.com

2. PLEASE FILL IN THE APPLICANT ADDRESS DETAILS

Street Address of the Applicant's Principal Office

Address Line 1: * xyz

Address Line 2: mn

Suburb/Town: * Abc

State/Territory: * NSW

Postcode: * 2000

Country: AUSTRALIA

Reset Address

Postal Address of the Applicant

Postal address same as above

3. FINANCIAL DECLARATION

Has the applicant ever been declared insolvent? * Yes No

Has the applicant ever been placed under external administration? * Yes No

Cancel Save Entity

9. For the additional applicants fill the legal entity details, such as, type, management type, name, email and either mobile or phone number.

Also, provide residential and postal address details and financial information. Then, click **Save Entity**.

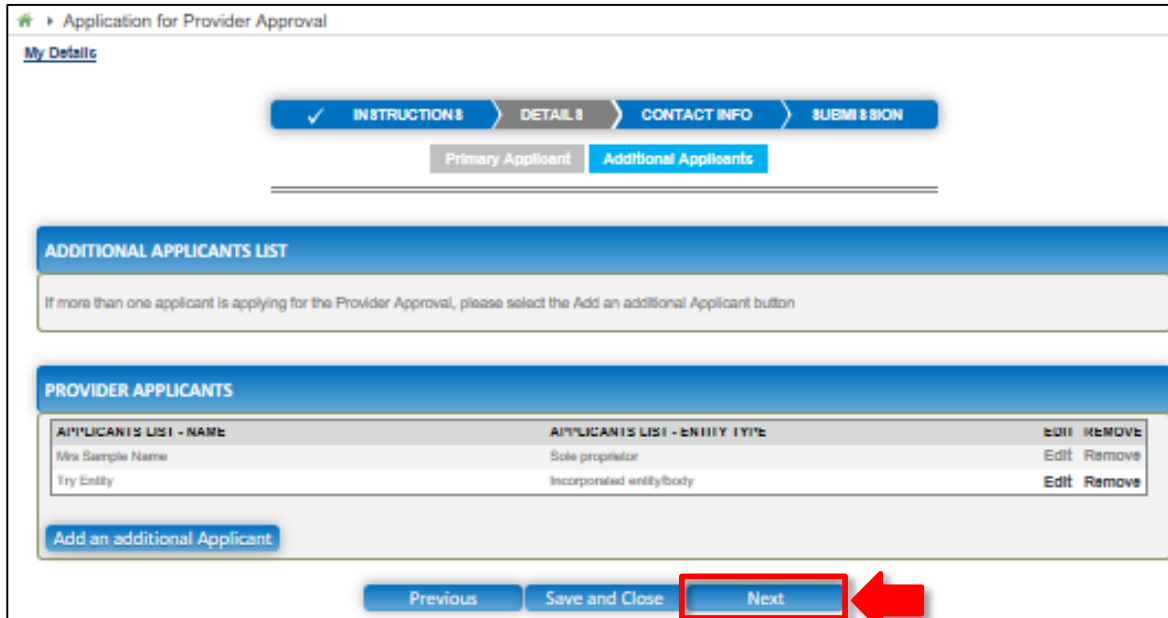
Notes:

- For filling the address, follow instructions provided in step 2 on slide 4.
- Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

[Back to Main Menu](#)

Fill Details in Application for Provider Approval Form

10. After adding all applicants and providing all requested details, click **Next**.



Application for Provider Approval

My Details

INSTRUCTIONS ✓ DETAILS CONTACT INFO SUBMISSION

Primary Applicant Additional Applicants

ADDITIONAL APPLICANTS LIST

If more than one applicant is applying for the Provider Approval, please select the Add an additional Applicant button

PROVIDER APPLICANTS

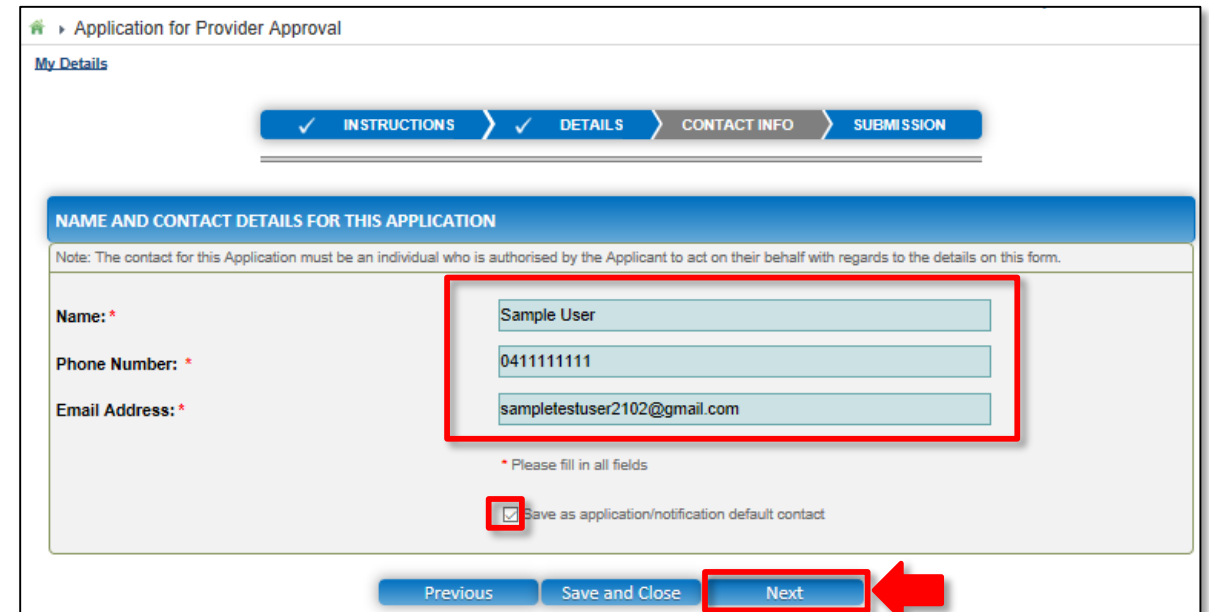
APPLICANTS LIST - NAME	APPLICANTS LIST - ENTITY TYPE	EDIT	REMOVE
Mrs Sample Name	Sole proprietor	Edit	Remove
Try Entity	Incorporated entity/body	Edit	Remove

Add an additional Applicant

Previous Save and Close **Next**

Provide Contact Details in Application for 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). Click **Next**.



Application for Provider Approval

My Details

INSTRUCTIONS ✓ DETAILS CONTACT INFO SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

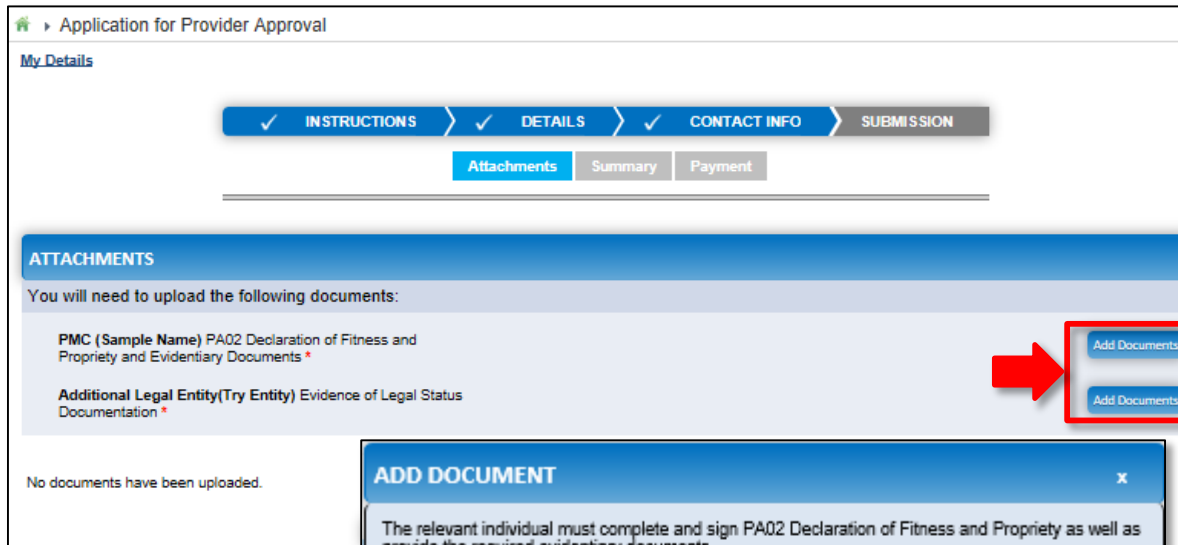
Previous Save and Close **Next**

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

[Back to Main Menu](#)

Submit Application for Provider Approval Form

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



Application for Provider Approval

My Details

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

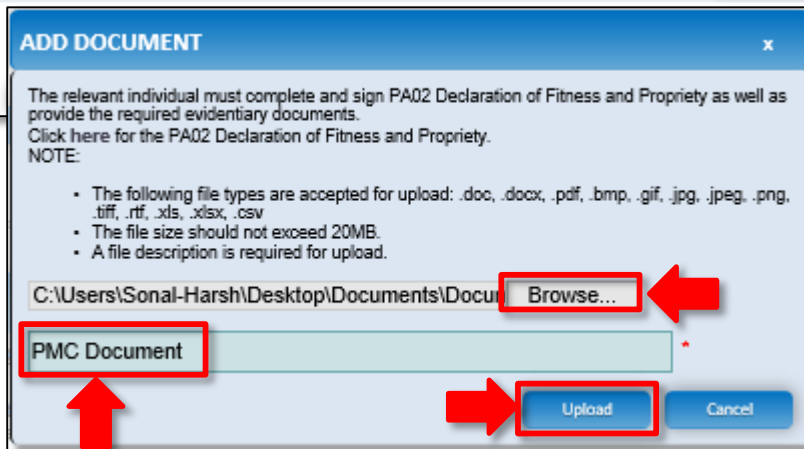
- PMC (Sample Name) PA02 Declaration of Fitness and Propriety and Evidentiary Documents *
- Additional Legal Entity(Try Entity) Evidence of Legal Status Documentation *

No documents have been uploaded.

Add Documents

Add Documents

2. Browse the required document. Add description and click **Upload**.



ADD DOCUMENT

The relevant individual must complete and sign PA02 Declaration of Fitness and Propriety as well as provide the required evidentiary documents. Click here for the PA02 Declaration of Fitness and Propriety.

NOTE:

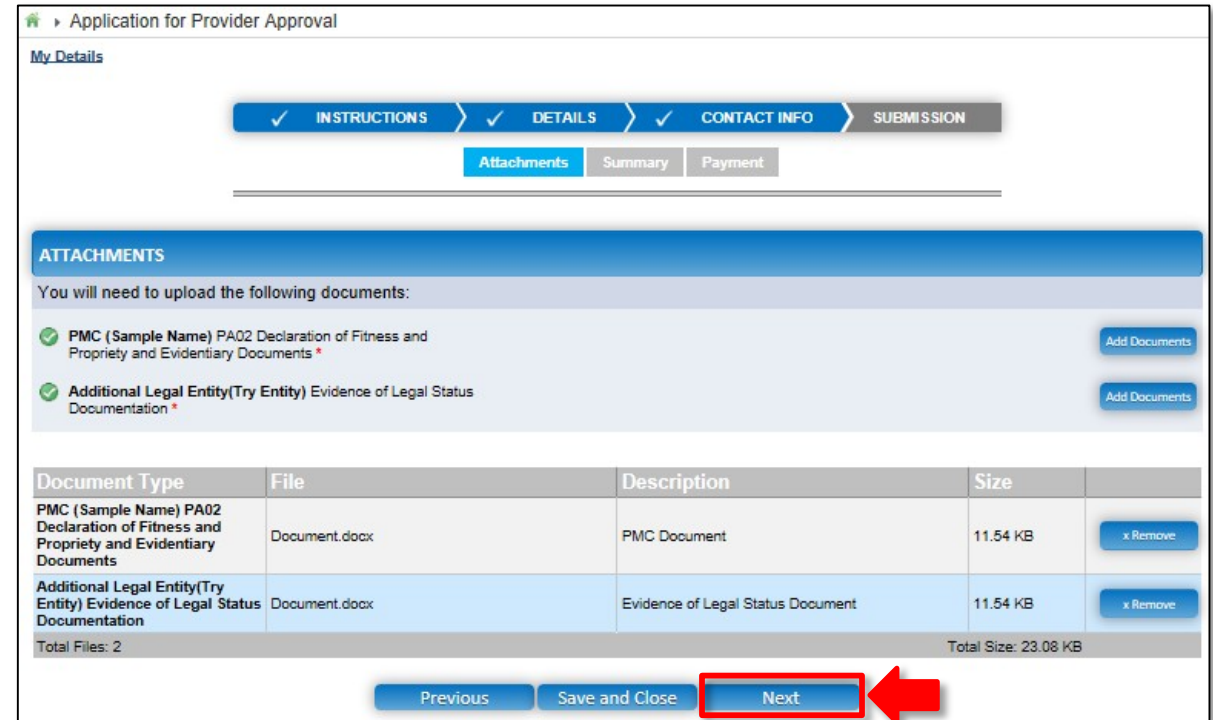
- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

C:\Users\Sonal-Harsh\Desktop\Documents\Docu Browse...

PMC Document

Upload Cancel

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



Application for Provider Approval

My Details

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

- PMC (Sample Name) PA02 Declaration of Fitness and Propriety and Evidentiary Documents *
- Additional Legal Entity(Try Entity) Evidence of Legal Status Documentation *

Document Type	File	Description	Size	
PMC (Sample Name) PA02 Declaration of Fitness and Propriety and Evidentiary Documents	Document.docx	PMC Document	11.54 KB	x Remove
Additional Legal Entity(Try Entity) Evidence of Legal Status Documentation	Document.docx	Evidence of Legal Status Document	11.54 KB	x Remove

Total Files: 2 Total Size: 23.08 KB

Previous Save and Close Next

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

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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**.

✓ INSTRUCTIONS > ✓ DETAILS > ✓ CONTACT INFO > **SUBMISSION**

Attachments | **Summary** | Payment

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	
Mobile Number	0411111111
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
Postal address	Xyz, mn, Abc SYDNEY NSW 2000

PERSONS WITH MANAGEMENT OR CONTROL

NAME	DATE OF BIRTH	PLACE OF BIRTH
Mrs Sample Name	21/02/1985	Sydney

ADDITIONAL ENTITIES DETAILS [Edit](#)

APPLICANT DETAILS

Legal Entity Type	Incorporated entity/body
Management Type	Private for profit
Legal Entity Name	Try Entity
Business Trading Name	
ABN	
Phone Number	
Mobile Number	0422222222
Fax Number	
Email Address	testuser2102@gmail.com
Applicant is a Trustee	No
Street address of the Applicant's principal office	Xyz, mn, Abc SYDNEY NSW 2000
Postal address of the Applicant	Xyz, mn, Abc SYDNEY NSW 2000

FINANCIAL DECLARATION

Has the Applicant ever been declared insolvent?	No
Has the Applicant ever been placed under external administration?	No

APPLICATION CONTACT DETAILS [Edit](#)

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
----------------------------	-----------------------------------	------------------------------------------------------

ATTACHMENT DETAILS [Edit](#)

Document Type	Description	File Name
PMC (Sample Name) PA02 Declaration of Fitness and Propriety and Evidentiary Documents	PMC Document	Document.docx
Additional Legal Entity (Try Entity) Evidence of Legal Status Documentation	Evidence of Legal Status Document	Document.docx

[Back to Main Menu](#)


Submit Application for Provider Approval Form


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

DECLARATION

I declare that: *

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 right (but will not be obliged) to act in reliance upon the contents of the 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 disclosed to 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 I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).




 Finalising in progress...


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.

PAYMENT DETAILS

Identifier: INV-14990-B9Z5R6	Fee Description: Provider Approval
Type: Provider	Amount: \$216.00
Due Date: 15/02/2018	
Credit Card Type: *	
<input checked="" type="radio"/> VISA <input type="radio"/> MasterCard	
Name on Credit Card: *	
SAMPLE TEST USER	
Credit Card Number: *	
1111	2222
3333	4444
Card Expiry (mm/yyyy): *	
01	20
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 payment confirmation to be sent to an email address other than your registered e-mail address, please enter the address in the above box.	
<input style="border: 2px solid red;" type="button" value="Pay Now"/>	



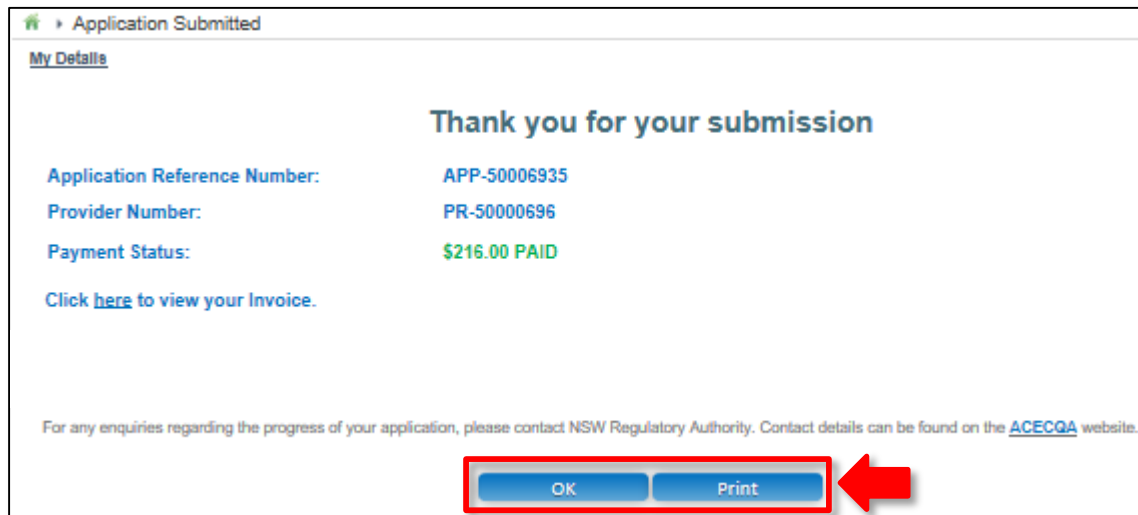
 Payment in progress...

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

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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.



Application Submitted

My Details

Thank you for your submission

Application Reference Number: APP-50006935

Provider Number: PR-5000696

Payment Status: \$216.00 PAID

Click [here](#) 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](#) website.

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.

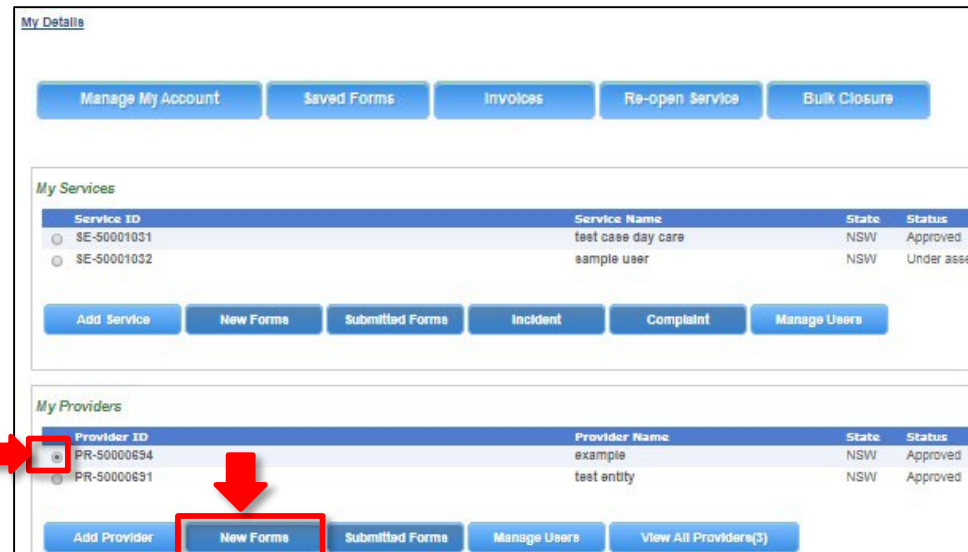
Table of Contents

- [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:
 - [Adding attachments](#)
 - [Reviewing summary and finalising the form](#)
- [Print or Close Application for Amendment of Provider Approval Form](#)
 - Steps to print and close the form.

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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**.



My Details

Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closure

My Services

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Approved
SE-50001032	sample user	NSW	Under asse

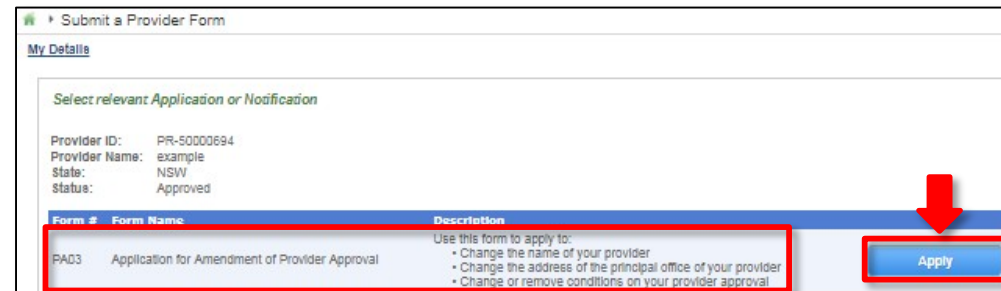
Add Service | New Forms | Submitted Forms | Incident | Complaint | Manage Users

My Providers

Provider ID	Provider Name	State	Status
PR-50000694	example	NSW	Approved
PR-50000691	test entity	NSW	Approved

Add Provider | **New Forms** | Submitted Forms | Manage Users | View All Providers(3)

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 Details

Select relevant Application or Notification

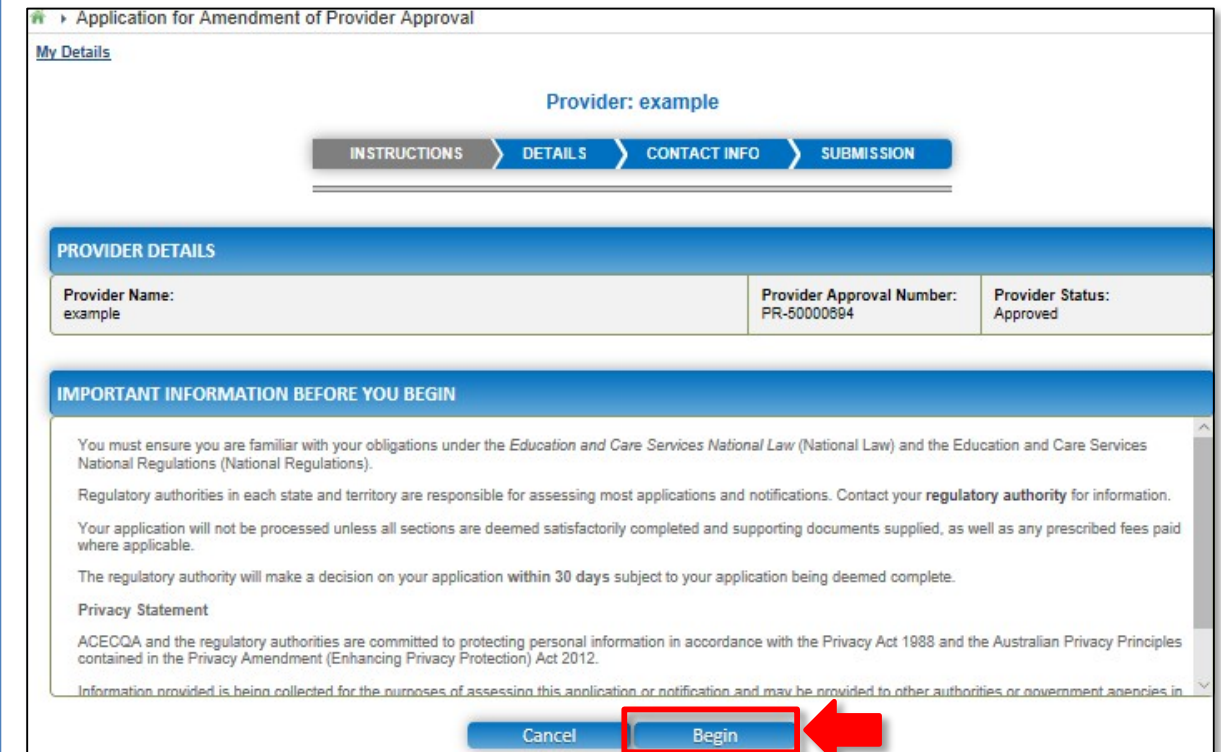
Provider ID: PR-50000694
Provider Name: example
State: NSW
Status: Approved

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.



Application for Amendment of Provider Approval

My Details

Provider: example

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

Provider Name: example	Provider Approval Number: PR-50000694	Provider Status: Approved
------------------------	---------------------------------------	---------------------------

IMPORTANT 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.

Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.

The regulatory authority will make a decision on your application within 30 days subject to your application being deemed complete.

Privacy Statement

ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in

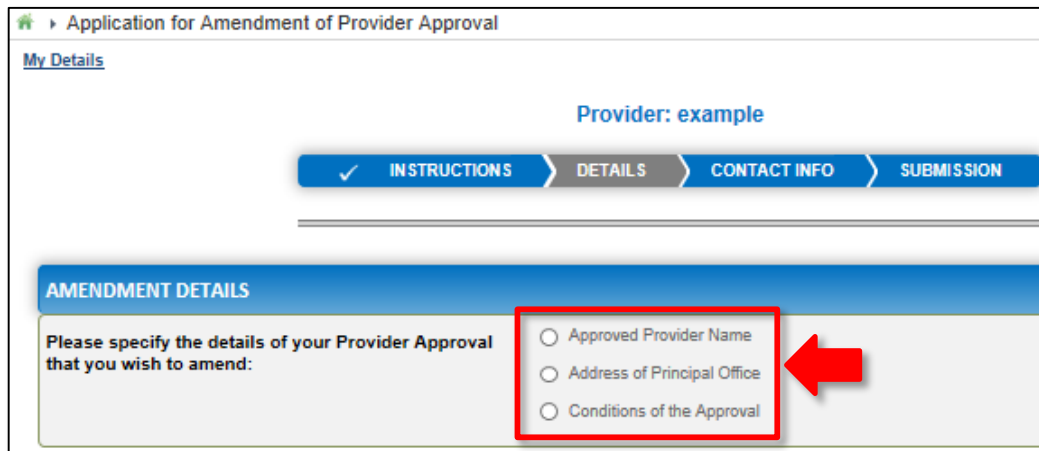
Cancel | **Begin**

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

[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.



- If you want to change the name of the provider, select **Approved Provider Name**.
- 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 Proprietor providers.)
- If you want to change the conditions applied to the provider approval, select **Conditions of the Approval**.

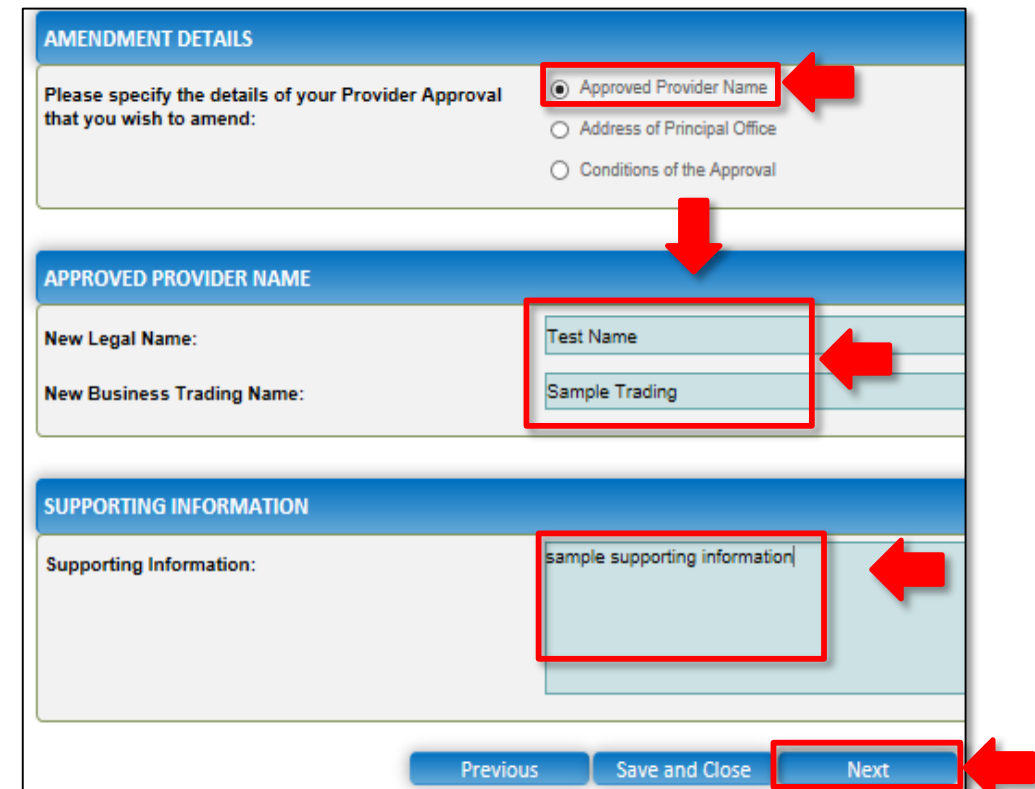
Notes:

- 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:

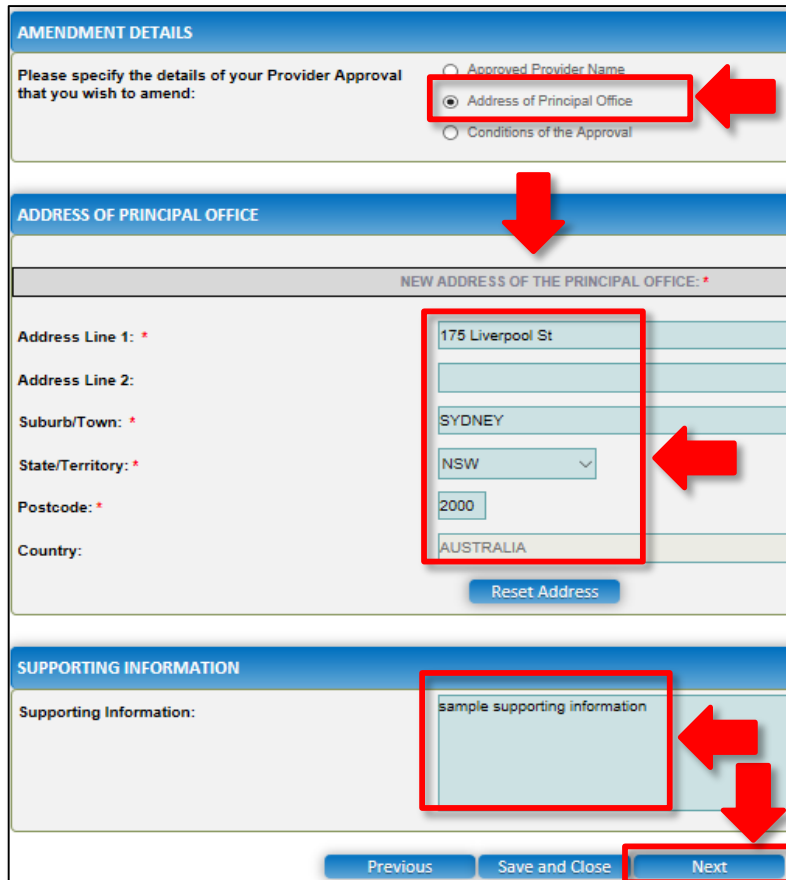
a. If you select the **Approved Provider Name** option, the **APPROVED PROVIDER NAME** section is displayed. Fill the new legal name and/or the new business trading name you want to update.

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



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**.



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

ADDRESS OF PRINCIPAL OFFICE

NEW ADDRESS OF THE PRINCIPAL OFFICE: *

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

175 Liverpool St
SYDNEY
NSW
2000
AUSTRALIA

Reset Address

SUPPORTING INFORMATION

Supporting Information:

sample supporting information

Previous Save and Close 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.

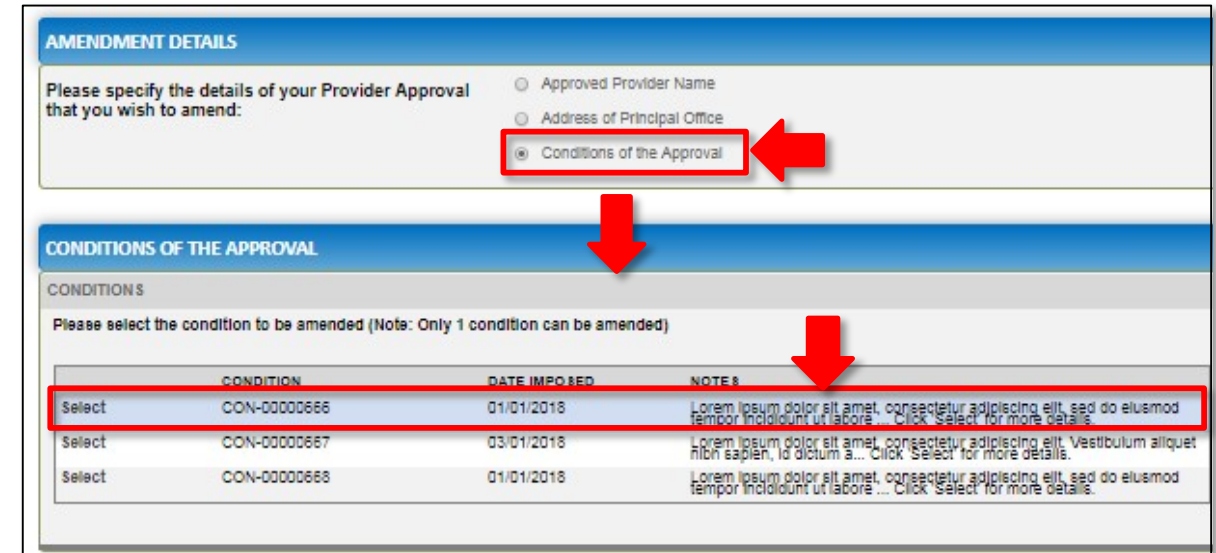
OR

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 auto-populated 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 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.)



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

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-0000666	01/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore... Click 'Select' for more details.
Select	CON-0000667	03/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, Vestibulum aliquet nibh sapien, id dictum a... Click 'Select' for more details.
Select	CON-0000668	01/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore... Click 'Select' for more details.

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 ***.

[Back to Main Menu](#)

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.

CONDITIONS OF THE APPROVAL

CONDITIONS

Please select the condition to be amended (Note: Only 1 condition can be amended)

	CONDITION	DATE IMPOSED	NOTES
Select	CON-0000666	01/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore ... Click 'Select' for more details.
Select	CON-0000667	03/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum aliquet nibh sapien, id dictum a... Click 'Select' for more details.
Select	CON-0000668	01/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore ... Click 'Select' for more details.

CONDITION DETAILS

Condition: CON-0000666

Notes: 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 ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Date Imposed: 01/01/2018

Date to be Reviewed:

Please provide details of your requested change: * sample requested change details ←

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

SUPPORTING INFORMATION

Supporting Information: sample supporting information ←

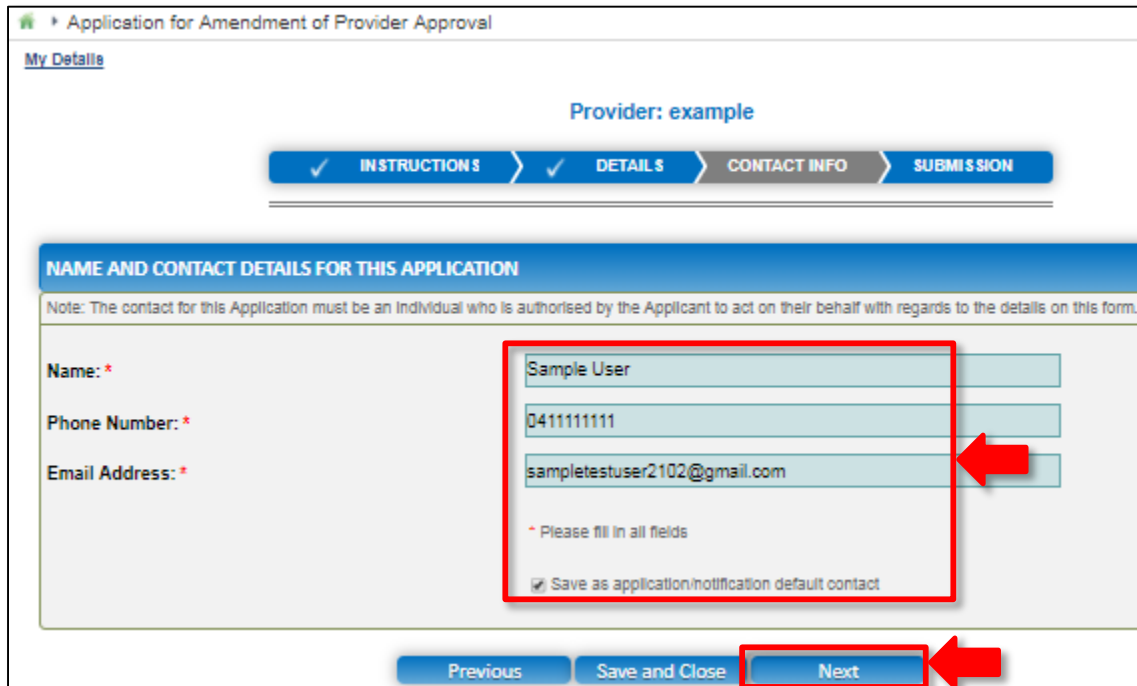
Previous
Save and Close
Next ←

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 of Provider Approval

My Details

Provider: example

INSTRUCTIONS ✓ | DETAILS ✓ | CONTACT INFO | SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

Note: The contact for this Application must be an Individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

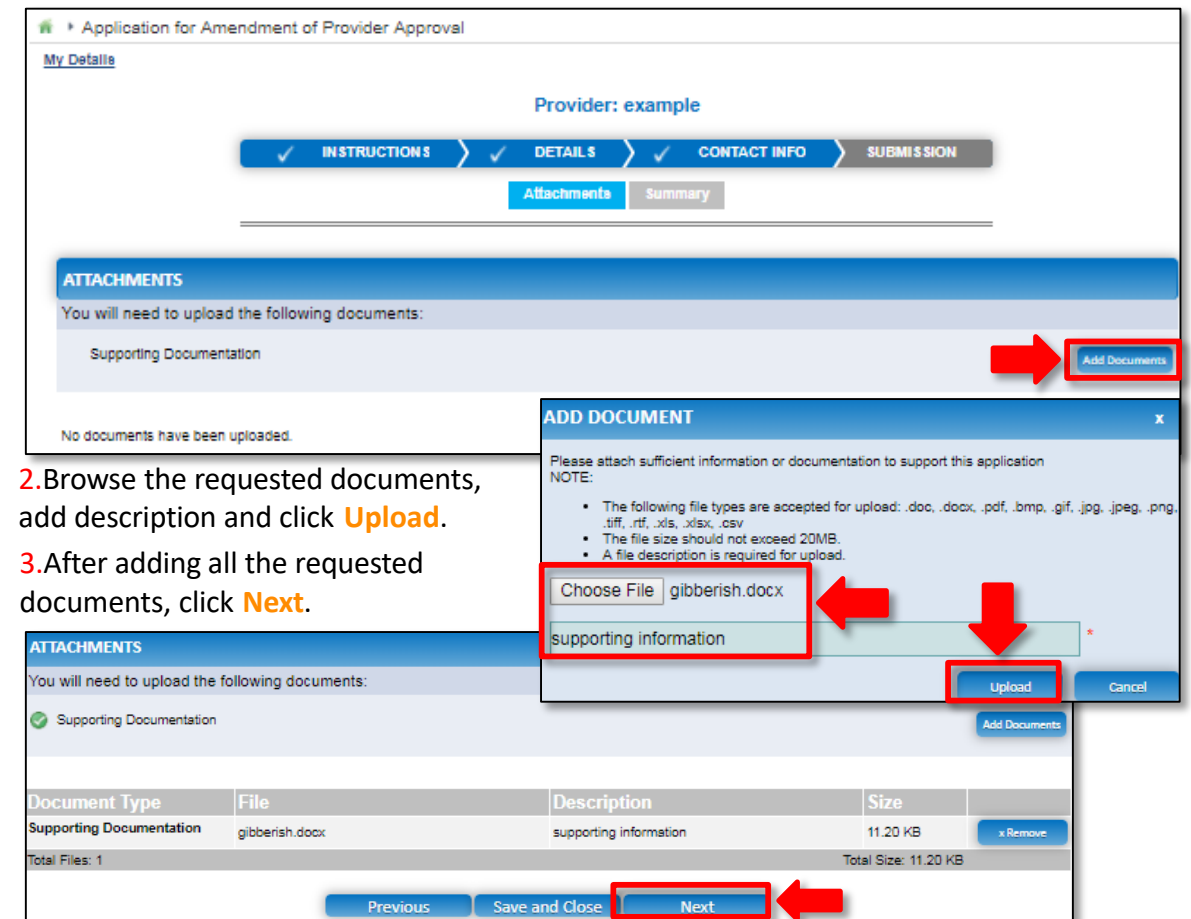
Save as application/notification default contact

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.



Application for Amendment of Provider Approval

My Details

Provider: example

INSTRUCTIONS ✓ | DETAILS ✓ | CONTACT INFO ✓ | SUBMISSION

Attachments Summary

ATTACHMENTS

You will need to upload the following documents:

Supporting Documentation **Add Documents**

No documents have been uploaded.

ADD DOCUMENT

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, .png, .tif, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File gibberish.docx

supporting information **Upload** Cancel

ATTACHMENTS

You will need to upload the following documents:

Supporting Documentation **Add Documents**

Document Type	File	Description	Size	
Supporting Documentation	gibberish.docx	supporting information	11.20 KB	x Remove
Total Files: 1			Total Size: 11.20 KB	

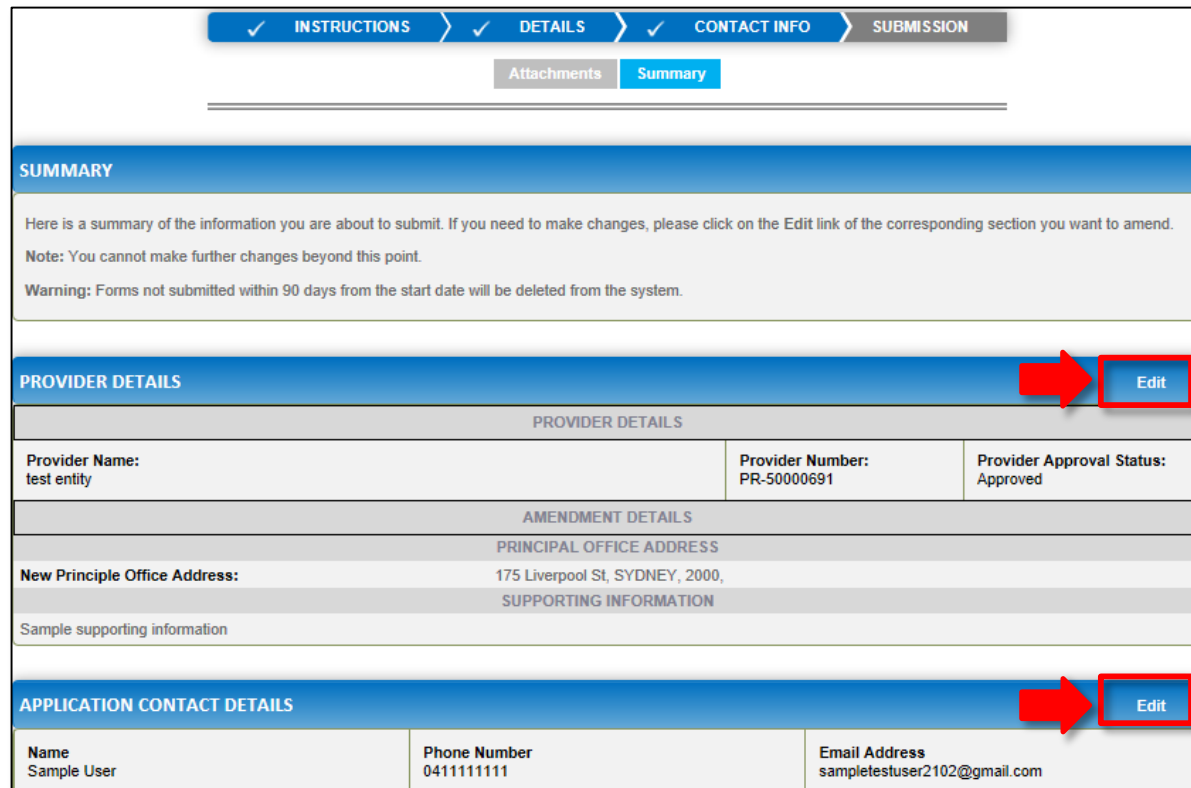
Previous Save and Close **Next**

[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.



Navigation: INSTRUCTIONS ✓ | DETAILS ✓ | 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.

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

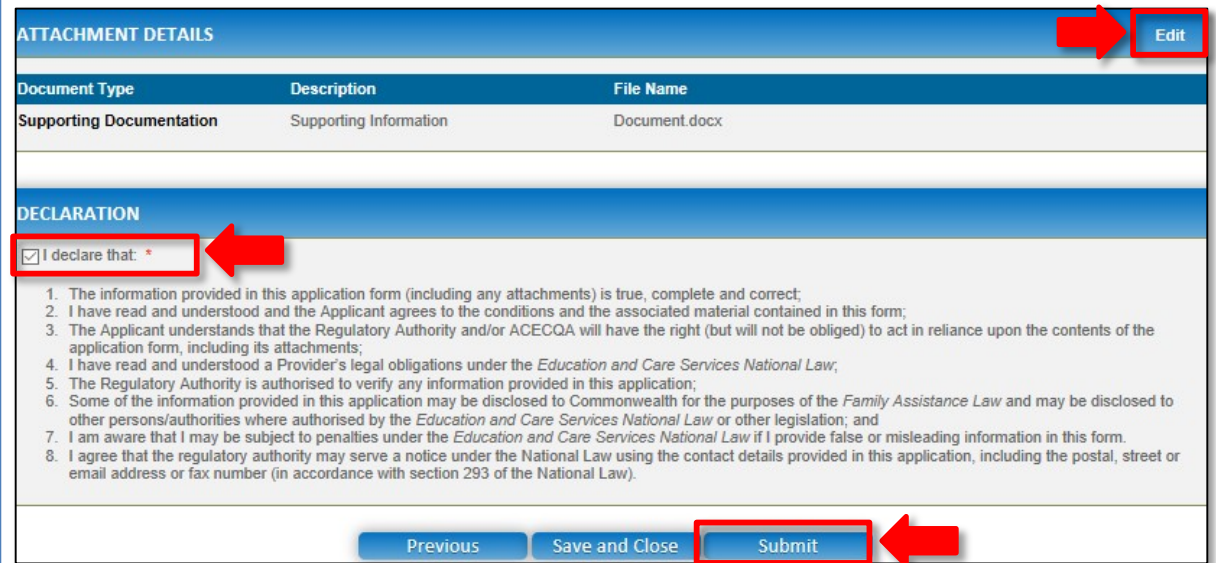
Sample supporting information

APPLICATION CONTACT DETAILS

Edit

Name	Phone Number	Email Address
Sample User	0411111111	sampletestuser2102@gmail.com

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



ATTACHMENT DETAILS

Edit

Document Type	Description	File Name
Supporting Documentation	Supporting Information	Document.docx

DECLARATION

I declare that: *

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- 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;
- I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- The Regulatory Authority is authorised to verify any information provided in this application;
- 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* or other legislation; and
- 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.
- 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).

Previous | Save and Close | **Submit**

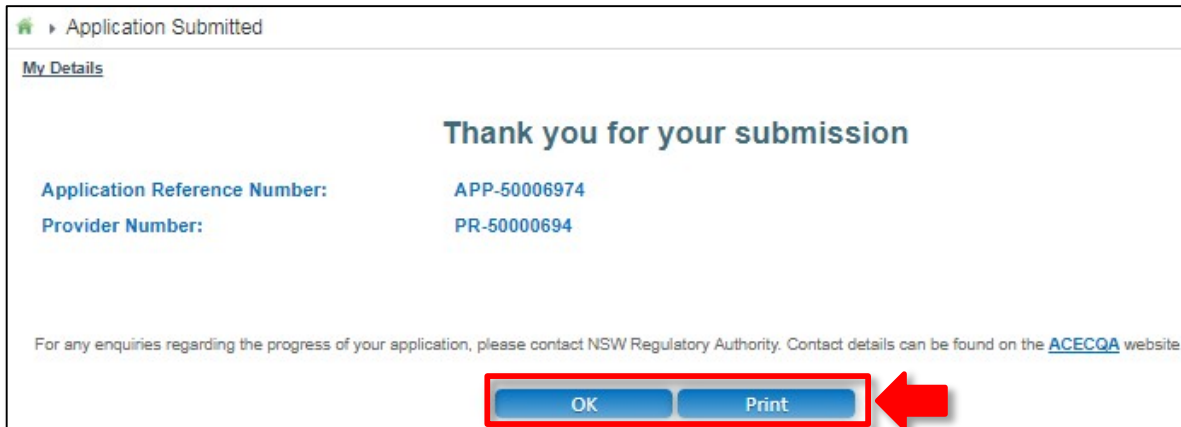
 Submission in progress...

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

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Print or Close Application for Amendment of Provider Approval Form

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



Application Submitted

My Details

Thank you for your submission

Application Reference Number: APP-50006974

Provider Number: PR-50000694

For any enquiries regarding the progress of your application, 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 **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)

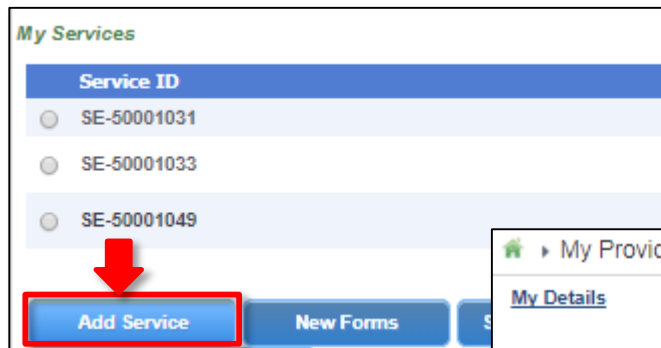
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- [Access Application for Service Approval Form](#)
 - Steps to add a service by accessing the **Application for Service Approval** form.
- [Begin Application for Service Approval Form](#)
 - Steps to read the instructions and begin working on the **Application for Service Approval** form.
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 - [Service details](#)
 - [Operational hours](#)
 - [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:
 - [Adding attachments](#)
 - [Reviewing summary and finalising the form](#)
 - [Making payment and submitting the form](#)
- [Print or Close Application for Service Approval Form](#)
 - Steps to print and close the form.

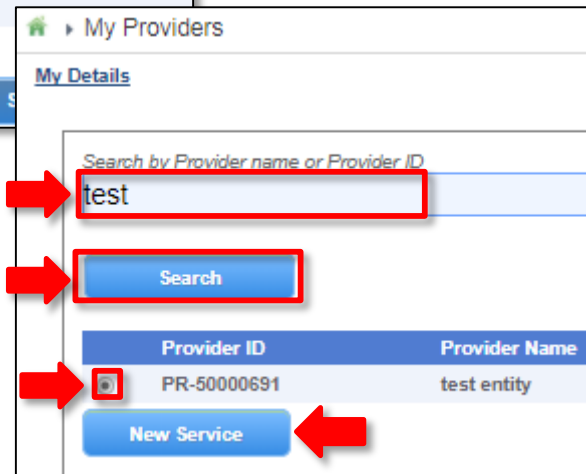
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Access Application for Service Approval Form

1. From the **My Details** page, in the **My Services** section, click **Add Service**.



Note: In case you do not have any services, the list will be empty but the **Add Service** button will still be visible.



The **My Providers** page opens.

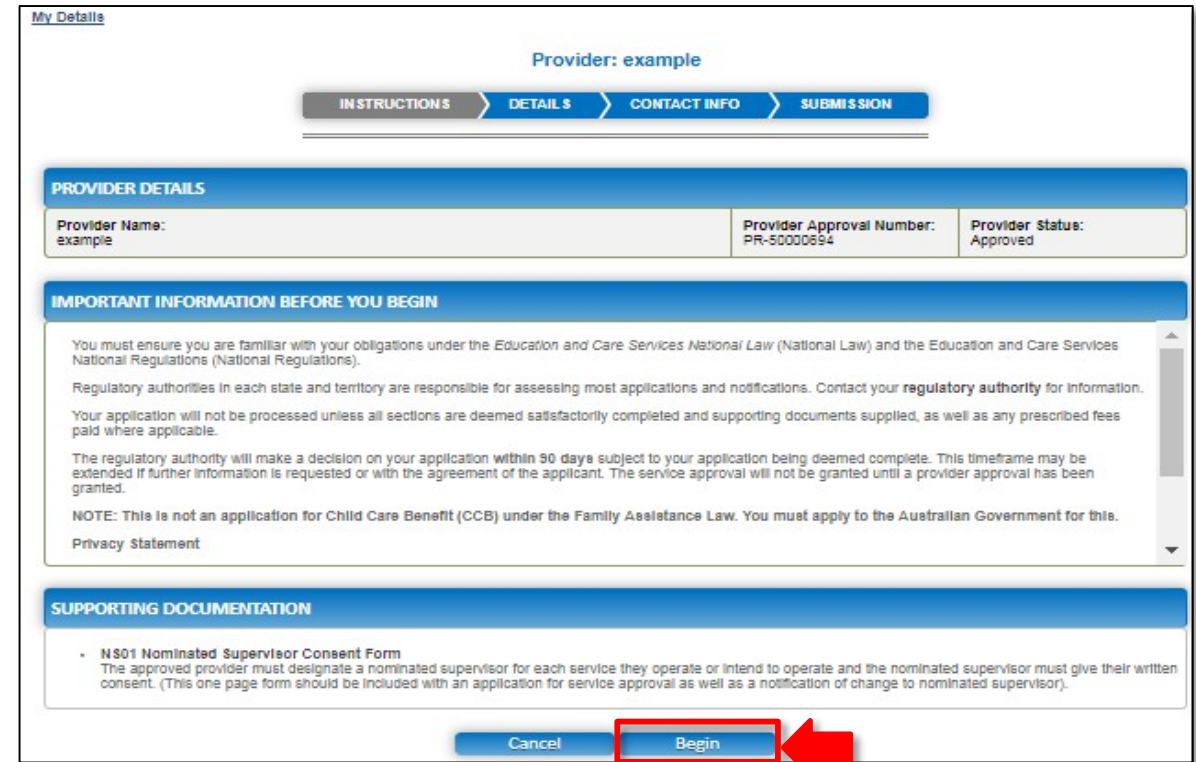
2. Select a Provider for which a Service needs to be added from the Providers list and click **New Service**. The **Application for Service Approval (SA01/02)** form opens.

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.



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

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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**.

[My Details](#)

Provider: test entity

INSTRUCTIONS
 DETAILS
 CONTACT INFO
 SUBMISSION

Service Name Details
 Service Details
 Operational Hours
 Building Information
 Supervisor Details

1. PLEASE FILL IN THE SERVICE NAME DETAILS

Service Legal Entity Name:

Service Trading Name: *

Service ABN: Check ABN

Service Type: *

2. PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS

Phone Number:

Mobile Number:

* Please enter Phone Number or Mobile Number or both

Fax Number:

Email Address: *

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**).

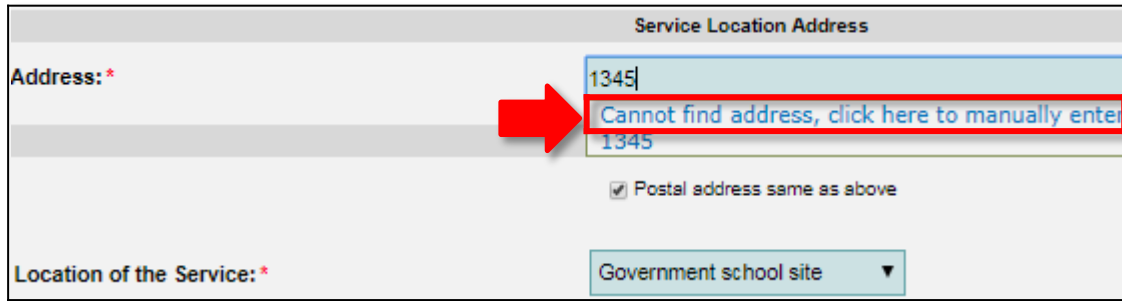
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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Fill Details in Application for Service Approval Form

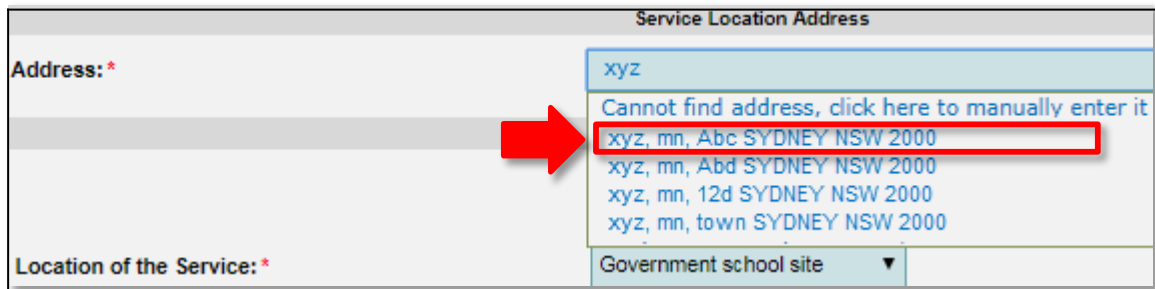

2. Fill details in the **PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS** sub-section. Details include contact details, such as, mobile/phone number and email address, along with the service location address and postal address (if different).

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.



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.

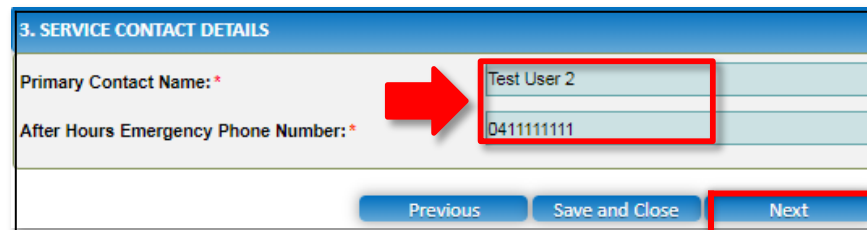



Notes:

- 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**, or else clear the checkbox and fill in the address.

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.

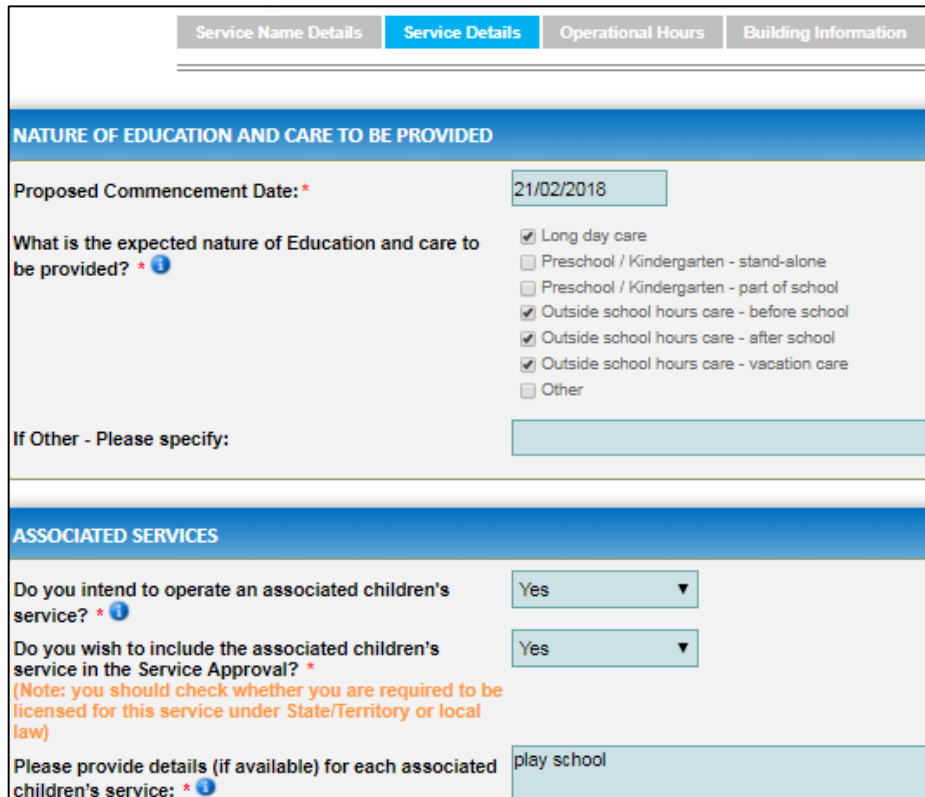


Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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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.

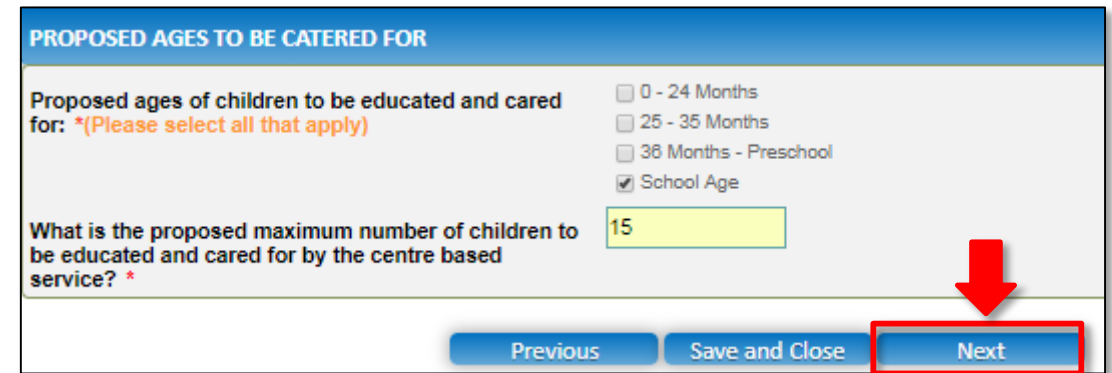


The screenshot shows the 'Service Details' section of the application form. It has four tabs: 'Service Name Details', 'Service Details', 'Operational Hours', and 'Building Information'. The 'Service Details' tab is active. Below the tabs is a section titled 'NATURE OF EDUCATION AND CARE TO BE PROVIDED'. It contains the following fields:

- Proposed Commencement Date:** A text box containing '21/02/2018'.
- What is the expected nature of Education and care to be provided? *** A list of checkboxes:
 - Long day care
 - Preschool / Kindergarten - stand-alone
 - Preschool / Kindergarten - part of school
 - Outside school hours care - before school
 - Outside school hours care - after school
 - Outside school hours care - vacation care
 - Other
- If Other - Please specify:** A text box.
- ASSOCIATED SERVICES** section:
 - Do you intend to operate an associated children's service? *** A dropdown menu with 'Yes' selected.
 - Do you wish to include the associated children's service in the Service Approval? *** A dropdown menu with 'Yes' selected.
 - (Note: you should check whether you are required to be licensed for this service under State/Territory or local law)
 - Please provide details (if available) for each associated children's service: *** A text box containing '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.



The screenshot shows the 'PROPOSED AGES TO BE CATERED FOR' section. It contains the following fields:

- Proposed ages of children to be educated and cared for: *(Please select all that apply)** A list of checkboxes:
 - 0 - 24 Months
 - 25 - 35 Months
 - 36 Months - Preschool
 - School Age
- What is the proposed maximum number of children to be educated and cared for by the centre based service? *** A text box containing '15'.
- At the bottom, there are three buttons: 'Previous', 'Save and Close', and 'Next'. The 'Next' button is highlighted with a red box and a red arrow points down to it.

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

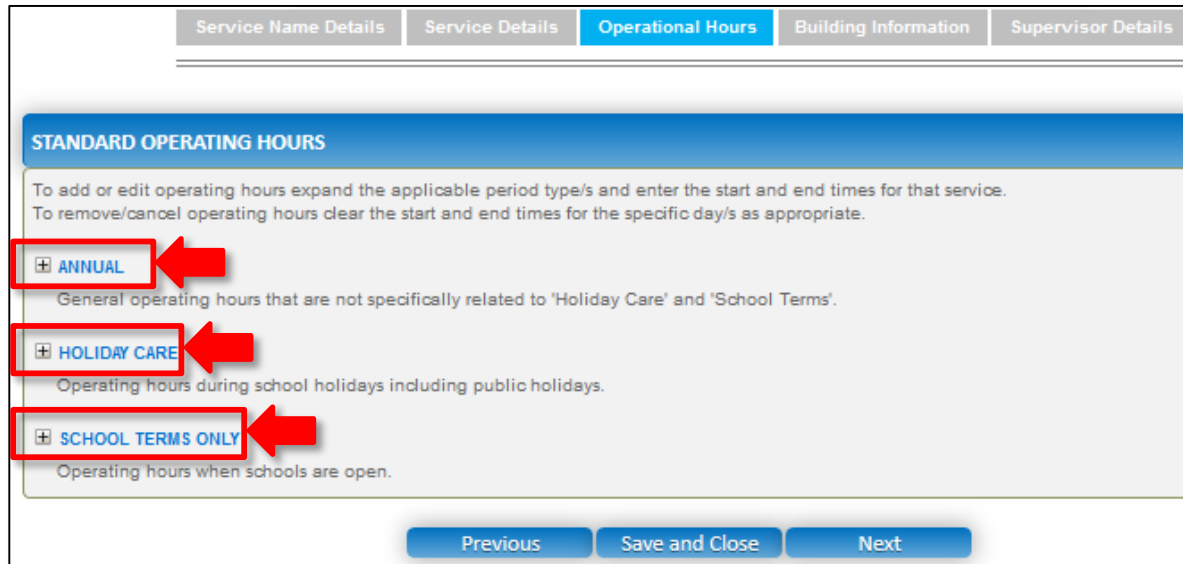
8. Click **Next** to move to the **Operational Hours** section.

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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 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.

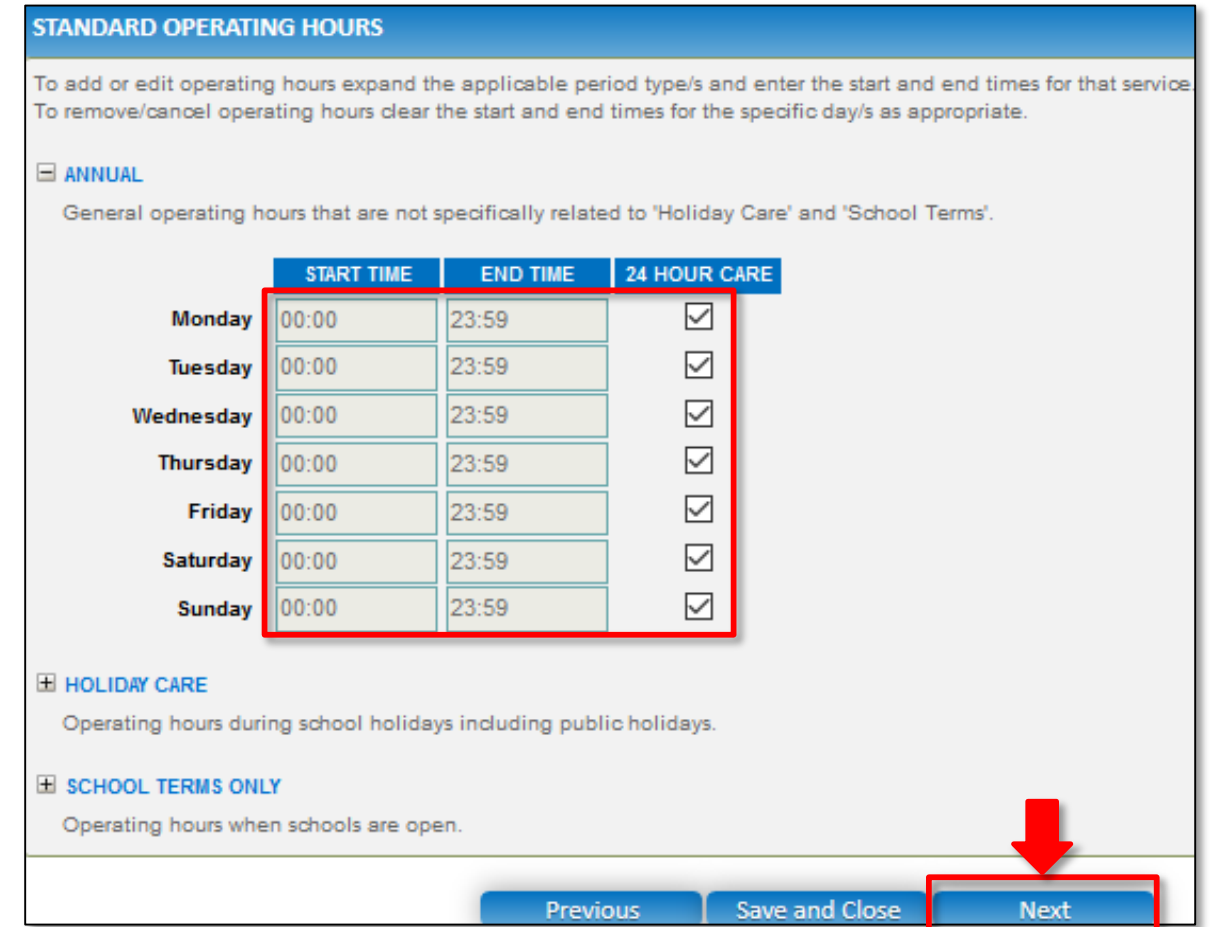
+ ANNUAL
General operating hours that are not specifically related to 'Holiday Care' and 'School Terms'.

+ HOLIDAY CARE
Operating hours during school holidays including public holidays.

+ SCHOOL TERMS ONLY
Operating hours 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 CARE
Monday	00:00	23:59	<input checked="" type="checkbox"/>
Tuesday	00:00	23:59	<input checked="" type="checkbox"/>
Wednesday	00:00	23:59	<input checked="" type="checkbox"/>
Thursday	00:00	23:59	<input checked="" type="checkbox"/>
Friday	00:00	23:59	<input checked="" type="checkbox"/>
Saturday	00:00	23:59	<input checked="" type="checkbox"/>
Sunday	00:00	23:59	<input checked="" type="checkbox"/>

+ HOLIDAY CARE
Operating hours during school holidays including public holidays.

+ SCHOOL TERMS ONLY
Operating hours when schools are open.

Previous | Save and Close | **Next**

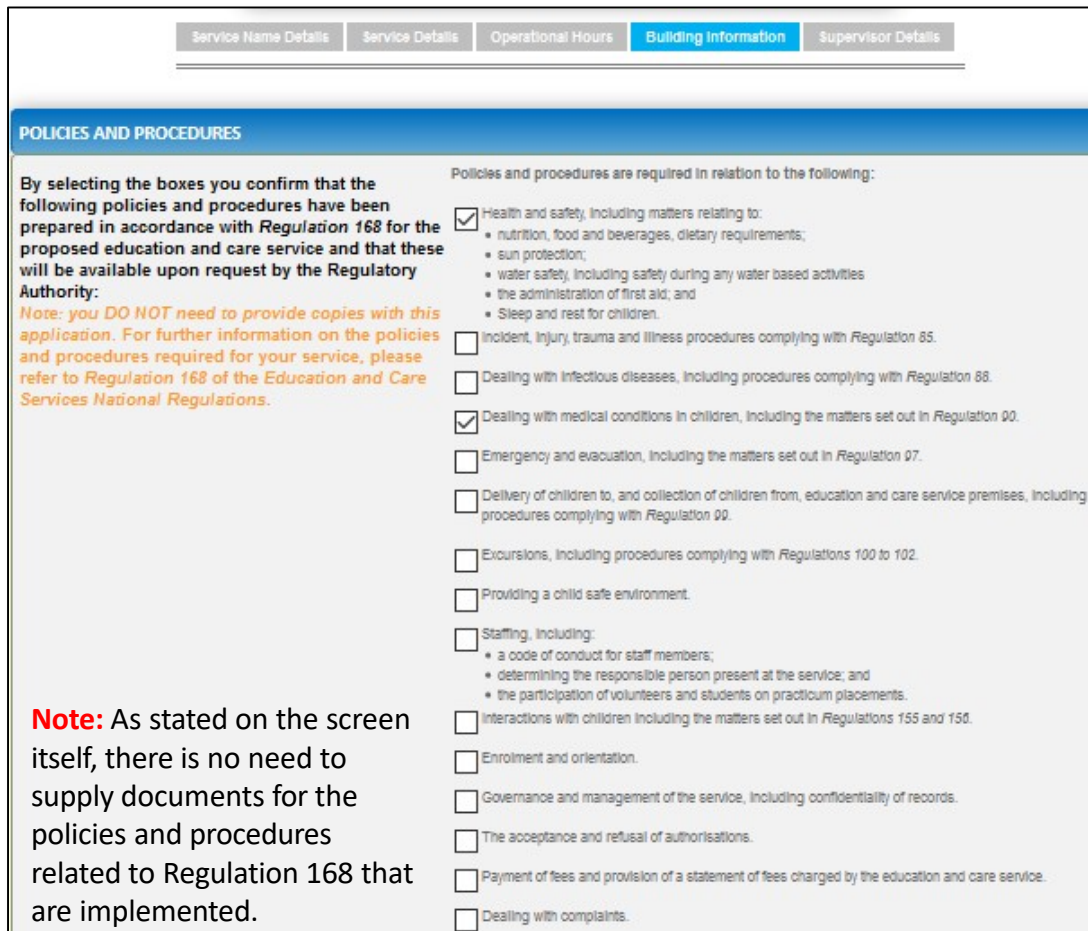
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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- Centre-based Care Service Application -

Fill Details in Application for Service Approval Form

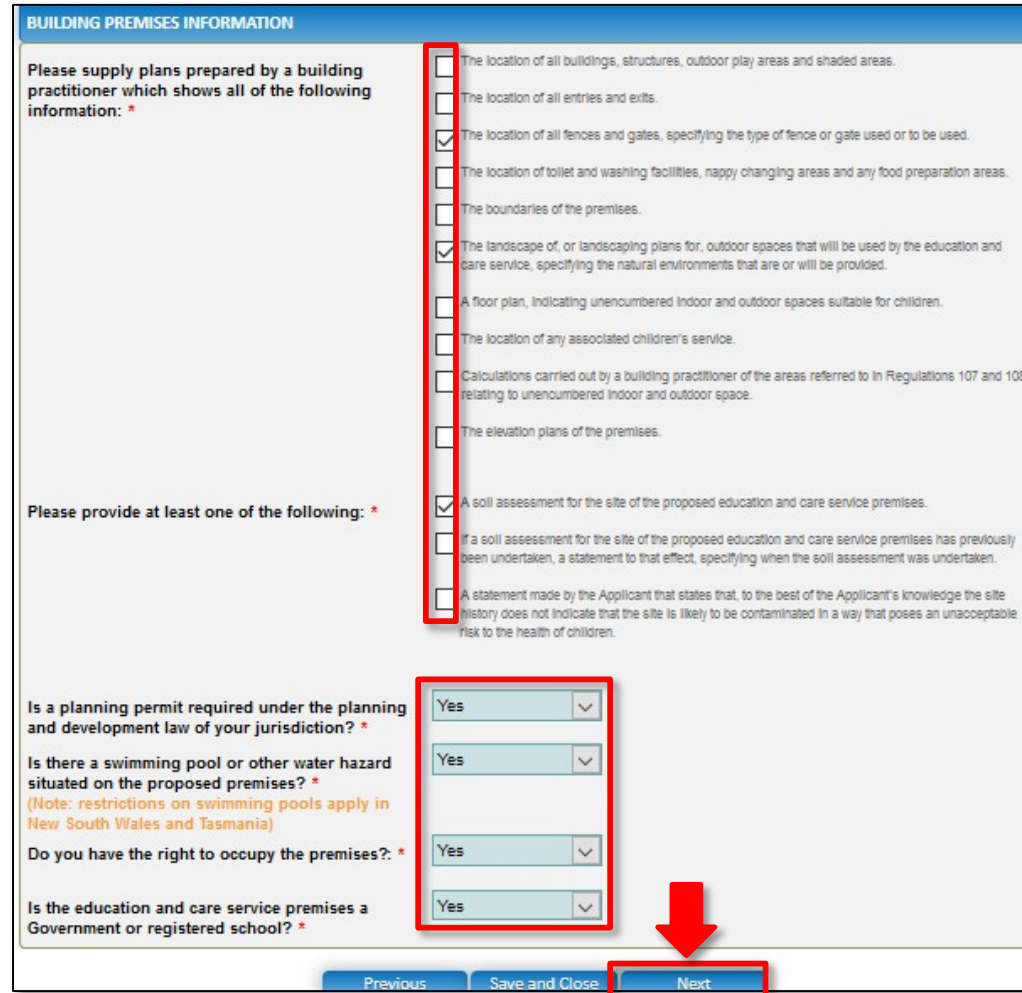
11. In the **Building Information** section, select the relevant options in the **POLICIES AND PROCEDURES** sub-section (optional).



The screenshot shows the 'POLICIES AND PROCEDURES' section of the application form. It includes a navigation bar with tabs for 'Service Name Details', 'Service Details', 'Operational Hours', 'Building Information', and 'Supervisor Details'. The 'Building Information' tab is selected. Below the navigation bar, there is a heading 'POLICIES AND PROCEDURES' and a sub-heading '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:'. A note states: '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.' To the right, there is a list of policies and procedures with checkboxes. The first checkbox is checked, indicating that health and safety policies are implemented. Other policies listed include incident, injury, trauma and illness procedures; dealing with infectious diseases; dealing with medical conditions in children; emergency and evacuation; delivery of children; excursions; providing a child safe environment; staffing; interactions with children; enrolment and orientation; governance and management; acceptance and refusal of authorisations; payment of fees; and dealing with complaints.

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.

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.



The screenshot shows the 'BUILDING PREMISES INFORMATION' section of the application form. It includes a heading 'BUILDING PREMISES INFORMATION' and a sub-heading 'Please supply plans prepared by a building practitioner which shows all of the following information: *'. A list of options is provided with checkboxes. The first two checkboxes are checked, indicating that the location of all buildings, structures, outdoor play areas and shaded areas, and the location of all entries and exits, are provided. Other options include the location of all fences and gates, 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, a floor plan, the location of any associated children's service, calculations carried out by a building practitioner, and the elevation plans of the premises. Below this, there is a sub-heading 'Please provide at least one of the following: *' and a list of options with checkboxes. The first checkbox is checked, indicating that a soil assessment for the site of the proposed education and care service premises is provided. Other options include a statement that a soil assessment has previously been undertaken and a statement that the site is likely to be contaminated. Below the list, there are four dropdown menus for the following questions: 'Is a planning permit required under the planning and development law of your jurisdiction? *', 'Is there a swimming pool or other water hazard situated on the proposed premises? *', 'Do you have the right to occupy the premises? *', and 'Is the education and care service premises a Government or registered school? *'. The first three dropdown menus are set to 'Yes'. A red arrow points to the 'Next' button at the bottom right of the form.

12. Click **Next** to move to the **Supervisor Details** section.

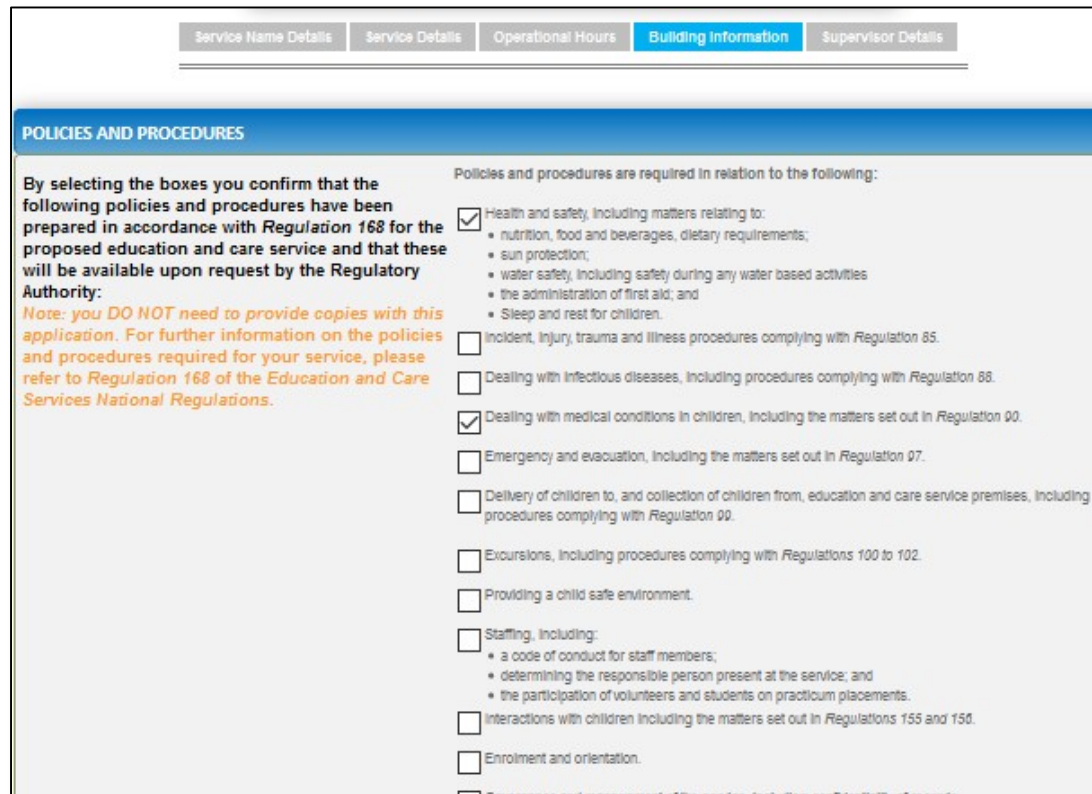
Note: In the **Submission** stage you will be asked to attach documents based on the options selected in the **Building Information** section.

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- Family Day Care Service Application -

Fill Details in Application for Service Approval Form

11. In the **Building Information** section, select the relevant options in the **POLICIES AND PROCEDURES** sub-section (optional).



Service Name Details | Service Details | Operational Hours | **Building Information** | Supervisor Details

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 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.

Policies and procedures are required in relation to the following:

- Health and safety, including matters relating to:
 - nutrition, food and beverages, dietary requirements;
 - sun protection;
 - water safety, including safety during any water based activities
 - the administration of first aid; and
 - Sleep and rest for children.
- Incident, injury, trauma and illness procedures complying with Regulation 65.
- Dealing with infectious diseases, including procedures complying with Regulation 68.
- Dealing with medical conditions in children, including the matters set out in Regulation 90.
- 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 99.
- Excursions, including procedures complying with Regulations 100 to 102.
- Providing a child safe environment.
- Staffing, including:
 - 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.
- Interactions with children including the matters set out in Regulations 155 and 156.
- Enrolment and orientation.

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.

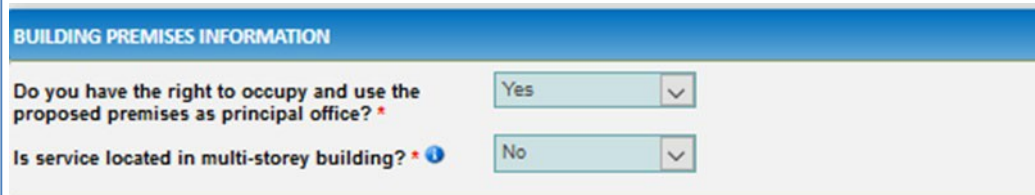
Please provide copies of the following proposed policies and procedures relating to: *

For further information on these policies and procedures please refer to the Regulation 169.

- Assessment, approval and reassessment of approved family day care venues and family day care residences (including matters to meet the requirements of Regulation 110).
- Engagement or registration of family day care educators.
- Keeping of a register of family day care educators under Regulation 153.
- Monitoring, support and supervision of family day care educators, including how the service will manage educators in remote locations.
- Assessment of family day care educators, family day care educator assistants and persons residing at family day care residences, including the matters required under Regulation 163.
- Visitors to family day care residences and venues while education and care is being provided to children as part of a family day care service.
- The provision of information, assistance and training to family day care educators.
- The engagement or registration of family day care educator assistants.
- If the family day care service will permit a family day care residence or venue with a swimming pool or 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).

Note: In this lower part of the screen, for policies and procedures related to Regulation 169 that have been implemented, documentation must be provided at the submission stage.

12. In the **BUILDING PREMISES INFORMATION** sub-section, indicate if there is the right to occupy and use the proposed premises as the principal office and if the service is located in a multi-storey building (note the definition of multi-storey being 3 or more levels).



BUILDING PREMISES INFORMATION

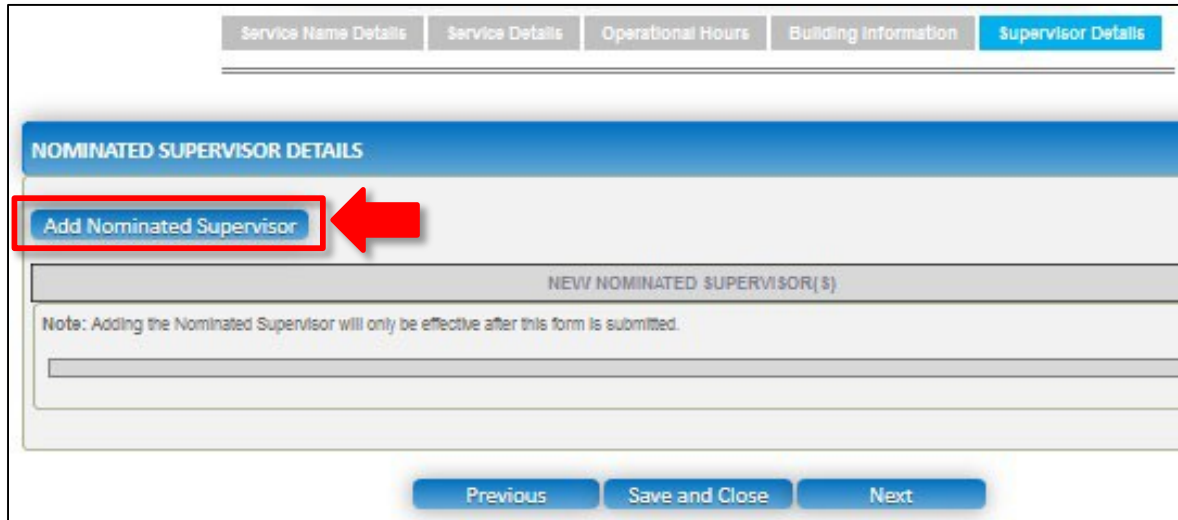
Do you have the right to occupy and use the proposed premises as principal office? * Yes

Is service located in multi-storey building? * No

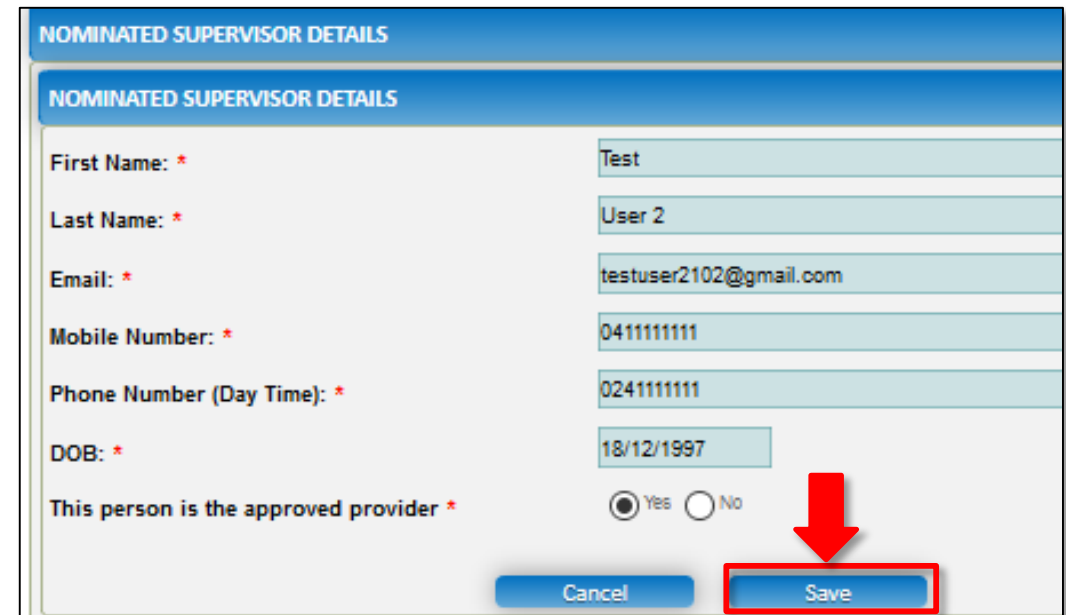
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Fill Details in Application for Service Approval Form

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



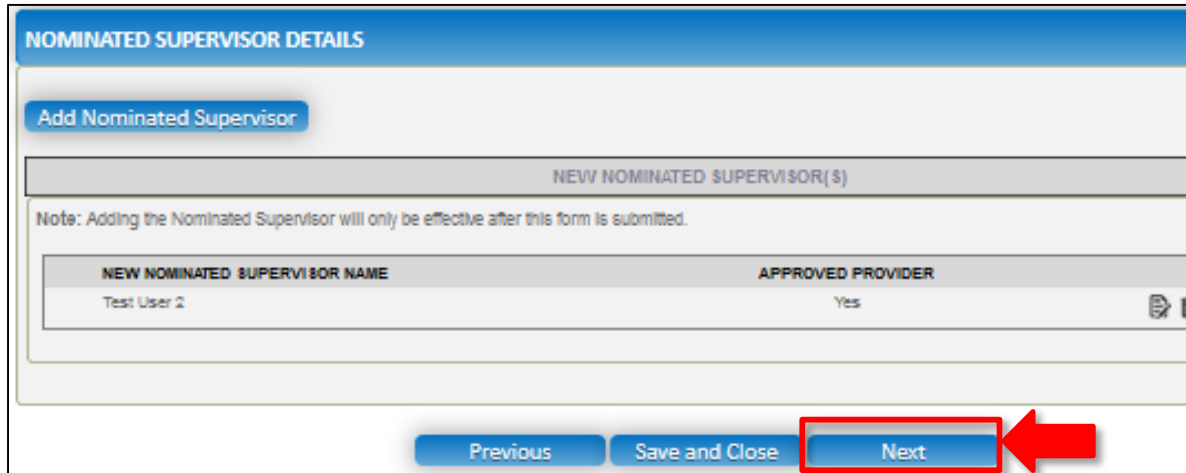
14. In the **NOMINATED SUPERVISOR DETAILS** sub-section, fill full name, email, mobile number, day time number, and date of birth details. Select whether the person is the approved provider. Click **Save**.



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Fill Details in Application for Service Approval Form

15. Click **Next** to move to the **CONTACT INFO** sub-section.



NOMINATED SUPERVISOR DETAILS

Add Nominated Supervisor

NEW NOMINATED SUPERVISOR(S)

Note: Adding the Nominated Supervisor will only be effective after this form is submitted.

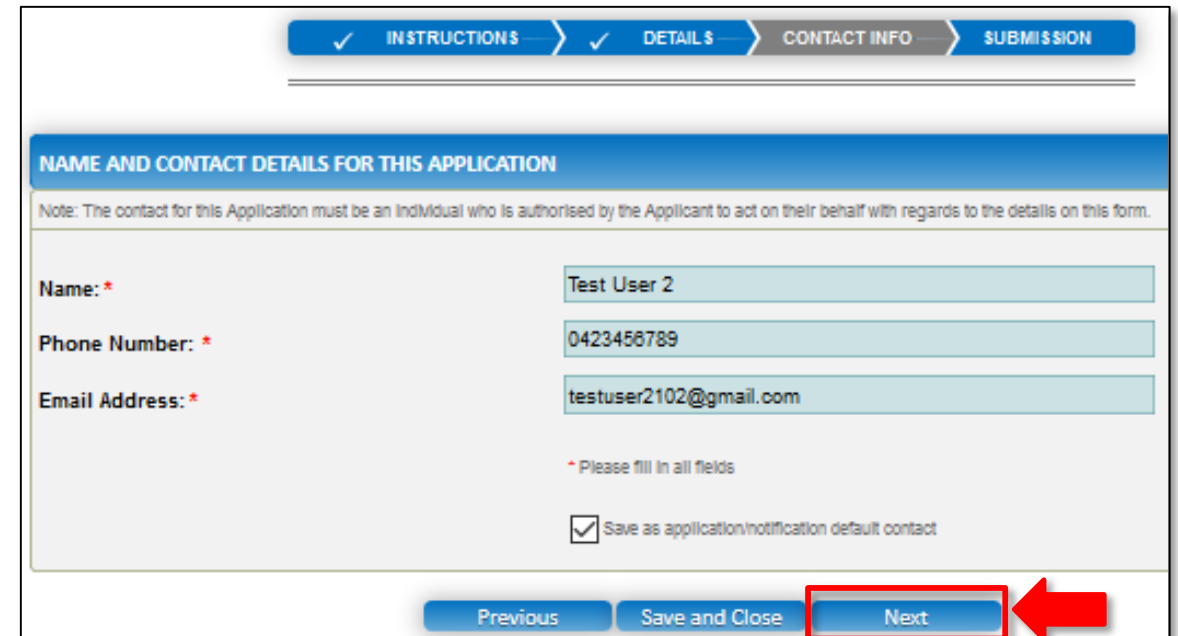
NEW NOMINATED SUPERVISOR NAME	APPROVED PROVIDER
Test User 2	Yes

Previous Save and Close **Next**

Note: The contact whose details are to be provided (see right pane), is the individual who is to act as the contact point for the application. Where this individual is not the applicant, authorisation is required from the provider and written authorisation is to be attached at the submission stage.

Provide Contact Details in Application for 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). Click **Next**.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

Name: * Test User 2

Phone Number: * 0423456789

Email Address: * testuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

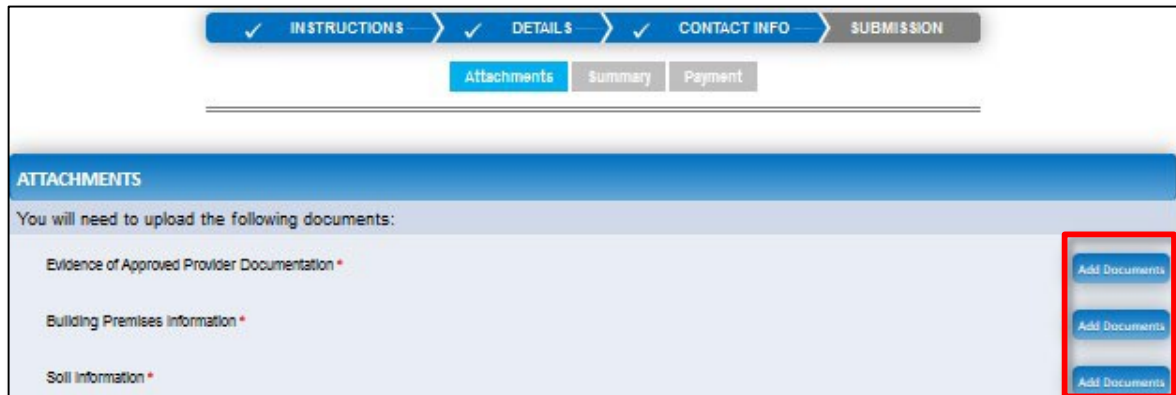
Previous Save and Close **Next**

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

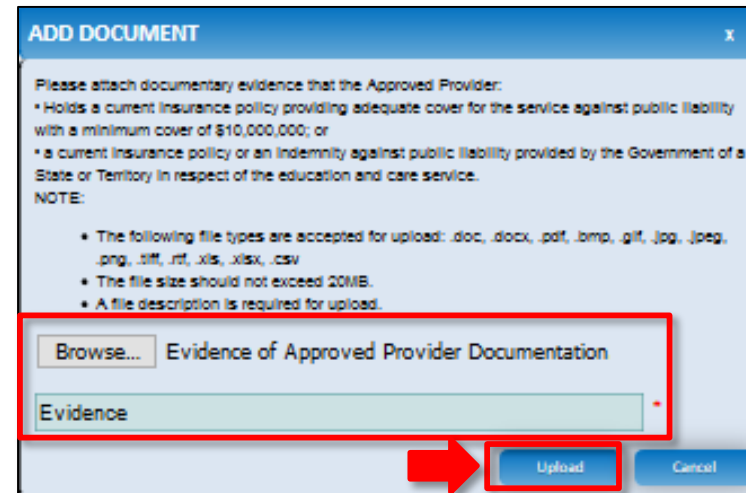
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Submit Application for Service Approval Form

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



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**.

Submit Application for Service Approval Form

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Depending on whether you are applying for a Centre-based Care or Family Day Care Service you will see one of the following screen at the Attachment stage.

Centre-based Care Service Application

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

- Evidence of approved provider documentation * [Add Documents](#)
- Building premises information * [Add Documents](#)
- Soil information * [Add Documents](#)
- Planning permit under the Planning and Development Law * [Add Documents](#)
- Swimming pool / water hazards * [Add Documents](#)
- Right to occupy * [Add Documents](#)
- Nominated Supervisor Consent Form (Norma Nomm) * [Add Documents](#)
- Supporting documents [Add Documents](#)

Document Type	File	Description	Size	
Evidence of Approved Provider Documentation	Evidence of Approved Provider Documentation.docx	Evidence	12.01 KB	x Remove
Building Premises Information	Building Premises Information.docx	Information	12.05 KB	x Remove
Soil Information	Soil Information.docx	Soil Info	12.06 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	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
Total Files: 6			Total Size: 72.44 KB	

Previous Save and Close Next

Family Day Care Service Application

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

- Evidence of approved provider documentation * [Add Documents](#)
- Policies and Procedures Documentation * [Add Documents](#)
- Nominated Supervisor Consent Form (\$Lim Nom Super) * [Add Documents](#)
- Right to occupy and use the proposed premises as a principal office * [Add Documents](#)
- Right to occupy and use proposed venue * [Add Documents](#)
- Venue assessment (incl. risk assessment) * [Add Documents](#)
- Supporting documents [Add Documents](#)

Document Type	File	Description	Size	
Evidence of Approved Provider Documentation	Evidence of Approved Provider Documentation.docx	Evidence	12.01 KB	x Remove
Building Premises Information	Building Premises information.docx	Information	12.05 KB	x Remove
Soil Information	Soil Information.docx	Soil Info	12.06 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	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
Total Files: 6			Total Size: 72.44 KB	

Previous Save and Close Next

[Back to Main Menu](#)

Submit Application for 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**.

✓ INSTRUCTIONS > ✓ DETAILS > ✓ CONTACT INFO > SUBMISSION

Attachments Summary Payment

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.

SERVICE NAME DETAILS
Edit

SERVICE NAME DETAILS	
Service Legal Entity Name	Service Entity Sample 1
Service Trading Name	Service Trading Sample 1
Service ABN	
Service Type	Centre-based Care

PROPOSED SERVICE ADDRESS DETAIL \$

Phone Number	
Mobile Number	0411111111
Fax Number	
Email Address	testuser2102@gmail.com
Service Location Address	Xyz, mn, Abc SYDNEY NSW 2000
Service Postal Address	Xyz, mn, Abc SYDNEY NSW 2000
Location of the service	Government school site

SERVICE CONTACT DETAILS

SERVICE DETAILS
Edit

NATURE OF EDUCATION AND CARE DETAILS

Proposed Commencement Date	21/02/2018
Expected nature of Education and Care	Long Day Care Outside school hours care - before school Outside school hours care - after school Outside school hours care - vacation care

ASSOCIATED SERVICES

Intend to operate associated children's service	Yes
Include associated children's service in the service Approval	Yes
Details for each associated children's service	play school
Proposed ages of children	School Age
Maximum number of children to be educated and cared for	15

OPERATIONAL HOURS
Edit

ANNUAL
 General operating hours that are not specified

HOLIDAY CARE
 Operating hours during school holidays include

SCHOOL TERMS
 Operating hours when schools are open.

BUILDING INFORMATION
Edit

POLICIES AND PROCEDURES

The following policies and procedures have been prepared

The following policies and procedures have NOT been prepared

Health and safety, including matters relating to:

- nutrition, food and beverages, dietary requirements;
- sun protection;
- water safety, including safety during any water based activities; and
- the administration of first aid.

Incident, injury, trauma and illness procedures complying with Regulation 85

Dealing with infectious diseases, including procedures complying with Regulation 88

Dealing with medical conditions in children, including the matters set out in Regulation 90

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 99

Excursions, including procedures complying with Regulations 100 to 102

Providing a child safe environment

Staffing, including:

- 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.

Interactions with children including the matters set out in Regulations 155 and 156

Enrolment and orientation

Governance and management of the service, including confidentiality 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

Dealing with complaints

BUILDING PREMISES INFORMATION

Following plans prepared by a building practitioner will be submitted	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.
-----------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

[Back to Main Menu](#)

Submit Application for Service Approval Form


5. Continue reviewing and editing (optional) the details in the **SUMMARY** section.

BUILDING PREMISES INFORMATION											
Following plans prepared by a building practitioner will be submitted	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.										
NOMINATED SUPERVISOR DETAILS Edit											
New Nominated Supervisors Details											
<table border="1"> <thead> <tr> <th>NAME</th> <th>DOB</th> <th>PHONE NUMBER</th> <th>MOBILE NUMBER</th> <th>EMAIL</th> </tr> </thead> <tbody> <tr> <td>Test User 2</td> <td>18/12/1997</td> <td>0241111111</td> <td>0411111111</td> <td>testuser2102@gmail.com</td> </tr> </tbody> </table>	NAME	DOB	PHONE NUMBER	MOBILE NUMBER	EMAIL	Test User 2	18/12/1997	0241111111	0411111111	testuser2102@gmail.com	
NAME	DOB	PHONE NUMBER	MOBILE NUMBER	EMAIL							
Test User 2	18/12/1997	0241111111	0411111111	testuser2102@gmail.com							
APPLICATION CONTACT DETAILS Edit											
Name Test User 2	Phone Number 0423456789	Email Address testuser2102@gmail.com									

ATTACHMENT DETAILS		
Document Type	Description	File Name
Evidence of Approved Provider Documentation	Evidence	Evidence of Approved Provider Documentation.docx
Building Premises Information	Information	Building Premises Information.docx
Soil Information	Soil Info	Soil Information.docx
Planning Permit Under the Planning and Development Law	Planning Permit	Planning Permit Under the Planning and Development Law.docx
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**.

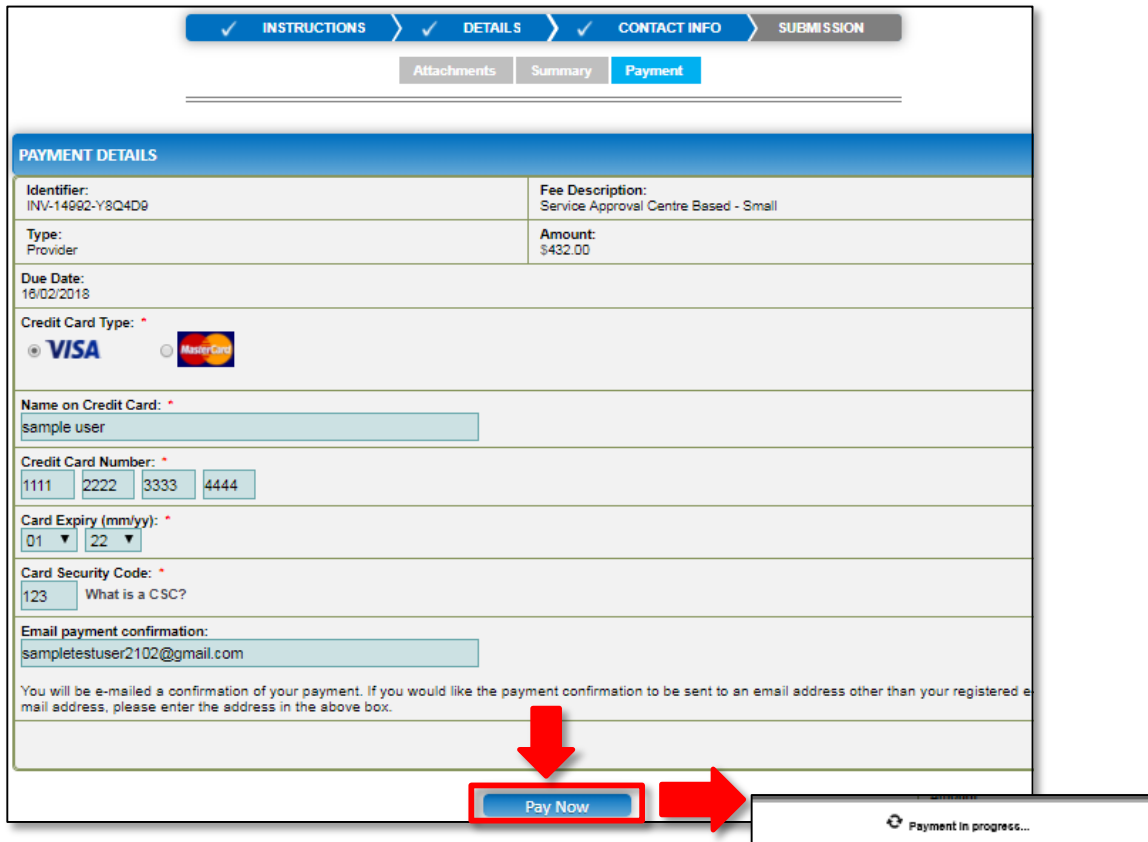
DECLARATION
<input checked="" type="checkbox"/> I declare that: ?
<ol style="list-style-type: none"> The information provided in this application form (including any attachments) is true, complete and correct; I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form; 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; I have read and understood a Provider's legal obligations under the Education and Care Services National Law; The Regulatory Authority is authorised to verify any information provided in this application; 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 or other legislation; and 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. 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).
<div style="text-align: right;"> Previous Save and Close Finalise </div>

 **Finalising in progress...**

[Back to Main Menu](#)

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.



✓ INSTRUCTIONS > ✓ DETAILS > ✓ CONTACT INFO > SUBMISSION

Attachments Summary **Payment**

PAYMENT DETAILS

Identifier: INV-14992-Y8Q4D9	Fee Description: Service Approval Centre Based - Small
Type: Provider	Amount: \$432.00
Due Date: 16/02/2018	
Credit Card Type: * <input checked="" type="radio"/> VISA <input type="radio"/> MasterCard	
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 payment confirmation to be sent to an email address other than your registered email address, please enter the address in the above box.

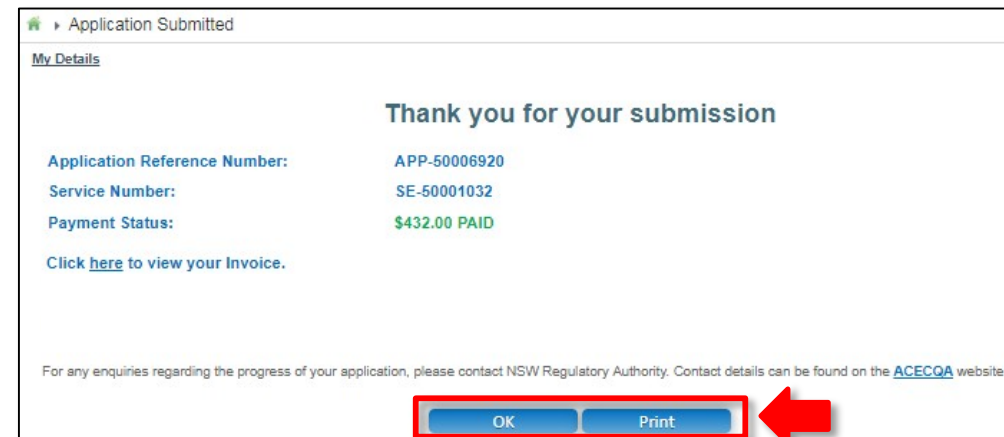
Pay Now →

Payment in progress...

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

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.



Application Submitted

My Details

Thank you for your submission

Application Reference Number: APP-50006920
Service Number: SE-50001032
Payment Status: \$432.00 PAID

[Click here 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](#) website.

OK **Print**

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

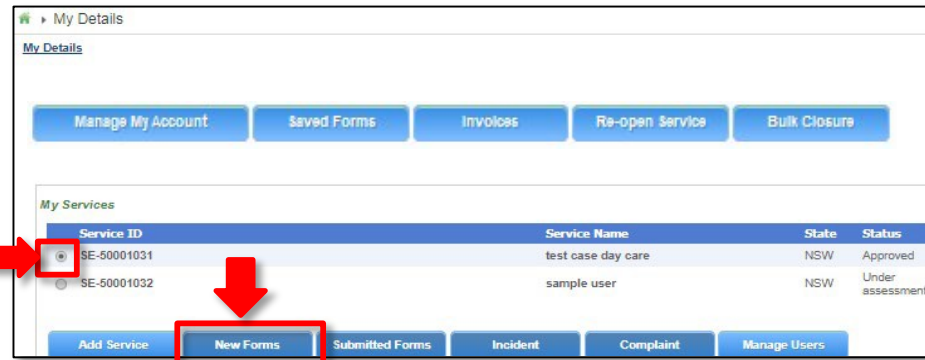
Note: the below forms can be accessed only by approved providers and services

- [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:
 - [Adding attachments](#)
 - [Reviewing summary and finalising the form](#)
- [Print or Close Application for Amendment of Service Approval Form](#)
 - Steps to print and close the form.

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Access Application for Amendment of Service Approval Form

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



My Details

Manage My Account | saved Forms | Invoices | Re-open Service | Bulk Closure

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Approved
SE-50001032	sample user	NSW	Under assessment

Add Service | **New Forms** | Submitted Forms | Incident | Complaint | Manage Users

Select relevant Application or Notification

Service ID: SE-50001225
Service Name: SLim Kids' Station - FDC
State: NSW
Status: Approved

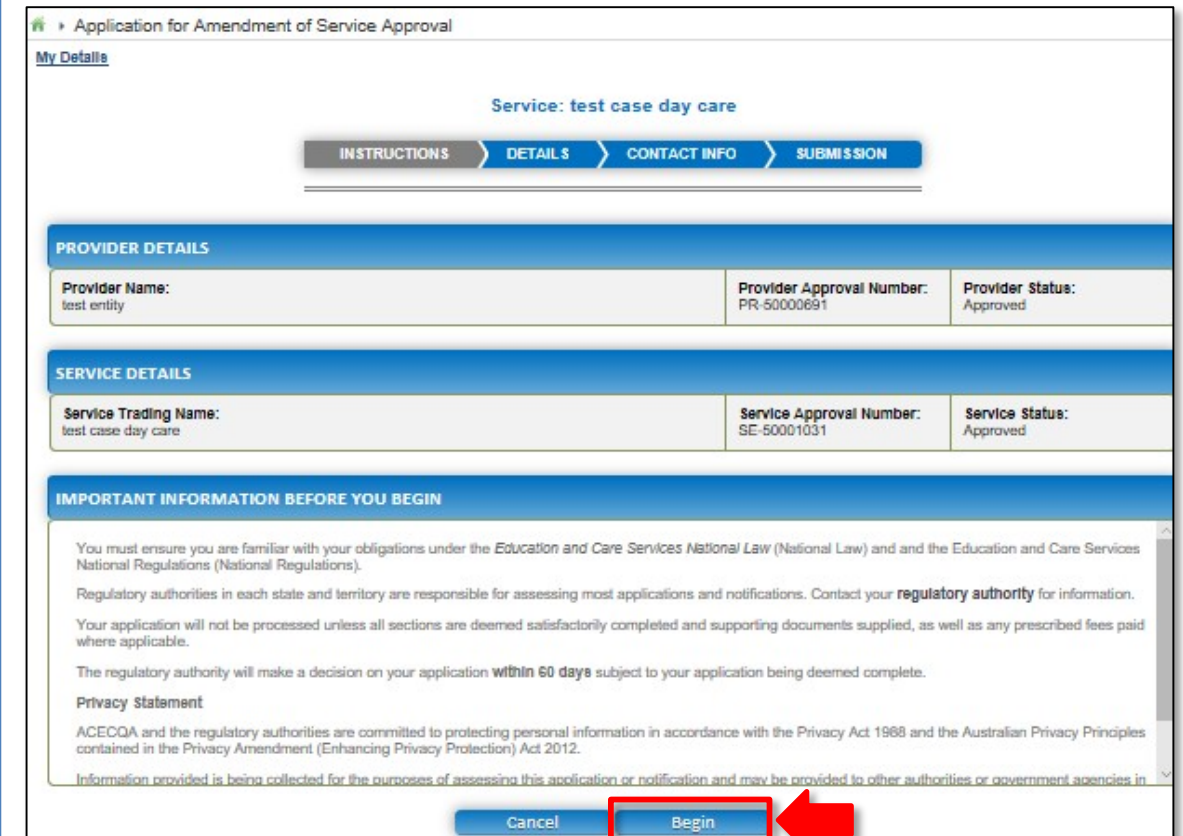
Form #	Form Name	Description
SA03	Application for Amendment of Service Approval	<p>Use this form to apply to:</p> <ul style="list-style-type: none"> Change the name of your education and care service Increase or decrease the maximum number of children that may be educated and cared for at any one time 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 Add rest period condition (QLD only)

Apply

- 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

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



Application for Amendment of Service Approval

My Details

Service: test case day care

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000691	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

IMPORTANT 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.
Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.
The regulatory authority will make a decision on your application **within 60 days** subject to your application being deemed complete.

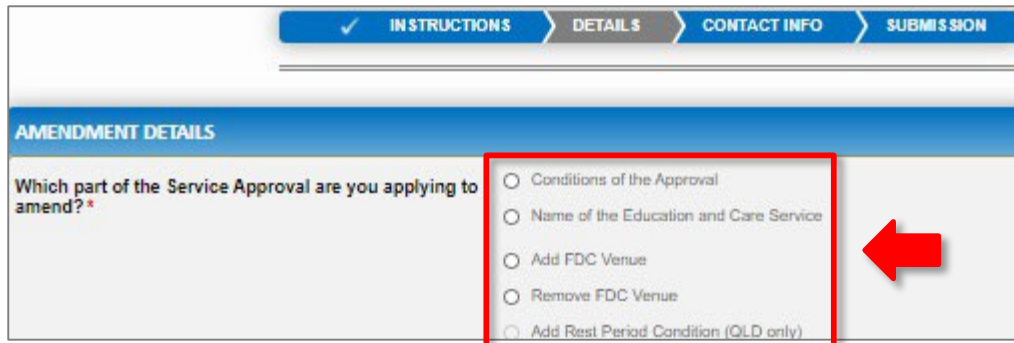
Privacy Statement
ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.
Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in

Cancel | **Begin**

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

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.

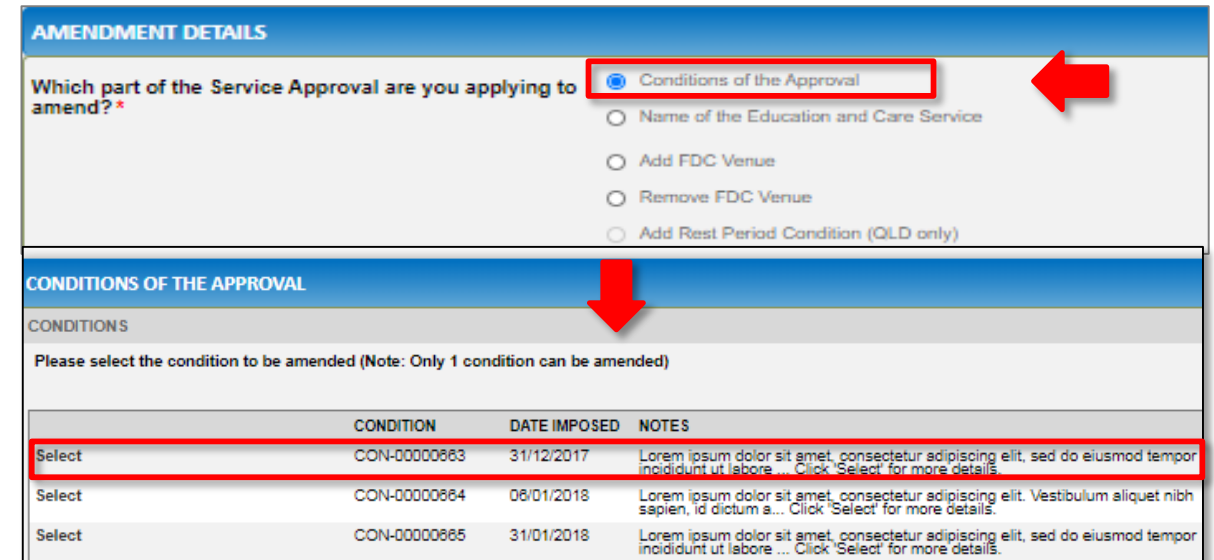


Notes:

- 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.



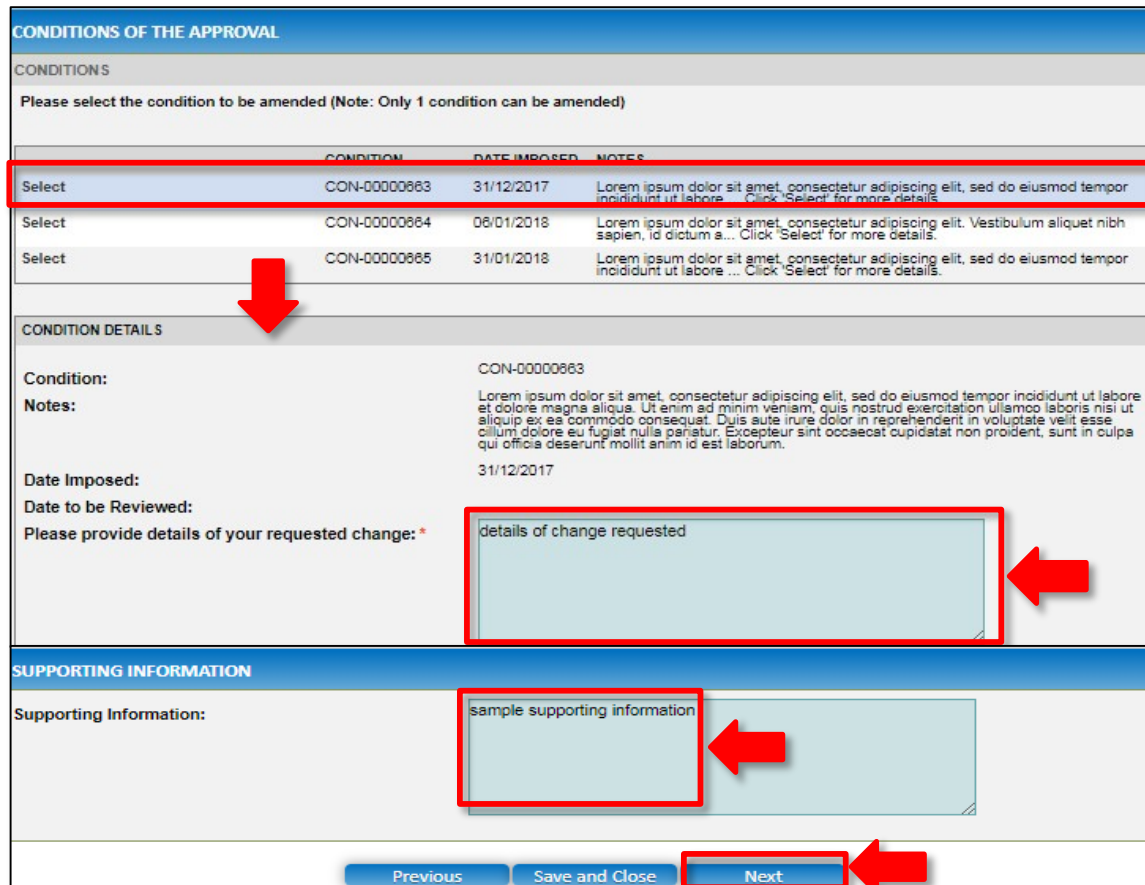
AMENDMENT DETAILS			
Which part of the Service Approval are you applying to amend? *			
<input checked="" type="radio"/>	Conditions of the Approval		
<input type="radio"/>	Name of the Education and Care Service		
<input type="radio"/>	Add FDC Venue		
<input type="radio"/>	Remove FDC Venue		
<input type="radio"/>	Add Rest Period Condition (QLD only)		
CONDITIONS OF THE APPROVAL			
CONDITIONS			
Please select the condition to be amended (Note: Only 1 condition can be amended)			
	CONDITION	DATE IMPOSED	NOTES
Select	CON-00000863	31/12/2017	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore ... Click 'Select' for more details.
Select	CON-00000864	08/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum aliquet nibh sapien, id dictum a... Click 'Select' for more details.
Select	CON-00000865	31/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore ... Click 'Select' for more details.

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

[Back to Main Menu](#)

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	NOTES
Select CON-00000663	31/12/2017	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore... Click "Select" for more details.
Select CON-00000664	06/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum aliquet nibh sapien, id dictum a... Click "Select" for more details.
Select CON-00000665	31/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore... Click "Select" for more details.

CONDITION DETAILS

Condition: CON-00000663

Notes: 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 ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Date Imposed: 31/12/2017

Date to be Reviewed:

Please provide details of your requested change: * details of change requested

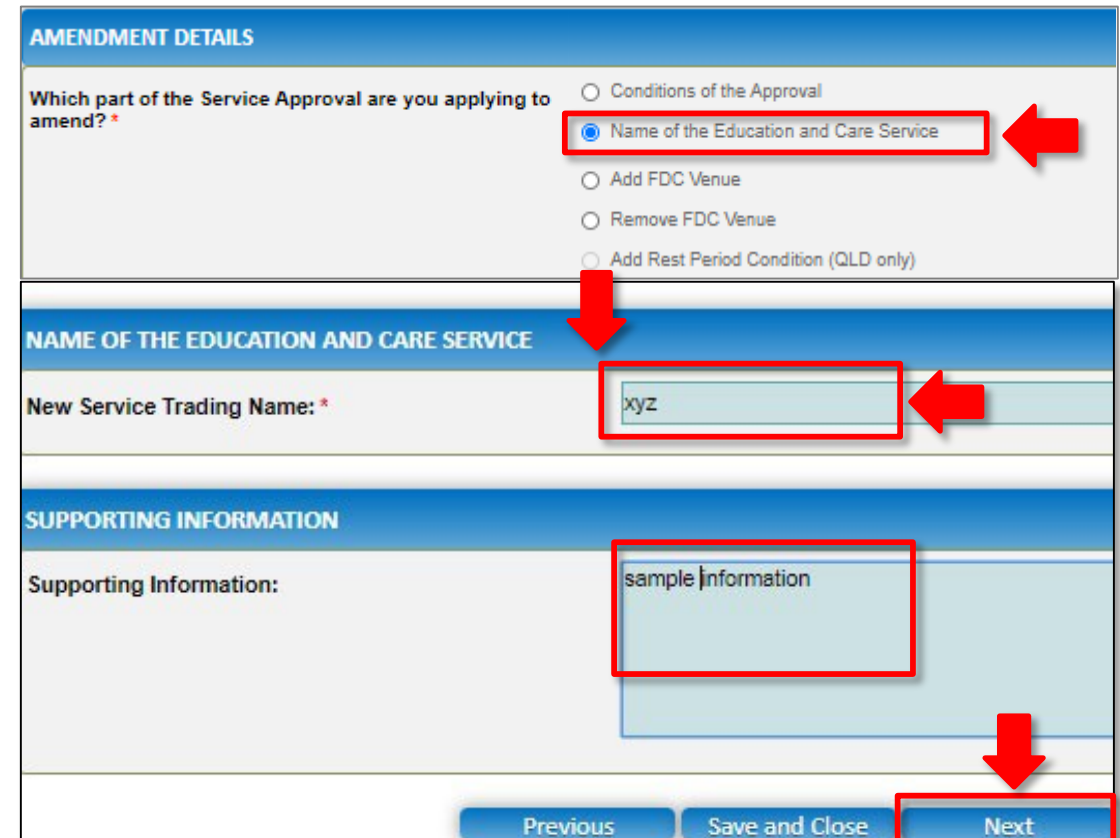
SUPPORTING INFORMATION

Supporting Information: sample supporting information

Previous Save and Close **Next**

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**.



AMENDMENT DETAILS

Which part of the Service Approval are you applying to amend? *

Conditions of the Approval

Name of the Education and Care Service

Add FDC Venue

Remove FDC Venue

Add Rest Period Condition (QLD only)

NAME OF THE EDUCATION AND CARE SERVICE

New Service Trading Name: * xyz

SUPPORTING INFORMATION

Supporting Information: sample information

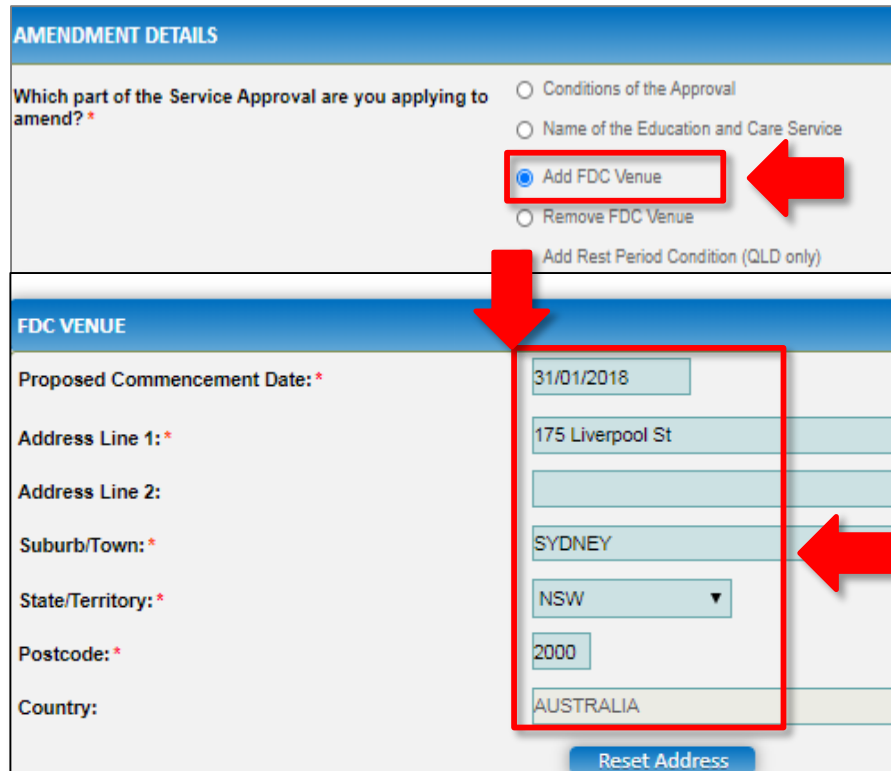
Previous Save and Close **Next**

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

[Back to Main Menu](#)

Fill 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.



AMENDMENT DETAILS

Which part of the Service Approval are you applying to amend? *

- Conditions of the Approval
- Name of the Education and Care Service
- Add FDC Venue
- Remove FDC Venue
- Add Rest Period Condition (QLD only)

FDC VENUE

Proposed Commencement Date: * 31/01/2018

Address Line 1: * 175 Liverpool St

Address Line 2:

Suburb/Town: * SYDNEY

State/Territory: * NSW

Postcode: * 2000

Country: AUSTRALIA

[Reset Address](#)

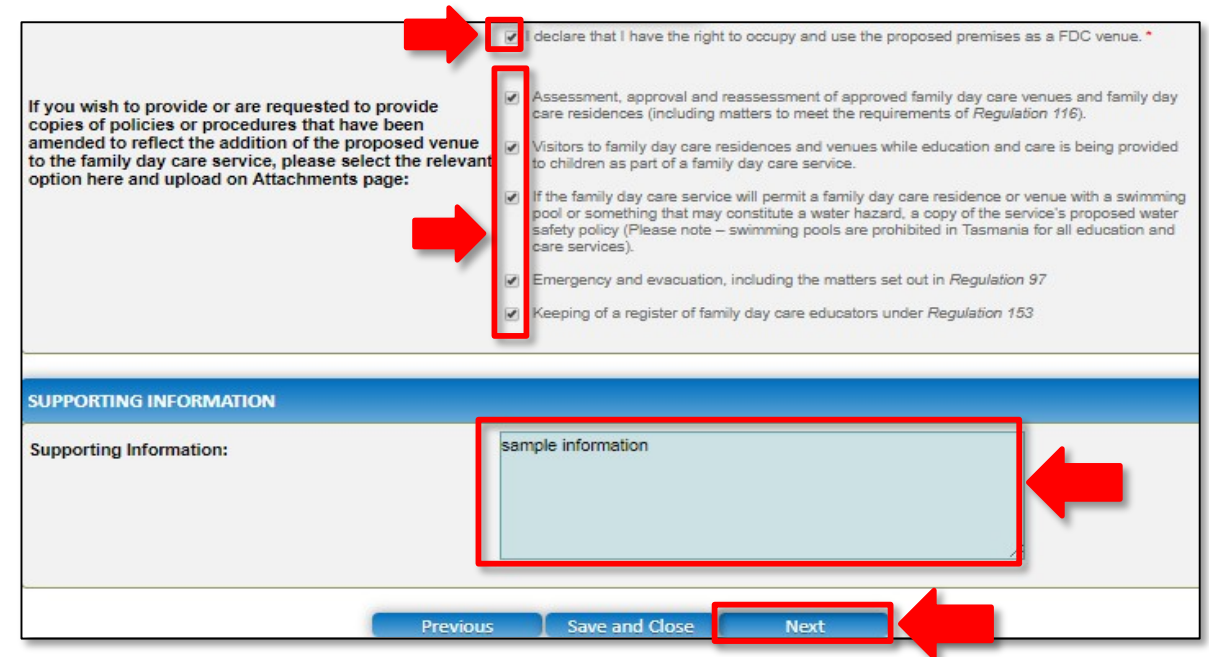
When you start filling the address, if you do not see the address in the auto-fill list of addresses, click **Cannot find address, click here to manually enter it** and then fill the address manually.

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 auto-populated 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 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**.



I declare that I have the right to occupy and use the proposed premises as a FDC venue. *

If you wish to provide or are requested to provide copies of policies or procedures that have been amended to reflect the addition of the proposed venue to the family day care service, please select the relevant option here and upload on Attachments page:

- Assessment, approval and reassessment of approved family day care venues and family day care residences (including matters to meet the requirements of Regulation 116).
- Visitors to family day care residences and venues while education and care is being provided to children as part of a family day care service.
- If the family day care service will permit a family day care residence or venue with a swimming pool or 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).
- Emergency and evacuation, including the matters set out in Regulation 97
- Keeping of a register of family day care educators under Regulation 153

SUPPORTING INFORMATION

Supporting Information: sample information

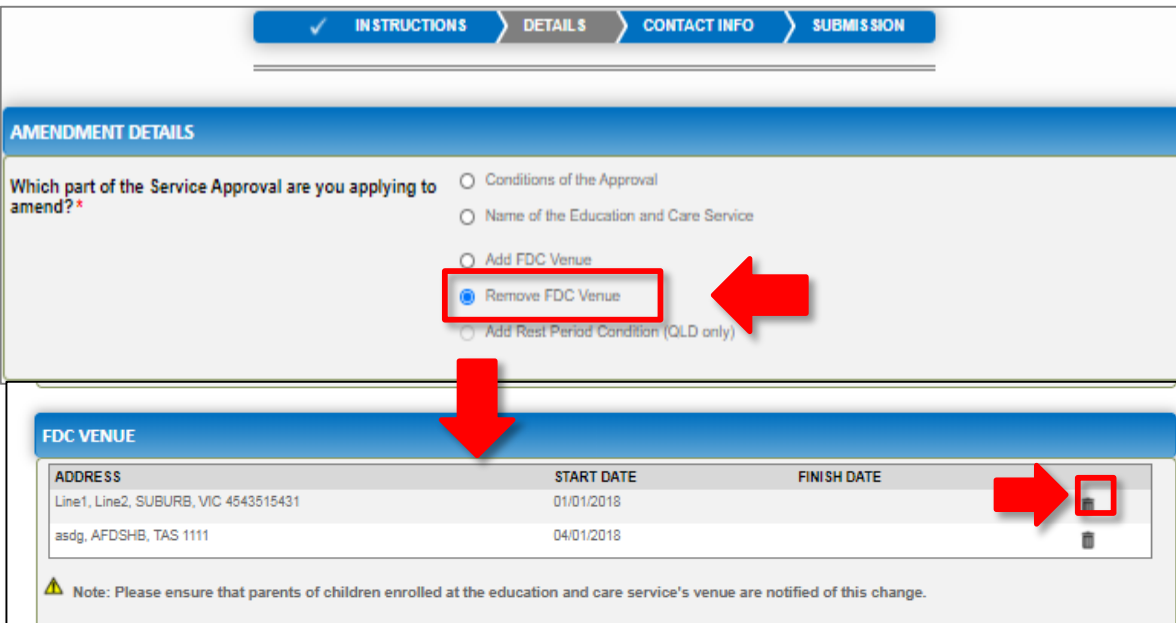
[Previous](#) [Save and Close](#) [Next](#)

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

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Fill Details in Application for Amendment of Service Approval Form

2.d. If you select the **Remove FDC Venue** option, the **FDC VENUE** section is displayed. To delete a family day care venue, click the bin icon corresponding to the venue. Then, pick the **Finish Date** on which you want to end the services from the deleted FDC venue. Also, fill the supporting details in the **SUPPORTING INFORMATION** section and click **Next**.



INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

AMENDMENT DETAILS

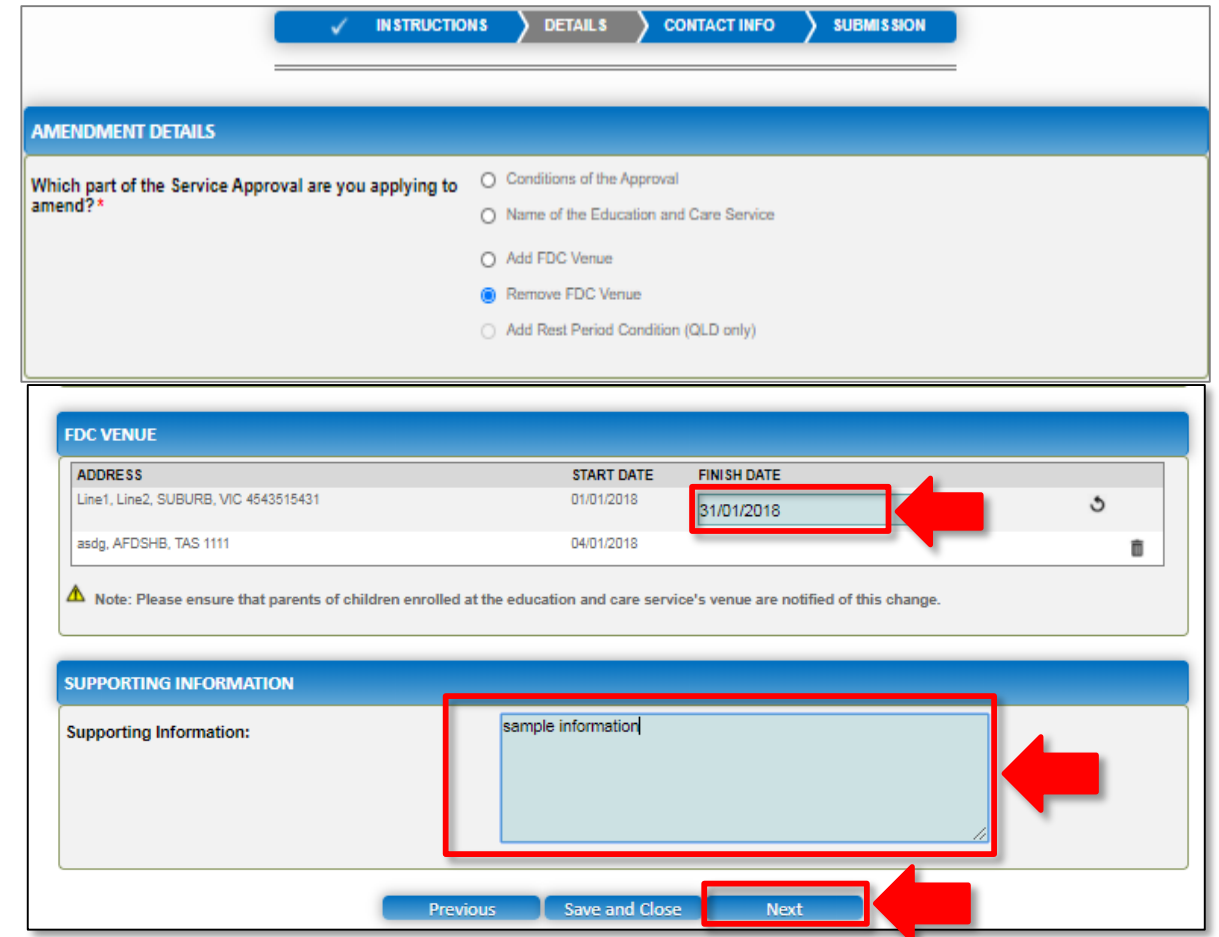
Which part of the Service Approval are you applying to amend?*

- Conditions of the Approval
- Name of the Education and Care Service
- Add FDC Venue
- Remove FDC Venue
- Add Rest Period Condition (QLD only)

FDC VENUE

ADDRESS	START DATE	FINISH DATE
Line1, Line2, SUBURB, VIC 4543515431	01/01/2018	31/01/2018
asdg, AFDSHB, TAS 1111	04/01/2018	

Note: Please ensure that parents of children enrolled at the education and care service's venue are notified of this change.



INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

AMENDMENT DETAILS

Which part of the Service Approval are you applying to amend?*

- Conditions of the Approval
- Name of the Education and Care Service
- Add FDC Venue
- Remove FDC Venue
- Add Rest Period Condition (QLD only)

FDC VENUE

ADDRESS	START DATE	FINISH DATE
Line1, Line2, SUBURB, VIC 4543515431	01/01/2018	31/01/2018
asdg, AFDSHB, TAS 1111	04/01/2018	

Note: Please ensure that parents of children enrolled at the education and care service's venue are notified of this change.

SUPPORTING INFORMATION

Supporting Information:

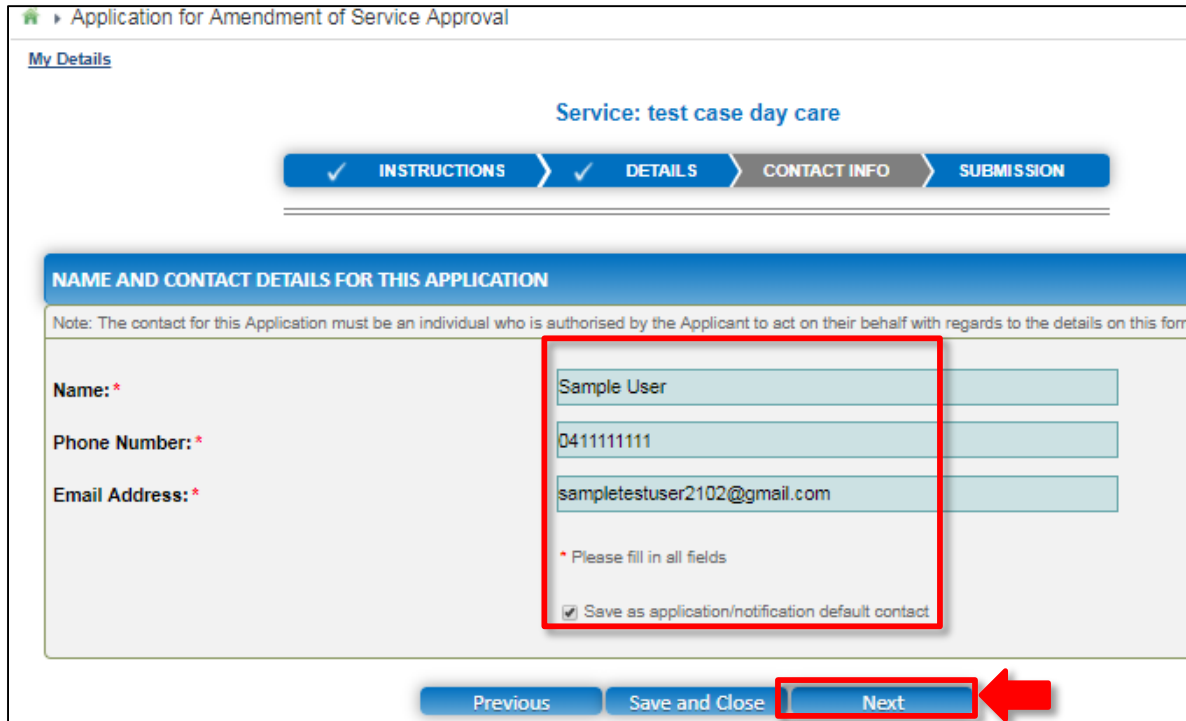
sample information

Previous | Save and Close | Next

[Back to Main Menu](#)

Fill Contact Info in Application for Amendment 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.



Application for Amendment of Service Approval

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

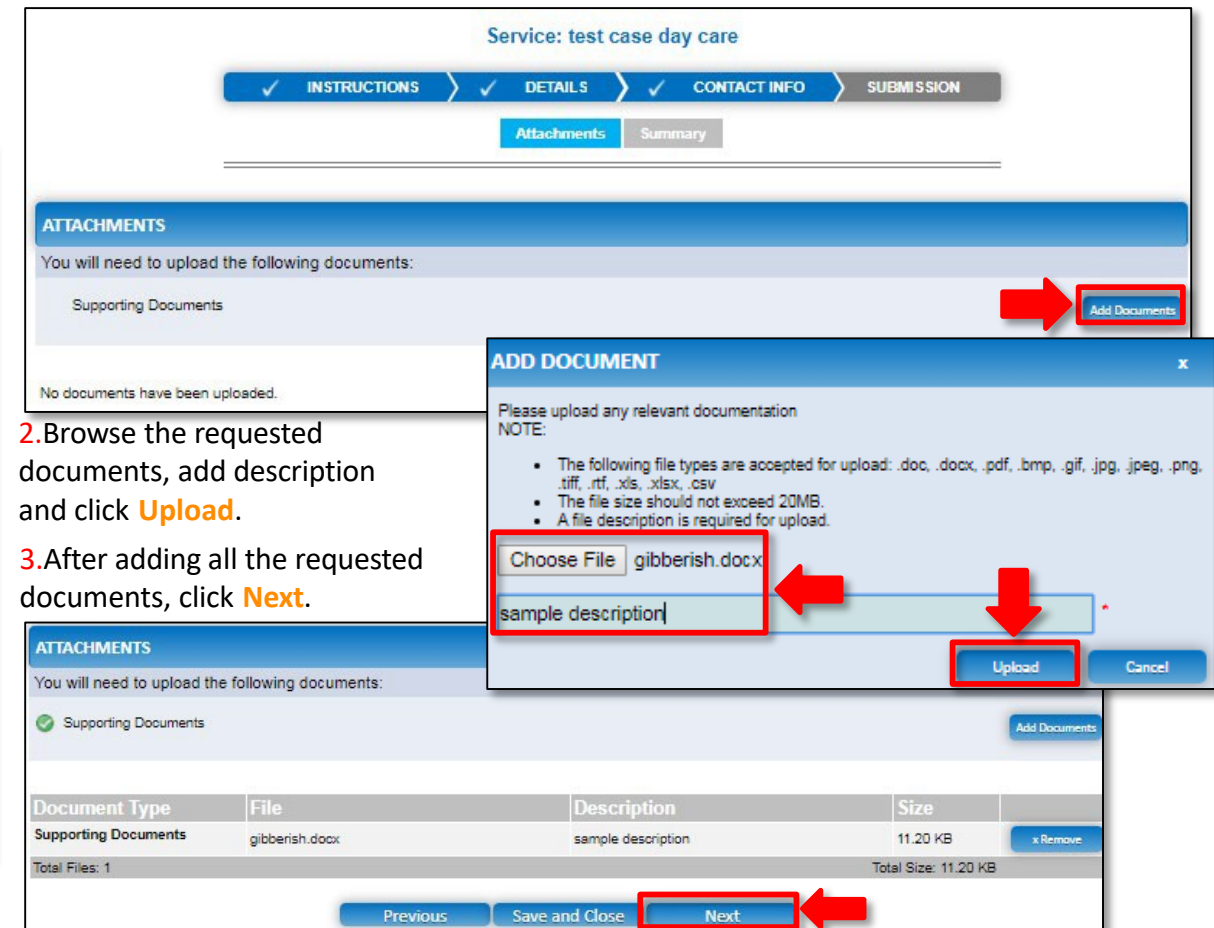
Save as application/notification default contact

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 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

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

Attachments Summary

ATTACHMENTS

You will need to upload the following documents:

Supporting Documents **Add Documents**

No documents have been uploaded.

ADD DOCUMENT

Please upload any relevant documentation

NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File gibberish.docx

sample description **Upload** Cancel

ATTACHMENTS

You will need to upload the following documents:

Supporting Documents **Add Documents**

Document Type	File	Description	Size	
Supporting Documents	gibberish.docx	sample description	11.20 KB	x Remove

Total Files: 1 Total Size: 11.20 KB

Previous Save and Close **Next**

[Back to Main Menu](#)

Submit Application for Amendment 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**.

✓ INSTRUCTIONS > ✓ DETAILS > ✓ 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.

SERVICE DETAILS **Edit**

PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved
AMENDMENT DETAILS		
REMOVE FDC VENUE		
FDC Venues		
ADDRESS	START DATE	FINISH DATE
Line1, Line2, SUBURB, VIC 4543515431	01/01/2018	31/01/2018
SUPPORTING INFORMATION		
sample information		

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

NOTIFIER'S DETAILS **Edit**

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
----------------------------	-----------------------------------	------------------------------------------------------

ATTACHMENT DETAILS **Edit**

Document Type	Description	File Name
Supporting Documents	sample description	gibberish.docx

DECLARATION

I declare that: *

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- 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;
- I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- The Regulatory Authority is authorised to verify any information provided in this application;
- 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* or other legislation; and
- 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.
- 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).

Previous Save and Close **Submit**

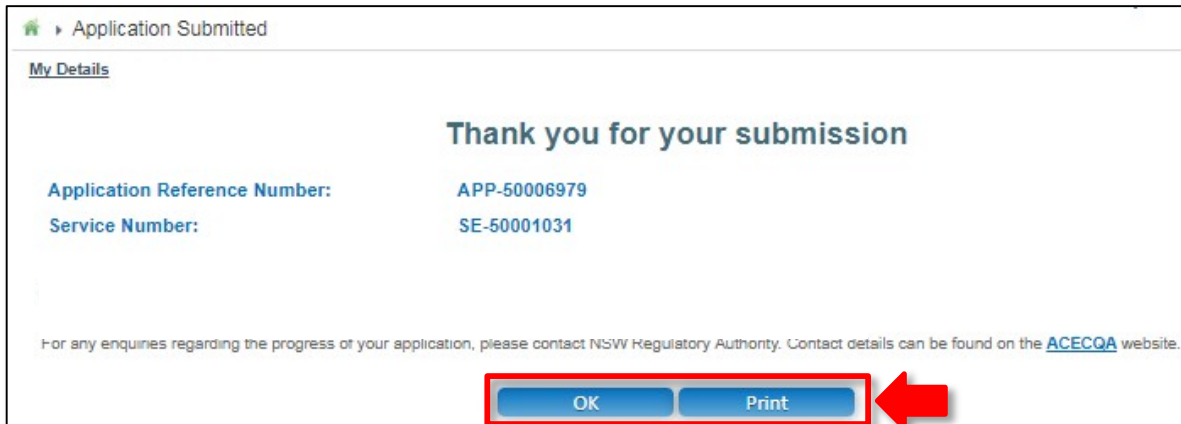
Submission in progress...

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

[Back to Main Menu](#)

Print or Close Application for Amendment 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.



Application Submitted

My Details

Thank you for your submission

Application Reference Number: APP-50006979

Service Number: SE-50001031

For any enquiries regarding the progress of your application, please contact NSW Regulatory Authority. Contact details can be found on the [ACECQA](#) website.

OK Print

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 QRC, 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:
 - [Adding attachments](#)
 - [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 Approval Form



My Details

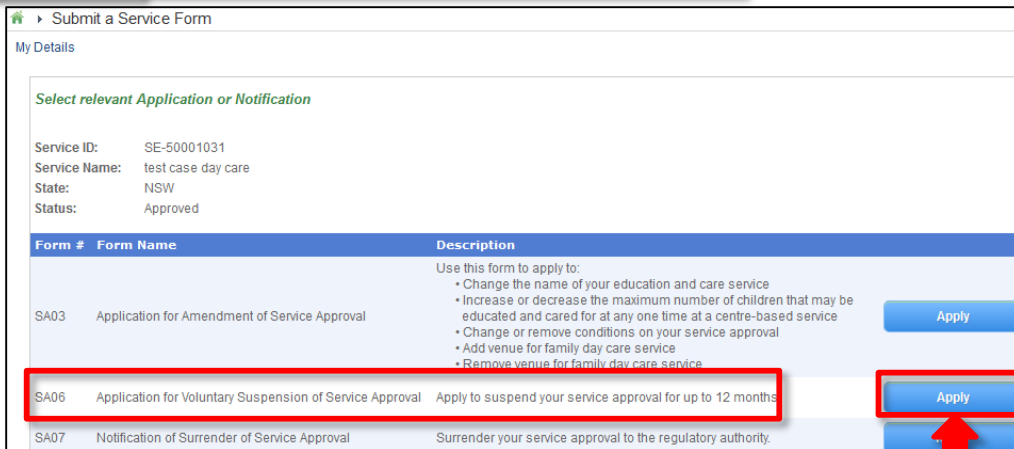
Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closure

My Services

Service ID	Service Name	State	Status
<input type="radio"/> SE-50001019	sample	NSW	Approved
<input type="radio"/> SE-50001030	Service Trading Sample 1	NSW	Approved
<input checked="" type="radio"/> SE-50001031	test case day care	NSW	Approved

Add Service | **New Forms** | Submitted Forms | Incident | Complaint | Manage Users

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



Submit a Service Form

My Details

Select relevant Application or Notification

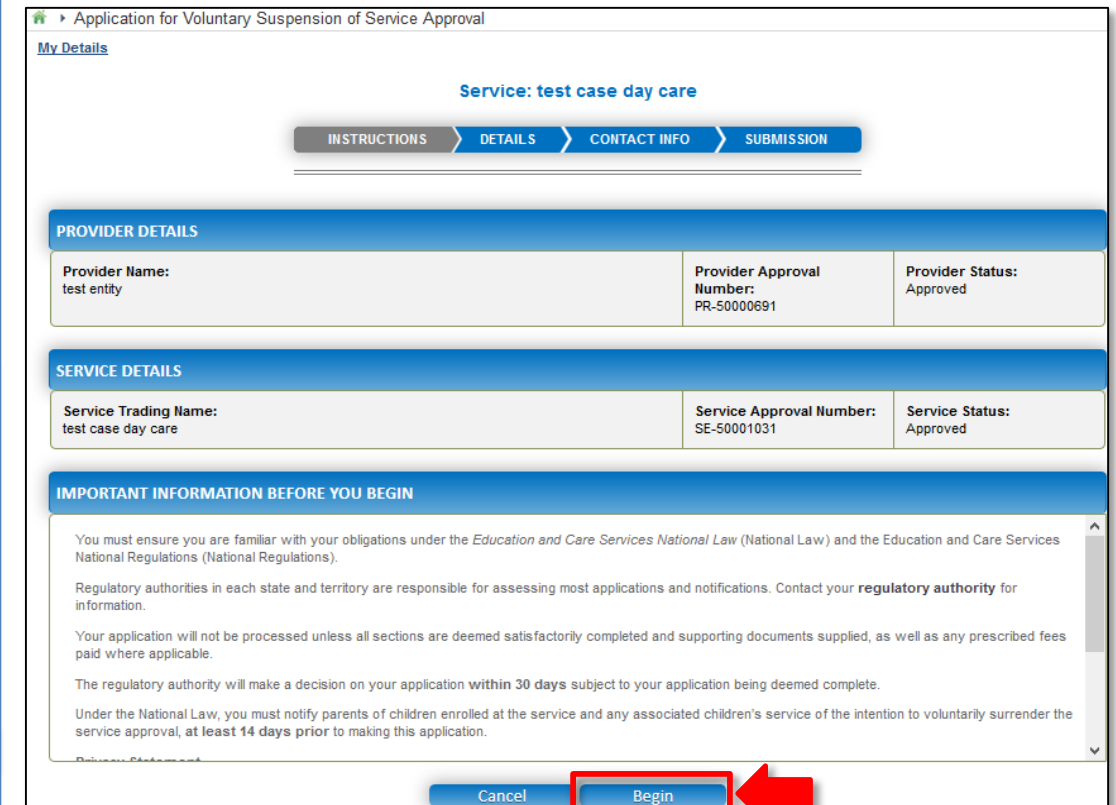
Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description
SA03	Application for Amendment of Service Approval	Use this form to apply to: <ul style="list-style-type: none"> 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
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.

2. On the **Submit a Service Form** page, click **Apply** corresponding to the **Form #** : SA06 and **Form Name** : **Application for Voluntary Suspension of Service Approval** form.

Begin Application for Voluntary Suspension of Service Approval Form

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



Application for Voluntary Suspension of Service Approval

My Details

Service: test case day care

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000691	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

IMPORTANT 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.

Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.

The regulatory authority will make a decision on your application **within 30 days** subject to your application being deemed complete.

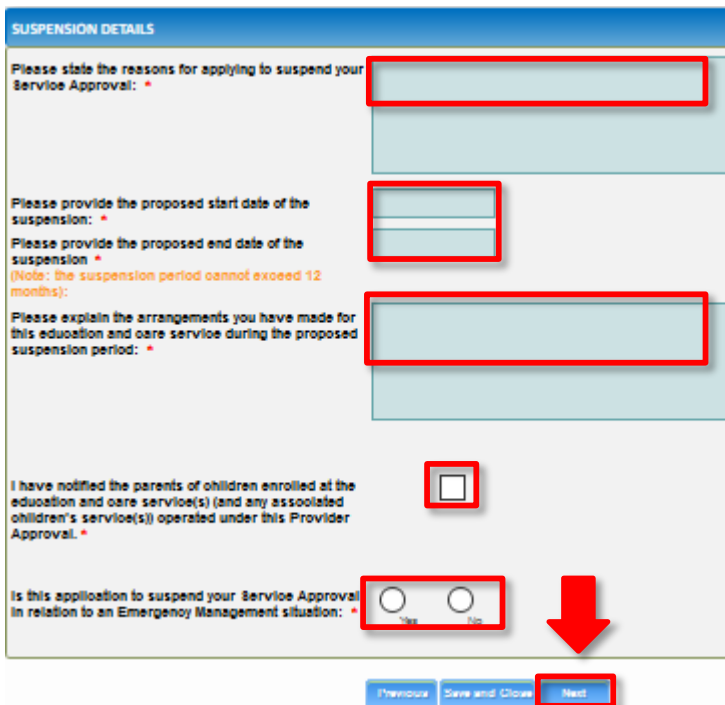
Under the National Law, you must notify parents of children enrolled at the service and any associated children's service of the intention to voluntarily surrender the service approval, at **least 14 days** prior to making this application.

Cancel | **Begin**

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

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

Please state the reasons for applying to suspend your Service Approval: *

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: *

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): *

Is this application to suspend your Service Approval in relation to an Emergency Management situation: *

Previous Save and Close **Next**

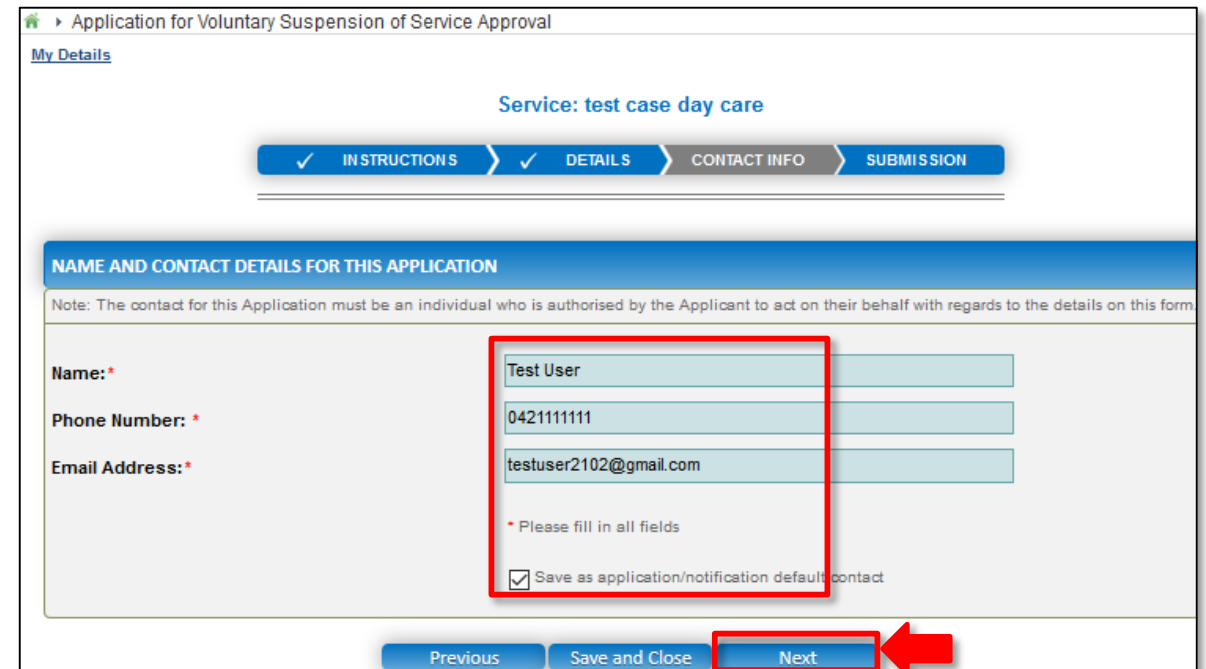
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

Note: For assistance in filling in voluntary suspension details related to an emergency management situation, refer to the [Emergency Management Help Guide](#)

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.



Application for Voluntary Suspension of Service Approval

[My Details](#)

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

Name: * Test User

Phone Number: * 0421111111

Email Address: * testuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

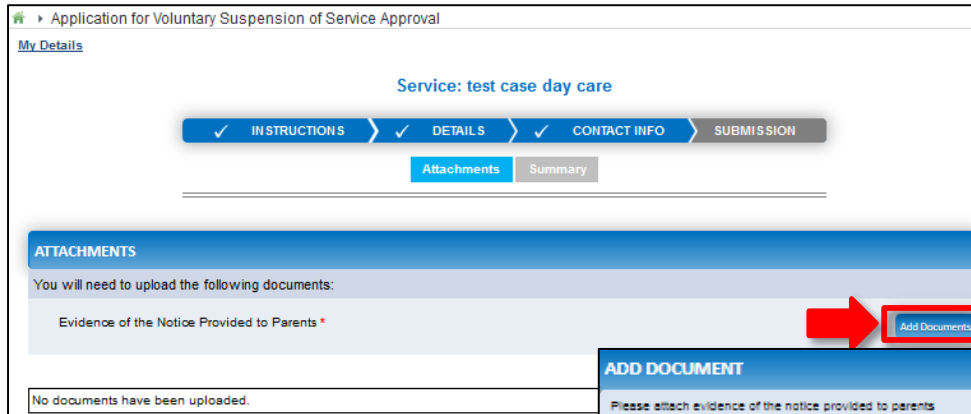
Previous Save and Close **Next**

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

[Back to Main Menu](#)

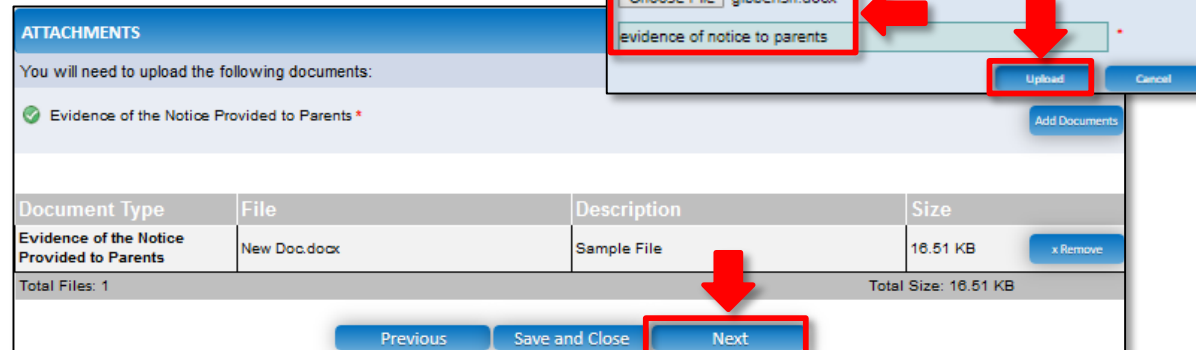
Submit Application for Voluntary Suspension of Service Approval Form

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.



2. Choose the requested file, add description and click **Upload**.

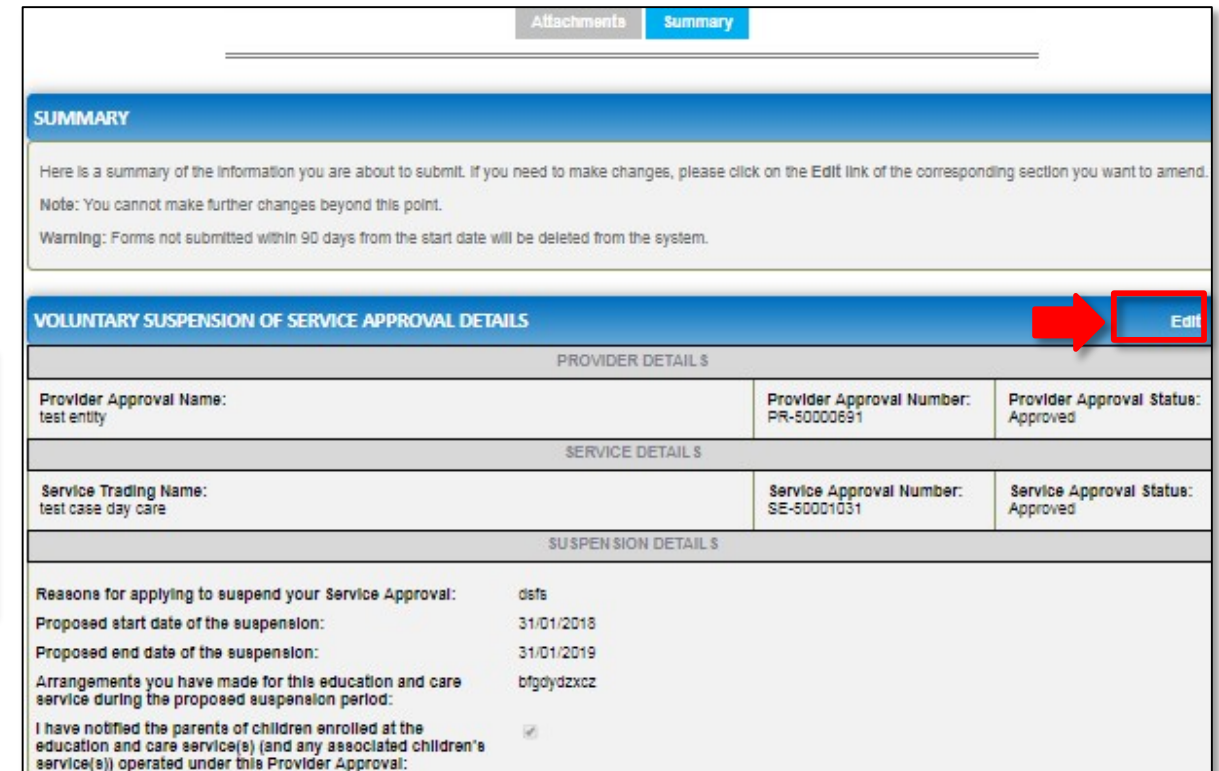
3. After adding the requested document, click **Next**.



Document Type	File	Description	Size
Evidence of the Notice Provided to Parents	New Doc.docx	Sample File	16.51 KB
Total Files: 1		Total Size: 16.51 KB	

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**.



PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved
SUSPENSION DETAILS		
Reasons for applying to suspend your Service Approval:	dfts	
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:	<input checked="" type="checkbox"/>	

[Back to Main Menu](#)

Submit Application for Voluntary Suspension of Service Approval Form

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

NOTIFIER'S DETAILS		
Name Test User	Phone Number 0421111111	Email Address testuser2102@gmail.com

ATTACHMENT DETAILS		
Document Type	Description	File Name
Evidence of the Notice Provided to Parents	Sample File	New Doc.docx

DECLARATION

I declare that: *

- The Information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- 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;
- I have read and understood a Provider's legal obligations under the Education and Care Services National Law;
- The Regulatory Authority is authorised to verify any information provided in this application;
- 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 or other legislation; and
- 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.
- 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).

Previous Save and Close **Submit**

Submission in progress...

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.

Application Submitted

My Details

Thank you for your submission

Application Reference Number: APP-50006969

Service Number: SE-50001031

For any enquiries regarding the progress of your application, 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 **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.

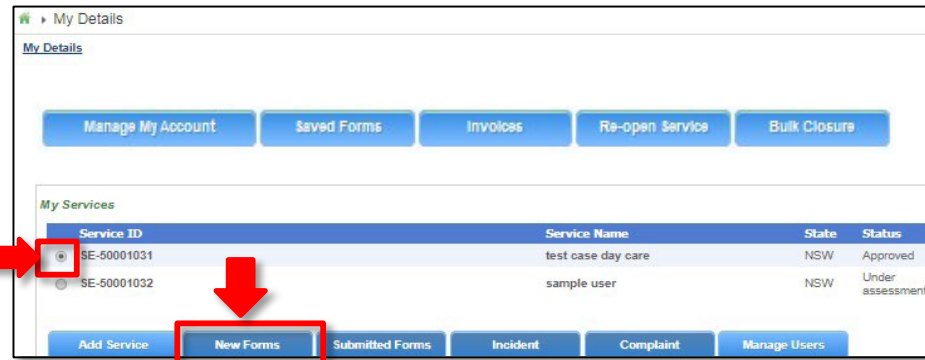
Table of Contents

- [Access Application for Service or Temporary Waiver Form](#)
 - 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:
 - [Adding attachments](#)
 - [Reviewing summary and finalising the form](#)
 - [Making payment and submitting the form](#)
- [Print or Close Application for Service or Temporary Waiver Form](#)
 - Steps to print and close the form.

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Access Application for Service or Temporary Waiver Form

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

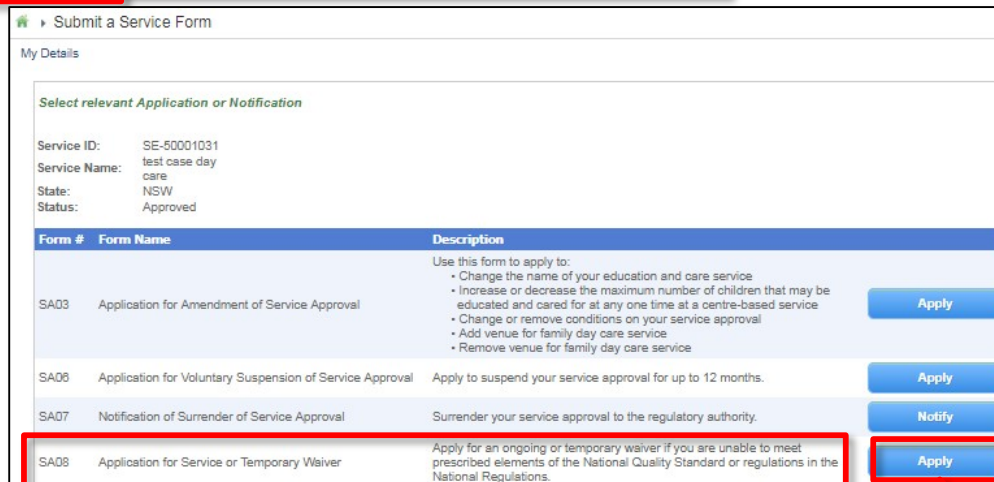


My Details

Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closure

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Approved
SE-50001032	sample user	NSW	Under assessment

Add Service | **New Forms** | Submitted Forms | Incident | Complaint | Manage Users



Submit a Service Form

My Details

Select relevant Application or Notification

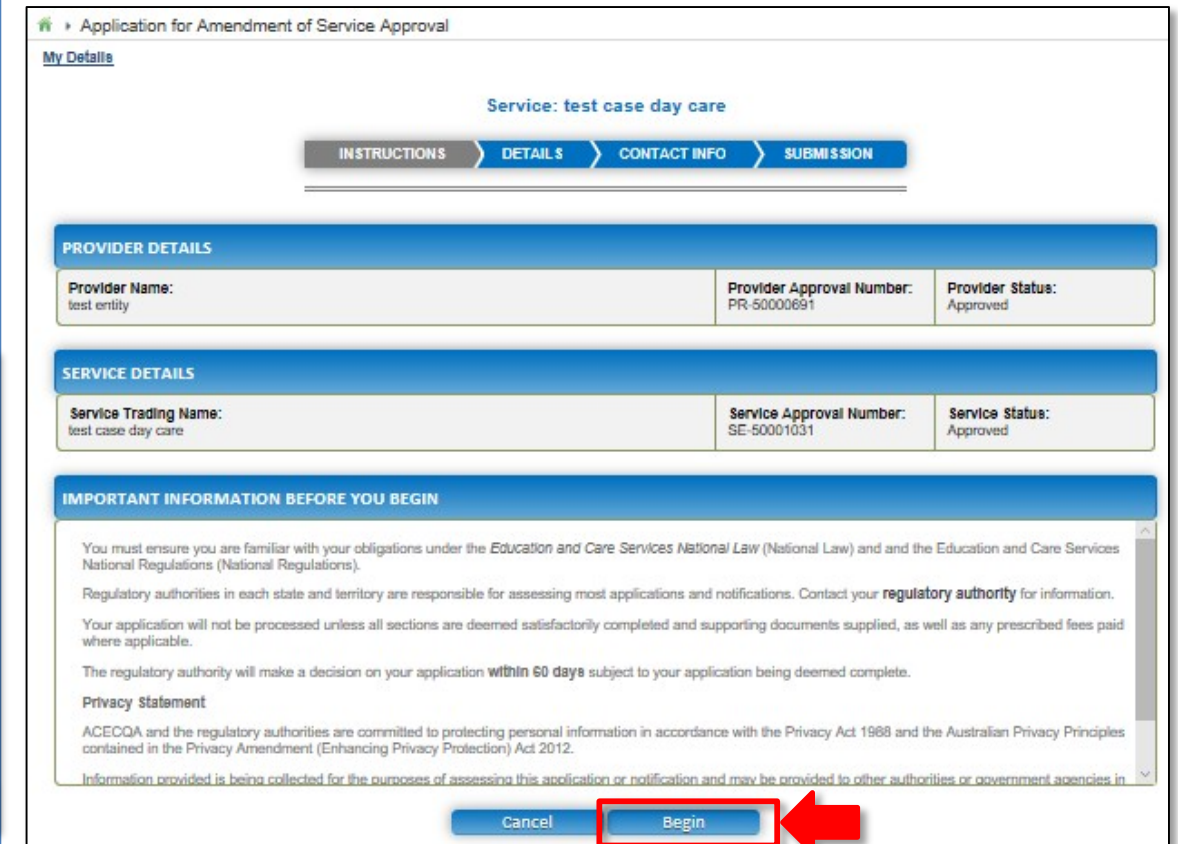
Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description	Action
SA03	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
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

- On the **Submit a Service Form** page, click **Apply** corresponding to the **Form # : SA08** and **Form Name : Application for Service or Temporary Waiver**.

Begin Application for Service or Temporary Waiver Form

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



Application for Amendment of Service Approval

My Details

Service: test case day care

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000691	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

IMPORTANT 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.
Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.
The regulatory authority will make a decision on your application **within 60 days** subject to your application being deemed complete.

Privacy Statement
ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.
Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in

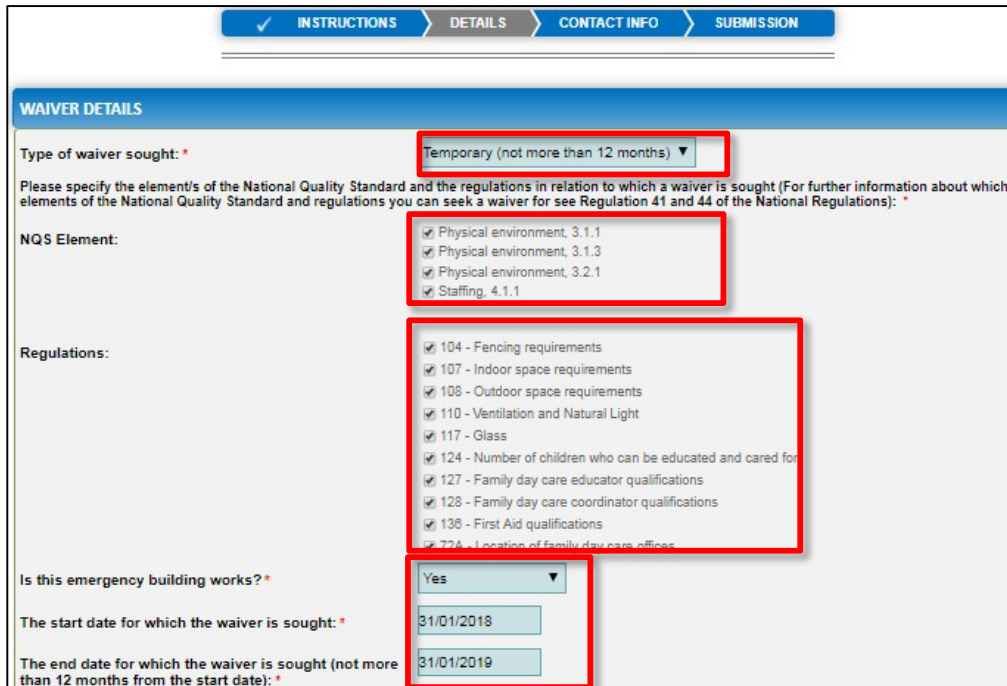
Cancel | **Begin**

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

[Back to Main Menu](#)

Fill Details in Application for Service or Temporary Waiver Form

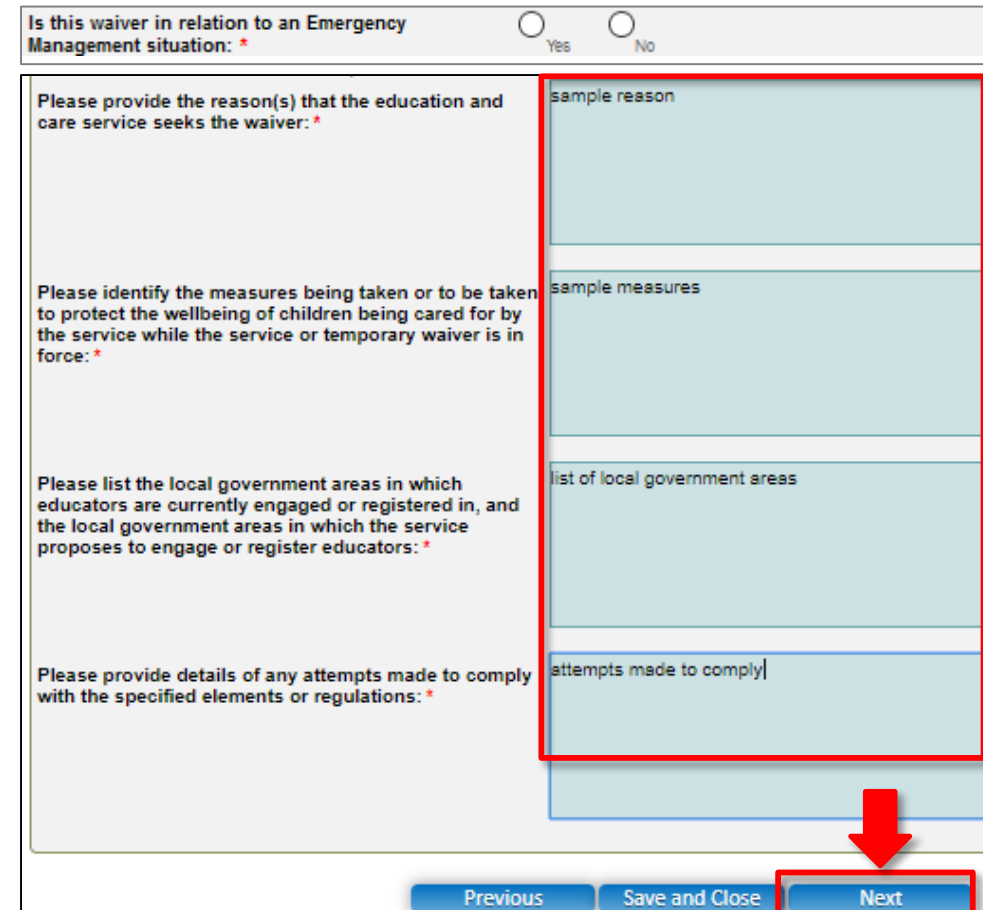
1. In the **DETAILS** stage, in the **WAIVER DETAILS** section, select **Service** or **Temporary (not more than 12 months)** from the **Type of waiver sought** drop-down list. Also, select relevant option(s) from **NQS Element** list and **Regulations** list.



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 ***.

3. Provide the requested details.



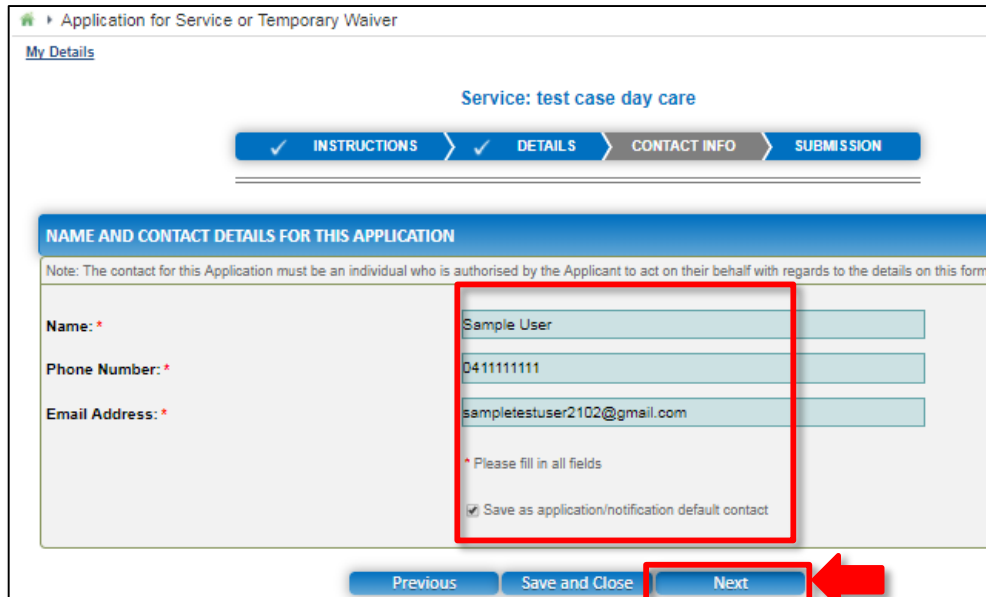
4. To finalise the information provided in the **DETAILS** stage and to move to the **CONTACT INFO** stage, click **Next**.

Note: For assistance in filling in waiver details related to an emergency management situation, refer to the [Emergency Management Help Guide](#)

[Back to Main Menu](#)

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.



Application for Service or Temporary Waiver

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

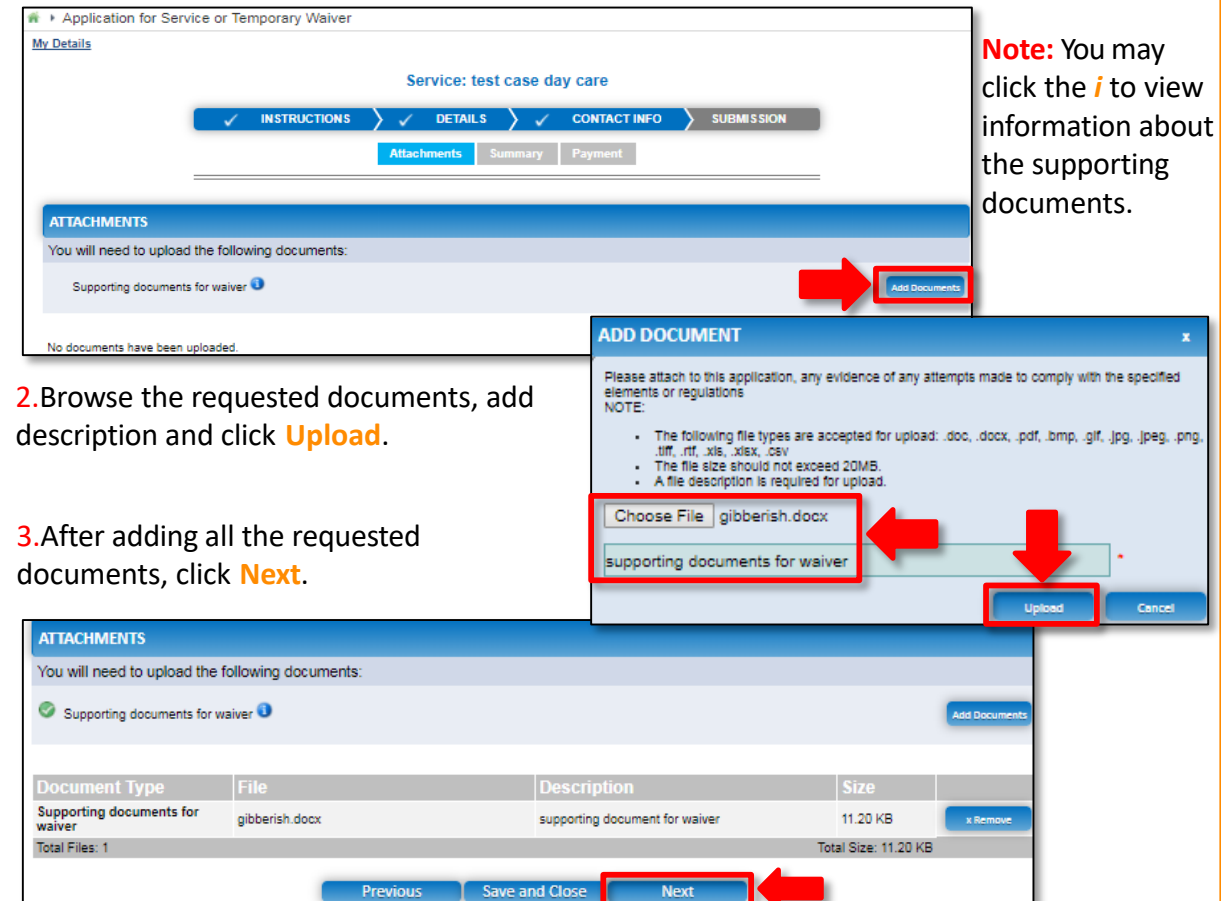
* Please fill in all fields

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 ***.

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



Application for Service or Temporary Waiver

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

Supporting documents for waiver

Add Documents

No documents have been uploaded.

ADD DOCUMENT

Please attach to this application, any evidence of any attempts made to comply with the specified elements or regulations

NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tif, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File | gibberish.docx

supporting documents for waiver

Upload Cancel

ATTACHMENTS

You will need to upload the following documents:

Supporting documents for waiver

Document Type	File	Description	Size
Supporting documents for waiver	gibberish.docx	supporting document for waiver	11.20 KB
Total Files: 1			Total Size: 11.20 KB

Previous Save and Close **Next**

Note: You may click the *i* to view information about the supporting documents.

2. Browse the requested documents, add description and click **Upload**.
3. After adding all the requested documents, click **Next**.

[Back to Main Menu](#)

Submit Application for Service or Temporary Waiver 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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

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.

SERVICE WAIVER DETAILS Edit

PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved
WAIVER DETAILS		
Type of waiver sought:	Temporary Waiver	
NQS Element:	Physical environment, 3.1.1 Physical environment, 3.1.3 Physical environment, 3.2.1 Staffing, 4.1.1	
Regulations:	104 - Fencing requirements 107 - Indoor space requirements 108 - Outdoor space requirements 110 - Ventilation and Natural Light 117 - Glass 124 - Number of children who can be educated and cared for 127 - Family day care educator qualifications 128 - Family day care coordinator qualifications 136 - First Aid qualifications 72A - Location of family day care offices	

Is this emergency building works: Yes

The start date for which the waiver is sought: 31/01/2018

The end date for which the waiver is sought: 31/01/2019

Please provide the reason(s) that the education and care service seeks the waiver: sample reason

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

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

NOTIFIER'S DETAILS Edit

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
---------------------	----------------------------	-----------------------------------------------

ATTACHMENT DETAILS Edit

Document Type	Description	File Name
Supporting documents for waiver	supporting document for waiver	gibberish.docx

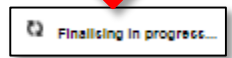
DECLARATION

I declare that: *

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- 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;
- I have read and understood a Provider's legal obligations under the Education and Care Services National Law;
- The Regulatory Authority is authorised to verify any information provided in this application;
- 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 or other legislation; and
- 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.
- 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).

Previous
Save and Close
Finalise

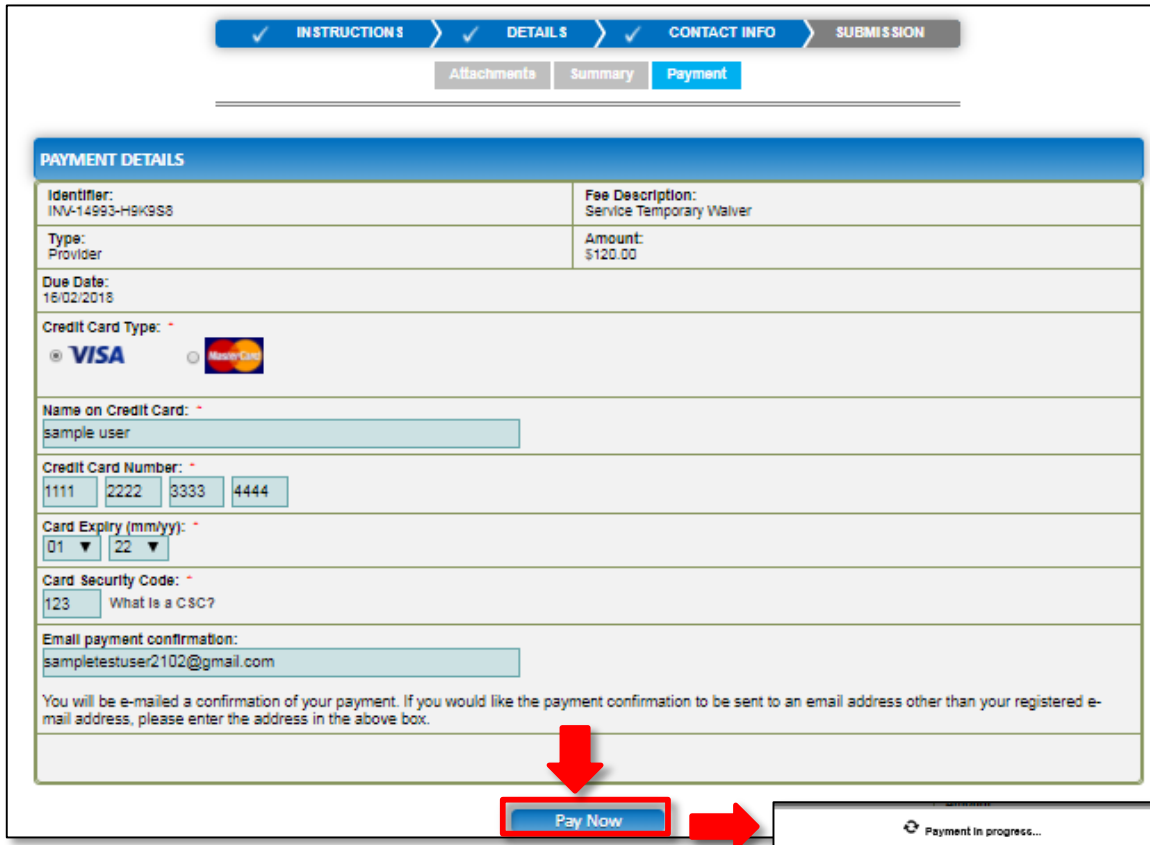
5. Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Finalise**.



[Back to Main Menu](#)

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.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary **Payment**

PAYMENT DETAILS

Identifier: INV-14993-H9K3S8	Fee Description: Service Temporary Waiver
Type: Provider	Amount: \$120.00
Due Date: 16/02/2018	
Credit Card Type: * VISA	
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	

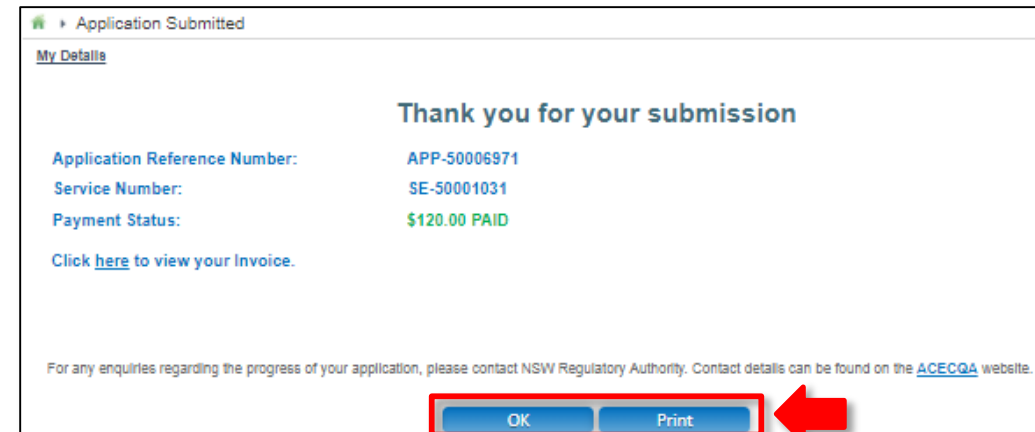
You will be e-mailed a confirmation of your payment. If you would like the payment confirmation to be sent to an email address other than your registered e-mail address, please enter the address in the above box.

Pay Now → Payment In progress...

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

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.



Application Submitted

My Details

Thank you for your submission

Application Reference Number: APP-50006971
Service Number: SE-50001031
Payment Status: \$120.00 PAID

[Click here 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](#) website.

OK **Print**

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 Approved Service**
- **NS02** **Notification of Change to Nominated Supervisor**
- **C01** **Notification of Complaints**
- **I01** **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.

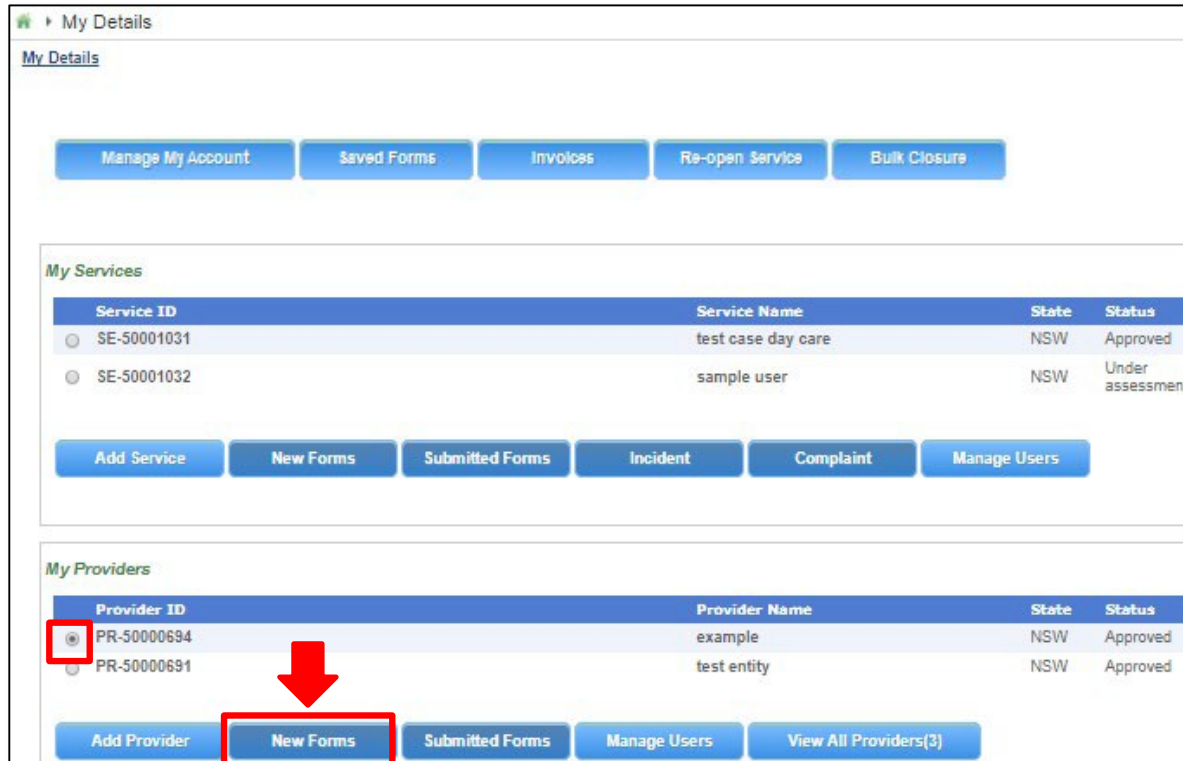
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- [Access the Form](#)
 - Steps to access the **Notification of Change of Information About an Approved Provider** form.
- [Begin the Form](#)
 - Steps to start working on the **Notification of Change of Information About an Approved Provider** form.
- [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:
 - [Adding attachments](#)
 - [Reviewing summary and finalising the form](#)
- [Print or Close the Form](#)
 - Steps to print and close the form.

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Access the Form

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



My Details

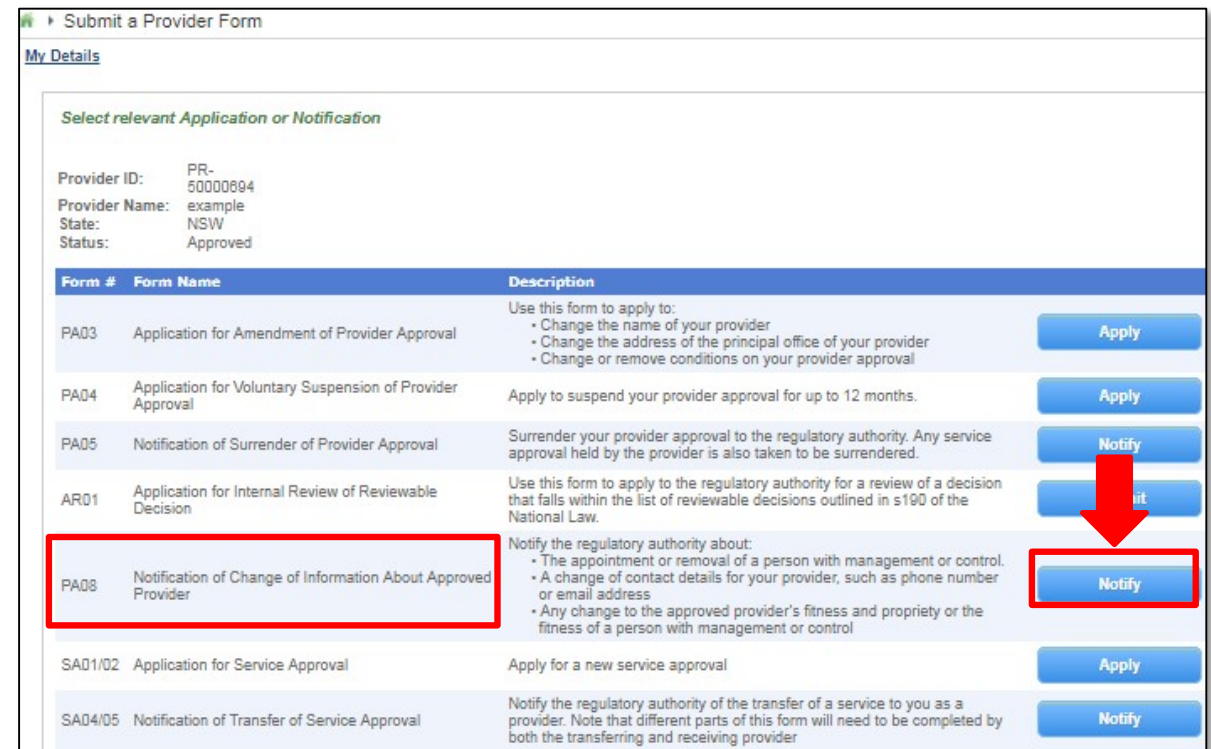
My Services

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Approved
SE-50001032	sample user	NSW	Under assessment

My Providers

Provider ID	Provider Name	State	Status
PR-5000694	example	NSW	Approved
PR-5000691	test entity	NSW	Approved

- 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**.



Submit a Provider Form

My Details

Select relevant Application or Notification

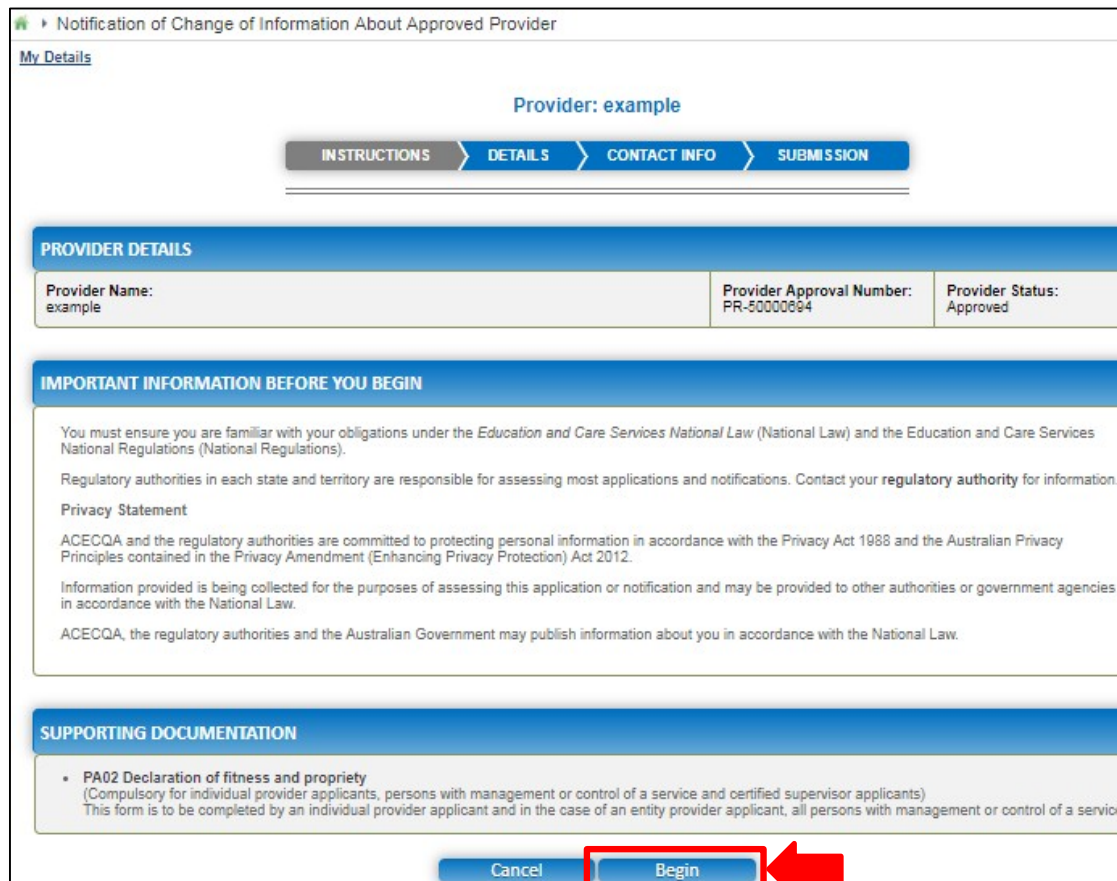
Provider ID: PR-5000694
Provider Name: example
State: NSW
Status: Approved

Form #	Form Name	Description	Action
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.	Apply
PA08	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

[Back to Main Menu](#)

Begin the Form

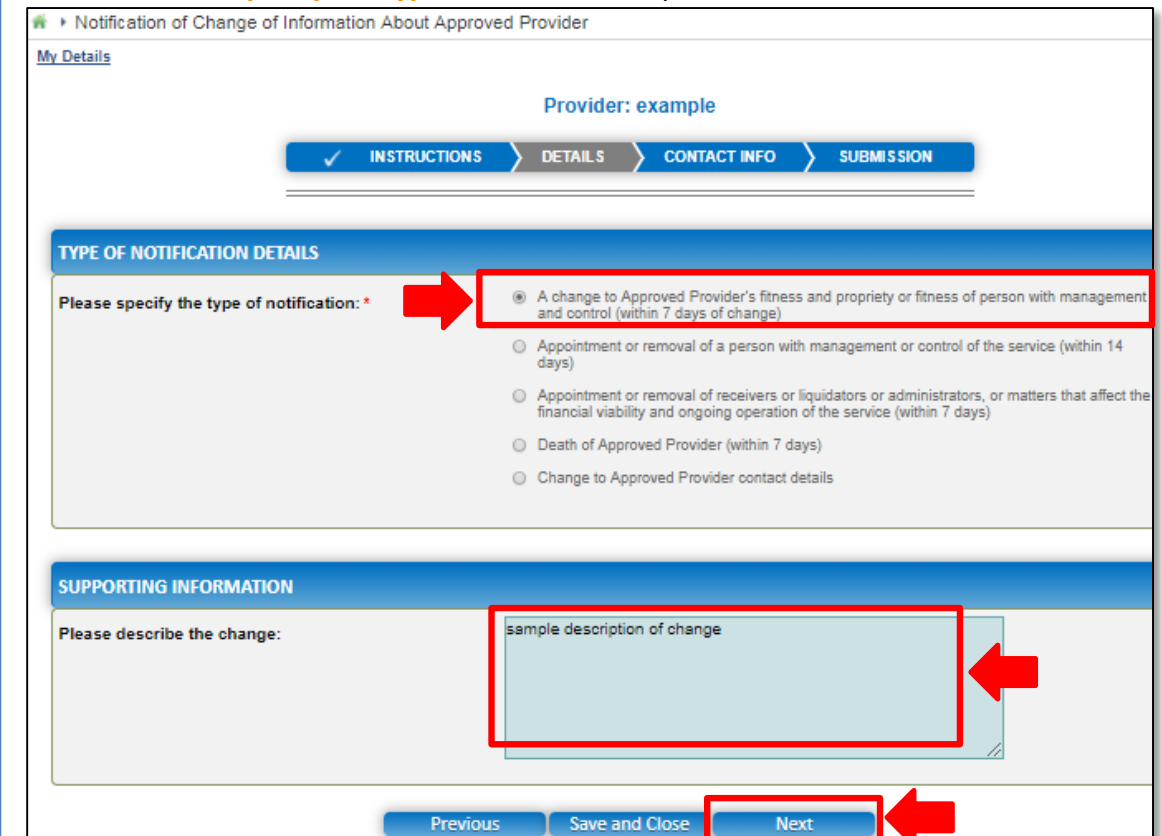
1. In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.



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

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.



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

[Back to Main Menu](#)

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**.

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

- A change to Approved Provider's fitness and propriety or fitness of person with management and control (within 7 days of change)
- Appointment or removal of a person with management or control of the service (within 14 days)
- Appointment or removal of receivers or liquidators or administrators, or matters that affect the financial viability and ongoing operation of the service (within 7 days)
- Death of Approved Provider (within 7 days)
- Change to Approved Provider contact details

APPOINTMENT OR REMOVAL OF A PERSON WITH MANAGEMENT OR CONTROL OF THE SERVICE

Current Primary Contact: Sample User

[Click here to see what a person with management or control means](#)

CURRENT PMC(S)

Note: Removing the PMC(s) will only be effective after this form is submitted

NAME	DATE OF BIRTH	PLACE OF BIRTH	PMC STATUS	DATE REMOVED
Set As Primary Contact	Sample User	21/02/1985	Sydney	Under Assessment

NEW PMC(S)

Add PMC

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.

PMC NOTIFICATION DETAILS

Please provide details of the individual who will be a person with management or control of an education and care service under this Provider Approval. A Declaration of Fitness and Propriety must also be submitted with this application.

ADD PERSON WITH MANAGEMENT OR CONTROL

Title: * Mrs

First Name: * Tria

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:

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

Postal address same as above

Save

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

[Back to Main Menu](#)

Fill Details in the Form

1.c 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 remove a person with management or control (PMC), click the **bin** icon next to the PMC and select a removal date.

APPOINTMENT OR REMOVAL OF A PERSON WITH MANAGEMENT OR CONTROL OF THE SERVICE

Current Primary Contact: Trial User Reset

[Click here to see what a person with management or control means](#)

CURRENT PMC(S)

Note: Removing the PMC(s) will only be effective after this form is submitted

	NAME	DATE OF BIRTH	PLACE OF BIRTH	PMC STATUS	DATE REMOVED
Set As Primary Contact	Sample User	21/02/1985	Sydney	Under Assessment	

NEW PMC(S)

	NAME	DATE OF BIRTH	PLACE OF BIRTH
Set As Primary Contact	Trial User	21/02/1985	Perth

Add PMC

CURRENT PMC(S)

Note: Removing the PMC(s) will only be effective after this form is submitted

	NAME	DATE OF BIRTH	PLACE OF BIRTH	PMC STATUS	DATE REMOVED
Set As Primary Contact	Sample User	21/02/1985	Sydney	Under Assessment	<input type="text" value="23/01/2018"/>

NEW PMC(S)

	NAME	DATE OF BIRTH
Set As Primary Contact	Trial User	21/02/1985

Add PMC

1.c.(i) Fill the **SUPPORTING INFORMATION** section and click **Next**.

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

- A change to Approved Provider's fitness and propriety or fitness of person with management and control (within 7 days of change)
- Appointment or removal of a person with management or control of the service (within 14 days)
- Appointment or removal of receivers or liquidators or administrators, or matters that affect the financial viability and ongoing operation of the service (within 7 days)
- Death of Approved Provider (within 7 days)
- Change to Approved Provider contact details

APPOINTMENT OR REMOVAL OF A PERSON WITH MANAGEMENT OR CONTROL OF THE SERVICE

Current Primary Contact: Trial User Reset

[Click here to see what a person with management or control means](#)

CURRENT PMC(S)

Note: Removing the PMC(s) will only be effective after this form is submitted

	NAME	DATE OF BIRTH	PLACE OF BIRTH	PMC STATUS	DATE REMOVED
Set As Primary Contact	Sample User	21/02/1985	Sydney	Under Assessment	<input type="text" value="23/01/2018"/>

NEW PMC(S)

	NAME	DATE OF BIRTH	PLACE OF BIRTH
Set As Primary Contact	Trial User	21/02/1985	Perth

Add PMC

SUPPORTING INFORMATION

Please describe the change:

sample description of change

Previous Save and Close Next

[Back to Main Menu](#)

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**.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

- A change to Approved Provider's fitness and propriety or fitness of person with management and control (within 7 days of change)
- Appointment or removal of a person with management or control of the service (within 14 days)
- Appointment or removal of receivers or liquidators or administrators, or matters that affect the financial viability and ongoing operation of the service (within 7 days)
- Death of Approved Provider (within 7 days)
- Change to Approved Provider contact details

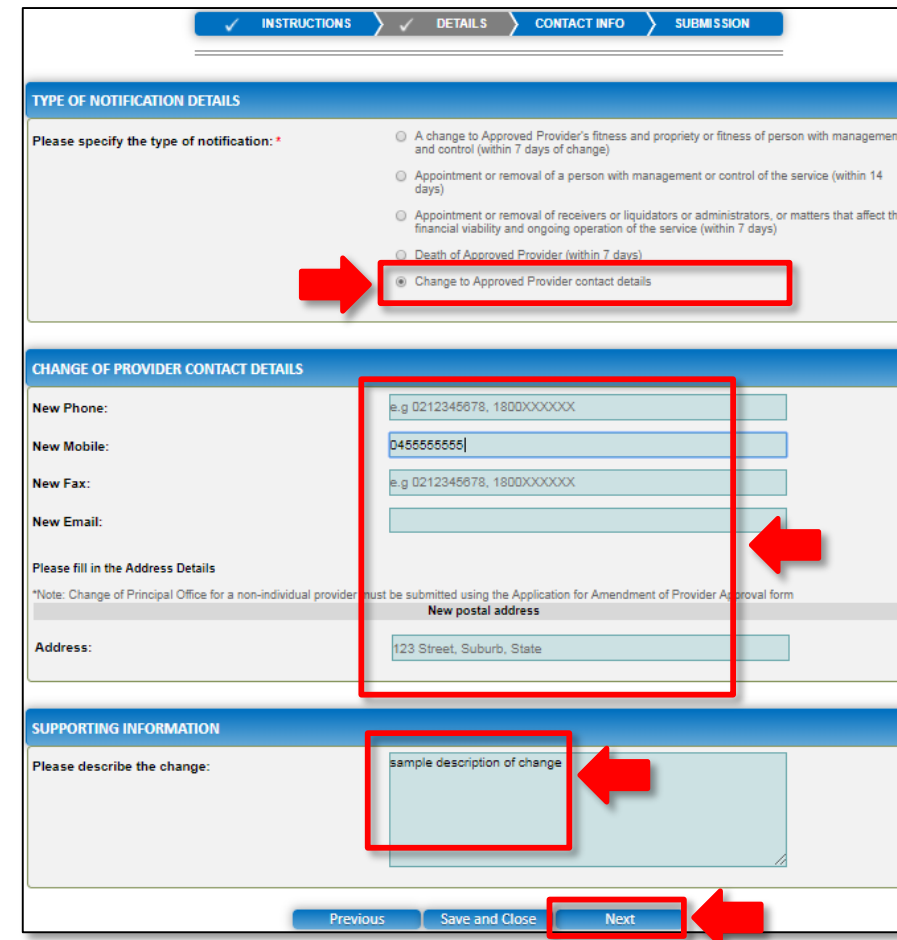
SUPPORTING INFORMATION

Please describe the change:

sample description of change

Previous Save and Close Next

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**.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

- A change to Approved Provider's fitness and propriety or fitness of person with management and control (within 7 days of change)
- Appointment or removal of a person with management or control of the service (within 14 days)
- Appointment or removal of receivers or liquidators or administrators, or matters that affect the 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: 0456666666

New Fax: e.g 0212345678, 1800XXXXXX

New Email:

Please fill in the Address Details

*Note: Change of Principal Office for a non-individual provider must be submitted using the Application for Amendment of Provider Approval form

New postal address

Address: 123 Street, Suburb, State

SUPPORTING INFORMATION

Please describe the change:

sample description of change

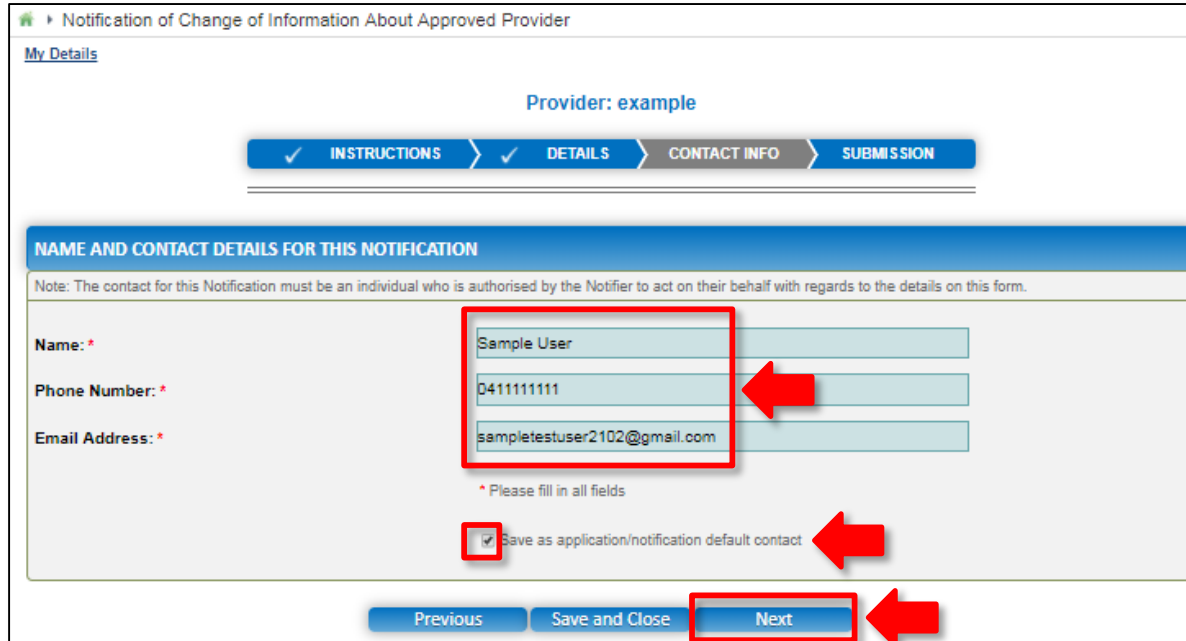
Previous Save and Close Next

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

[Back to Main Menu](#)

Provide Contact Details in the Form

1. Provide the 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**.



Notification of Change of Information About Approved Provider

My Details

Provider: example

INSTRUCTIONS ✓ DETAILS ✓ 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 form.

Name: *

Phone Number: *

Email Address: *

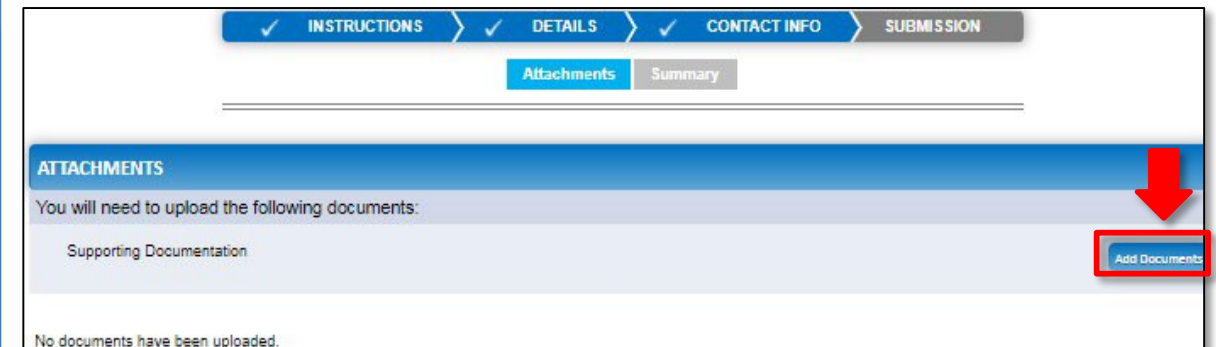
* Please fill in all fields

Save as application/notification default contact

Previous Save and Close **Next**

Submit the Form

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



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary

ATTACHMENTS

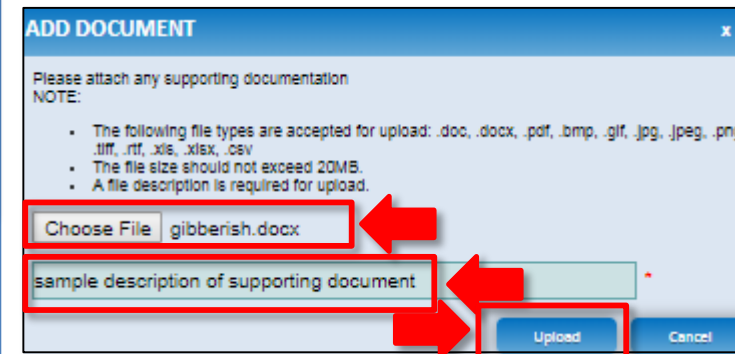
You will need to upload the following documents:

Supporting Documentation

Add Documents

No documents have been uploaded.

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



ADD DOCUMENT

Please attach any supporting documentation

NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File gibberish.docx

sample description of supporting document

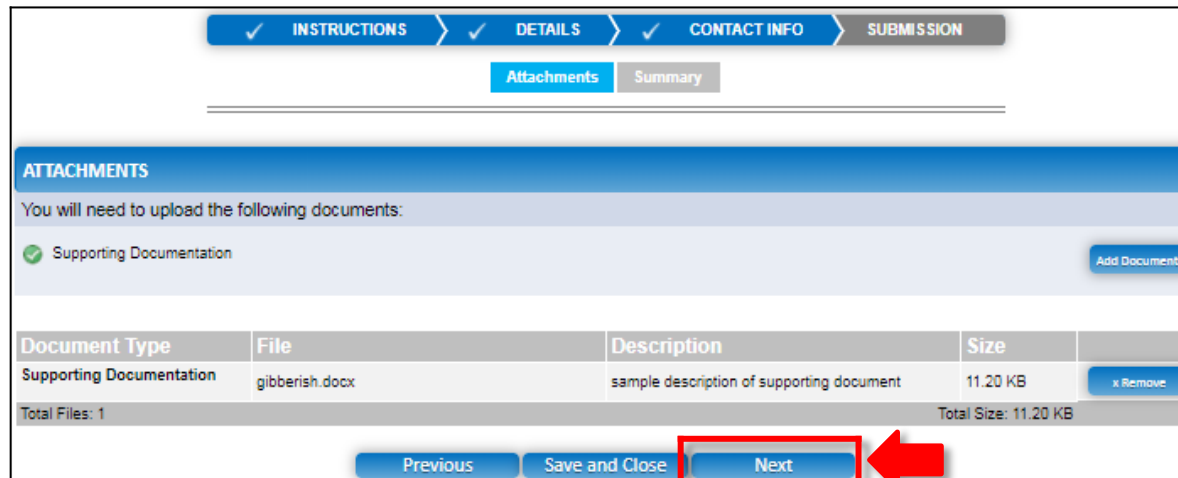
Upload Cancel

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

[Back to Main Menu](#)

Submit the Form

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



✓ INSTRUCTIONS > ✓ DETAILS > ✓ CONTACT INFO > SUBMISSION

Attachments Summary

ATTACHMENTS

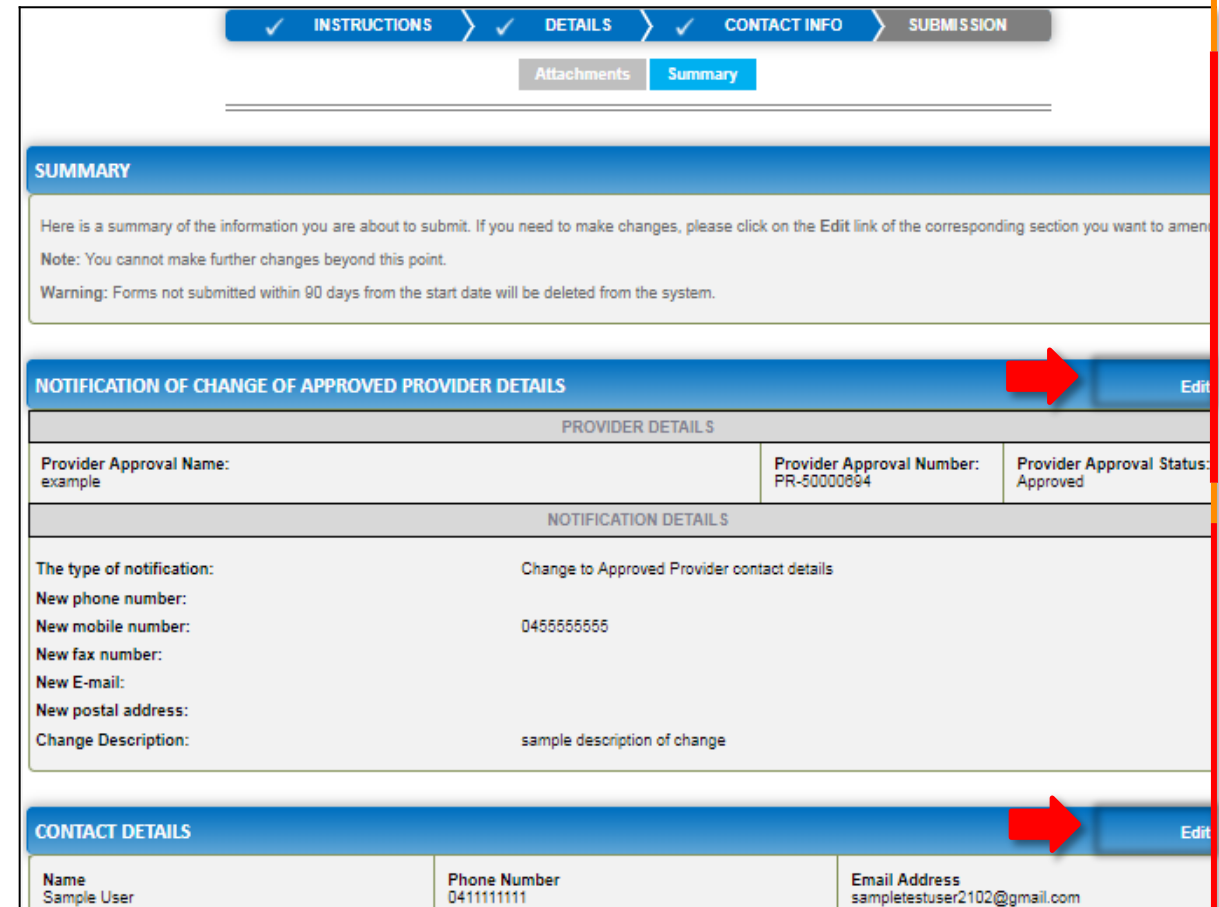
You will need to upload the following documents:

- ✓ Supporting Documentation [Add Documents](#)

Document Type	File	Description	Size	
Supporting Documentation	gibberish.docx	sample description of supporting document	11.20 KB	x Remove
Total Files: 1		Total Size: 11.20 KB		

Previous Save and Close **Next**

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 > ✓ DETAILS > ✓ 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 CHANGE OF APPROVED PROVIDER DETAILS [Edit](#)

PROVIDER DETAILS

Provider Approval Name: example	Provider Approval Number: PR-50000884	Provider Approval Status: Approved
------------------------------------	------------------------------------------	---------------------------------------

NOTIFICATION DETAILS

The type of notification:	Change to Approved Provider contact details
New phone number:	
New mobile number:	0455555555
New fax number:	
New E-mail:	
New postal address:	
Change Description:	sample description of change

CONTACT DETAILS [Edit](#)

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
---------------------	----------------------------	-----------------------------------------------

[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

Document Type	Description	File Name
Supporting Documentation	sample description of supporting document	gibberish.docx

DECLARATION

I declare that: *

- 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 right (but will not be obliged) to act in reliance upon the contents of the 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 disclosed to 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 I provide false or misleading information in this form.
- 8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous
Save and Close
Submit

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-50005971
Provider Number:	PR-50000694

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 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.

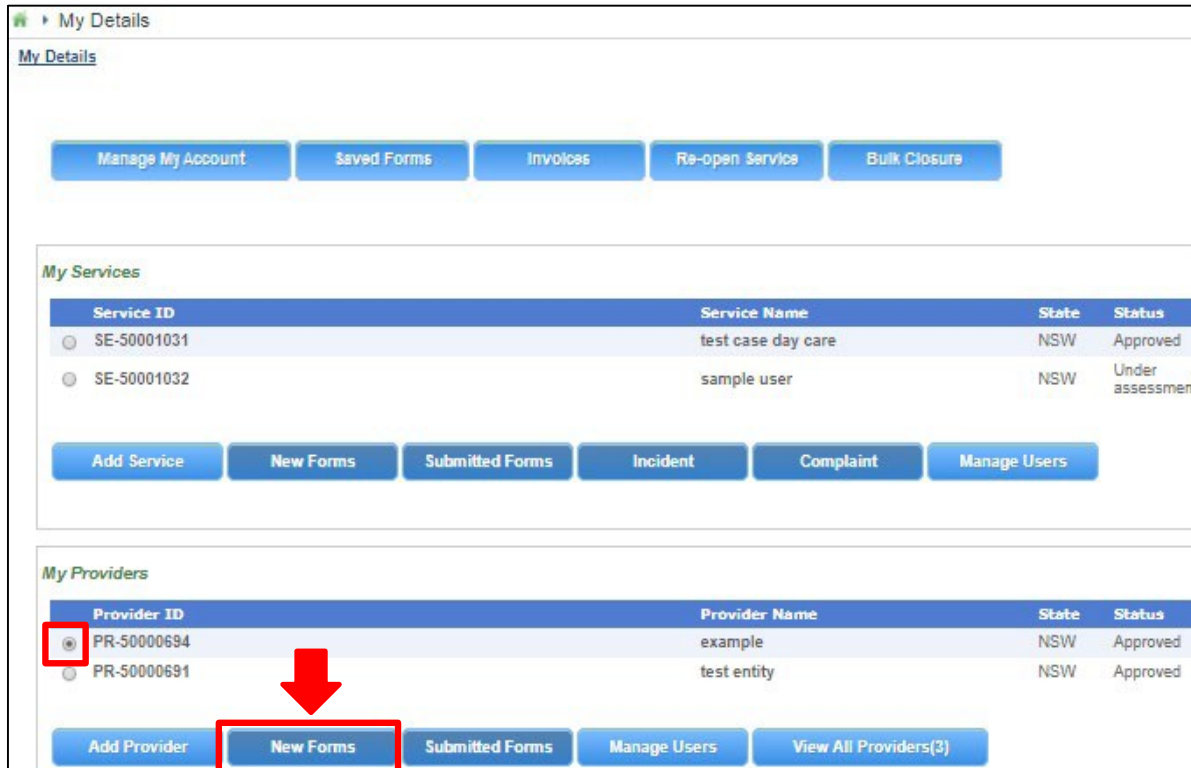
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- [Access the Form](#)
 - Steps to access the **Notification of Change to Nominated Supervisor** form.
- [Begin the Form](#)
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 - Steps to add the following requested information in the form:
- [Provide 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:
 - [Add attachments.](#)
 - [Review summary and finalising the form.](#)
 - [Make payment.](#)
- [Print or Close the Form](#)
 - Steps to print and close the form.

[Back to Main Menu](#)

Access the Form

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



My Details

Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closure

My Services

Service ID	Service Name	State	Status
<input type="radio"/> SE-50001031	test case day care	NSW	Approved
<input type="radio"/> SE-50001032	sample user	NSW	Under assessment

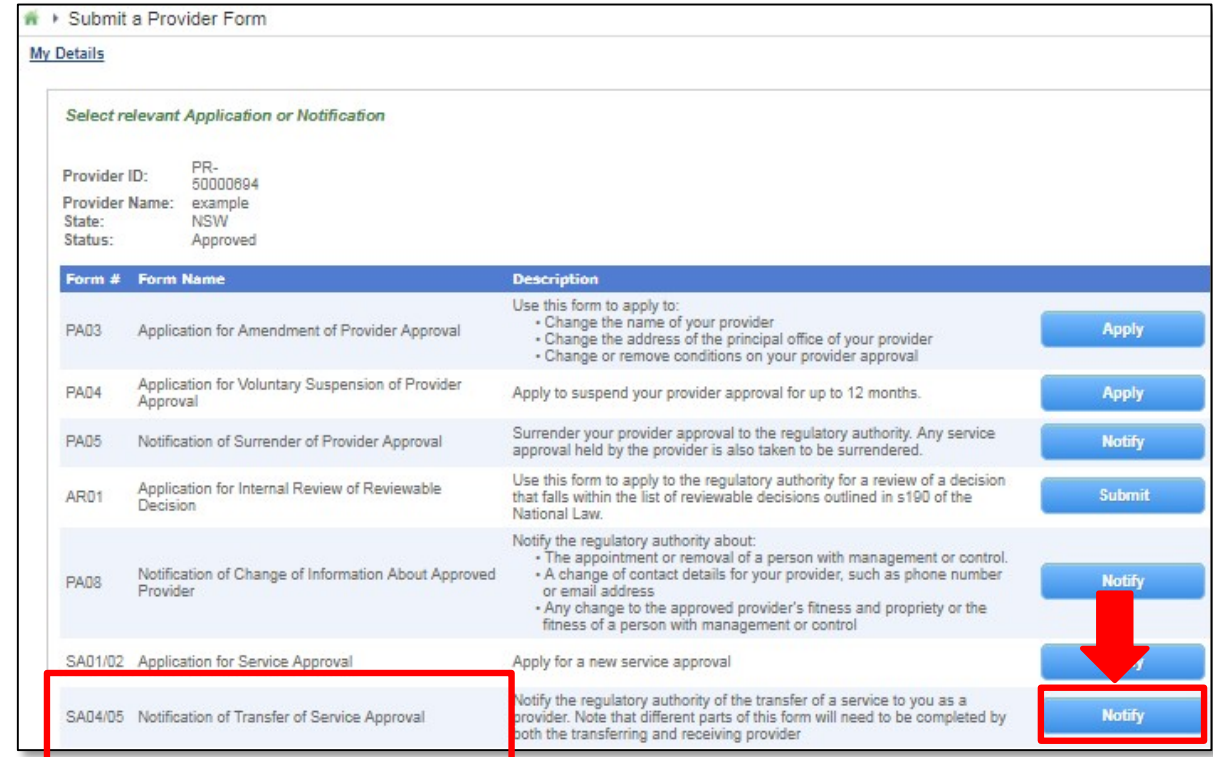
Add Service | New Forms | Submitted Forms | Incident | Complaint | Manage Users

My Providers

Provider ID	Provider Name	State	Status
<input checked="" type="radio"/> PR-50000694	example	NSW	Approved
<input type="radio"/> PR-50000691	test entity	NSW	Approved

Add Provider | **New Forms** | Submitted Forms | Manage Users | View All Providers(3)

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



Submit a Provider Form

My Details

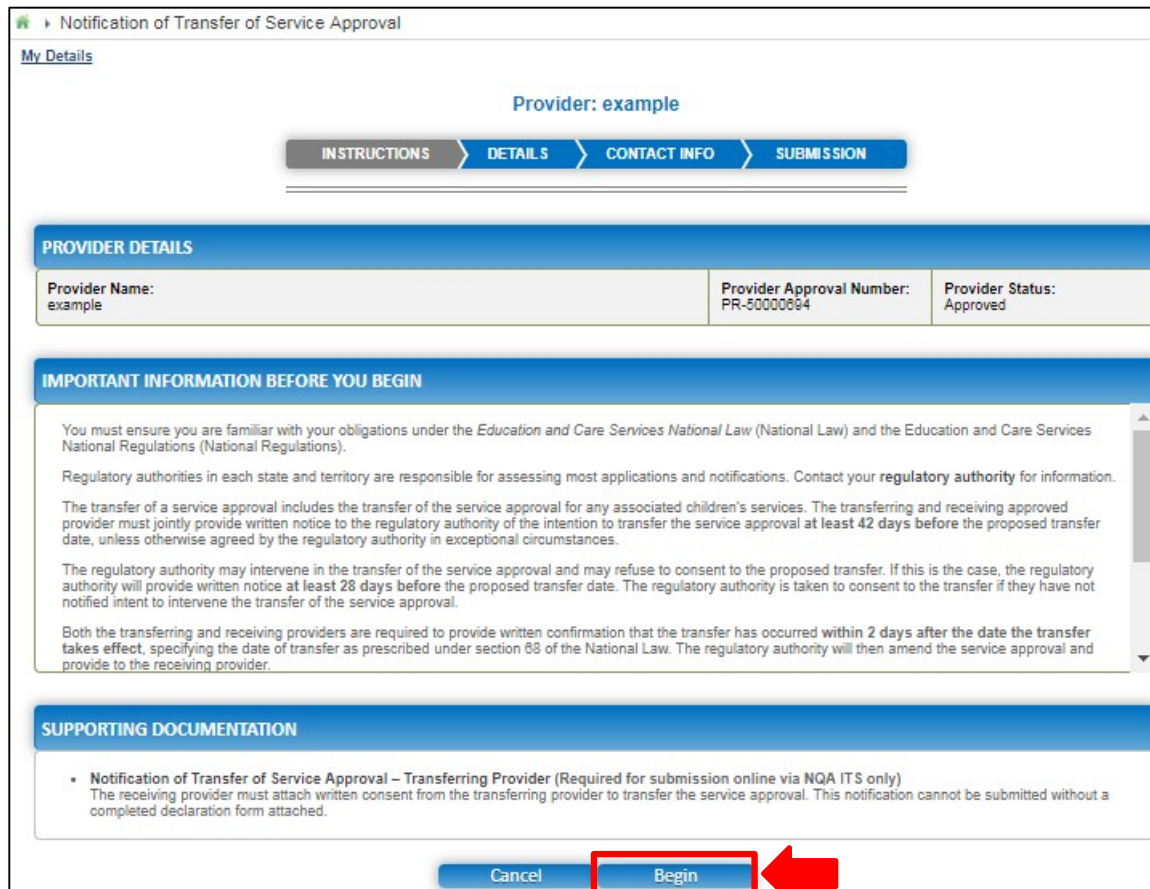
Select relevant Application or Notification

Provider ID: PR-50000694
Provider Name: example
State: NSW
Status: Approved

Form #	Form Name	Description	Action
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
PA08	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.



Notification of Transfer of Service Approval

My Details

Provider: example

INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

Provider Name: example	Provider Approval Number: PR-50000894	Provider Status: Approved
---------------------------	------------------------------------------	------------------------------

IMPORTANT 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 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 provide to the receiving provider.

SUPPORTING DOCUMENTATION

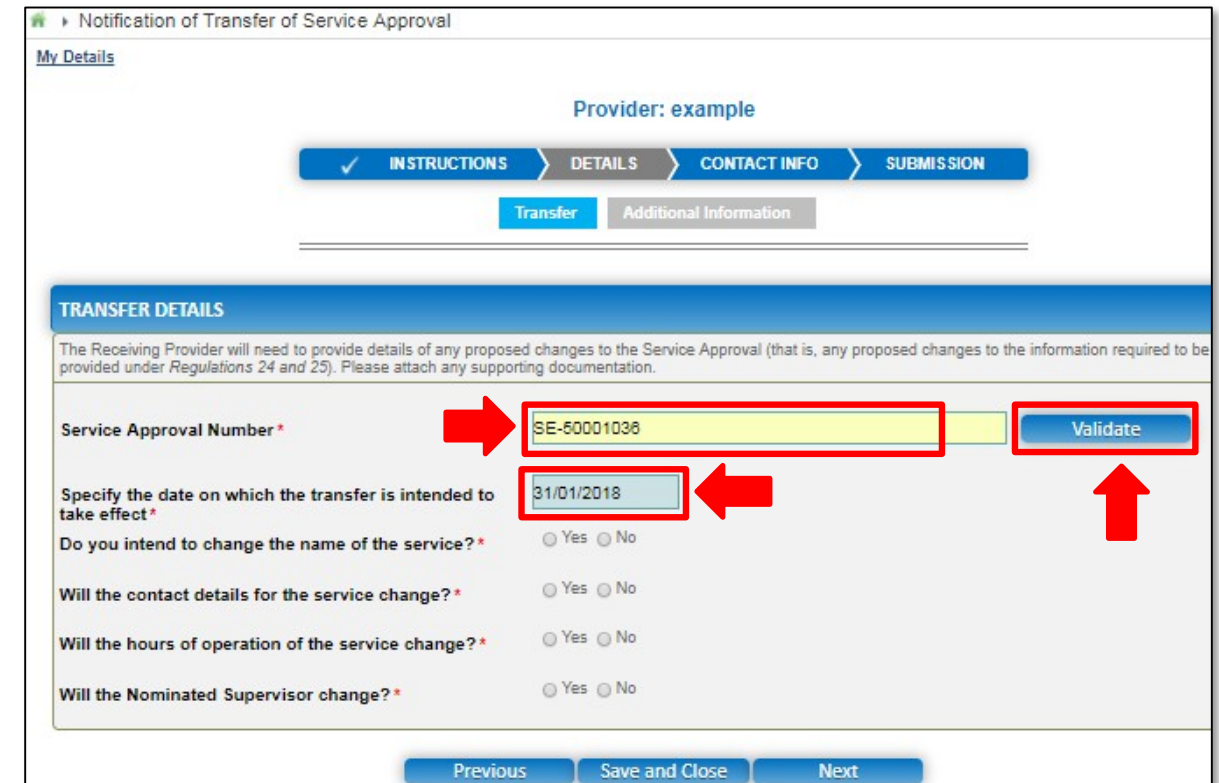
- Notification of Transfer of Service Approval – Transferring Provider (Required for submission online via NQA ITS only)
The receiving provider must attach written consent from the transferring provider to transfer the service approval. This notification cannot be submitted without a completed declaration form attached.

Cancel **Begin**

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

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.



Notification of Transfer of Service Approval

My Details

Provider: example

INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

Transfer Additional Information

TRANSFER DETAILS

The Receiving Provider will need to provide details of any proposed changes to the Service Approval (that is, any proposed changes to the information required to be provided under *Regulations 24 and 25*). Please attach any supporting documentation.

Service Approval Number * SE-50001036 **Validate**

Specify the date on which the transfer is intended to take effect * 31/01/2018

Do you intend to change the name of the service? * Yes No

Will the contact details for the service change? * Yes No

Will the hours of operation of the service change? * Yes No

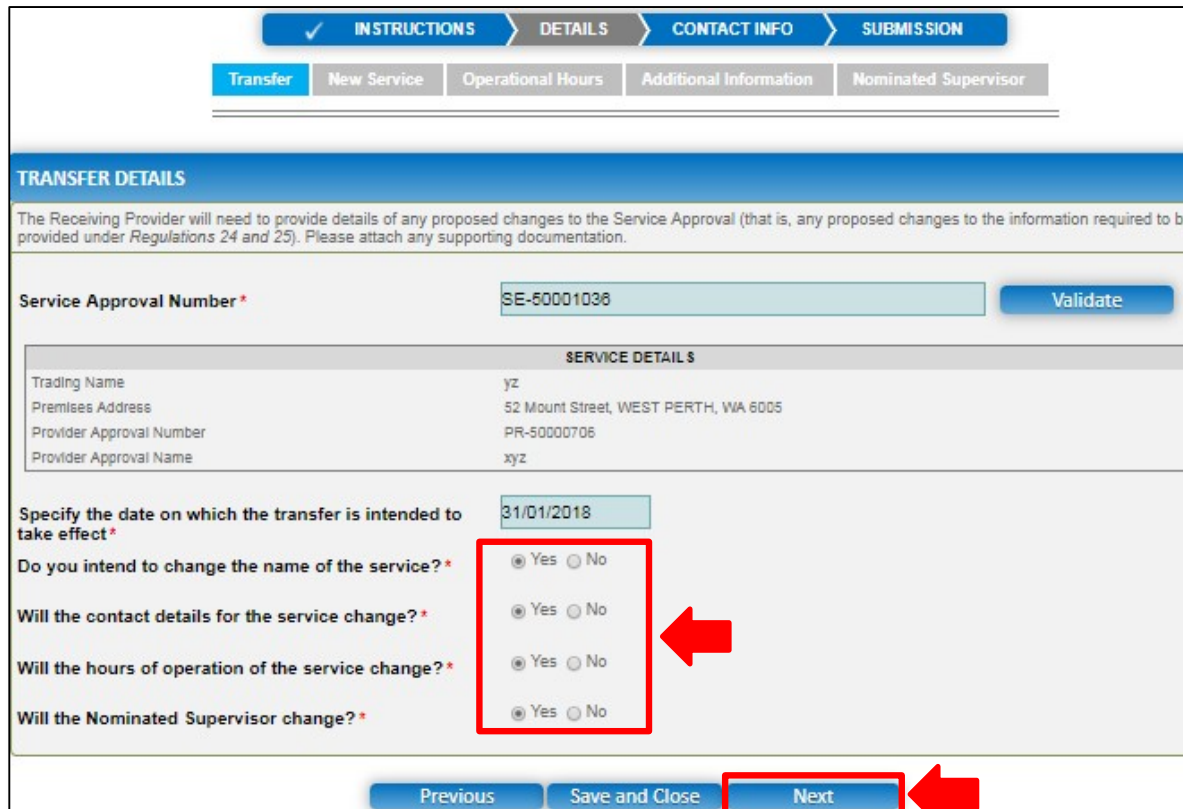
Will the Nominated Supervisor change? * Yes No

Previous Save and Close Next

[Back to Main Menu](#)

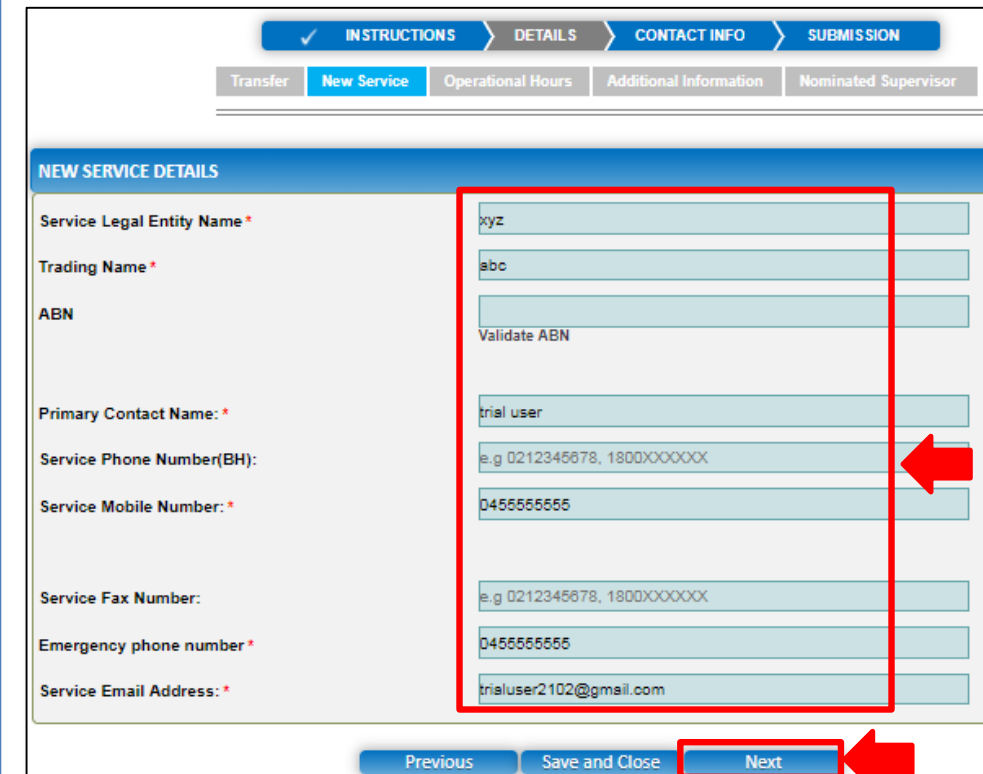
Fill Details in the Form

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**.

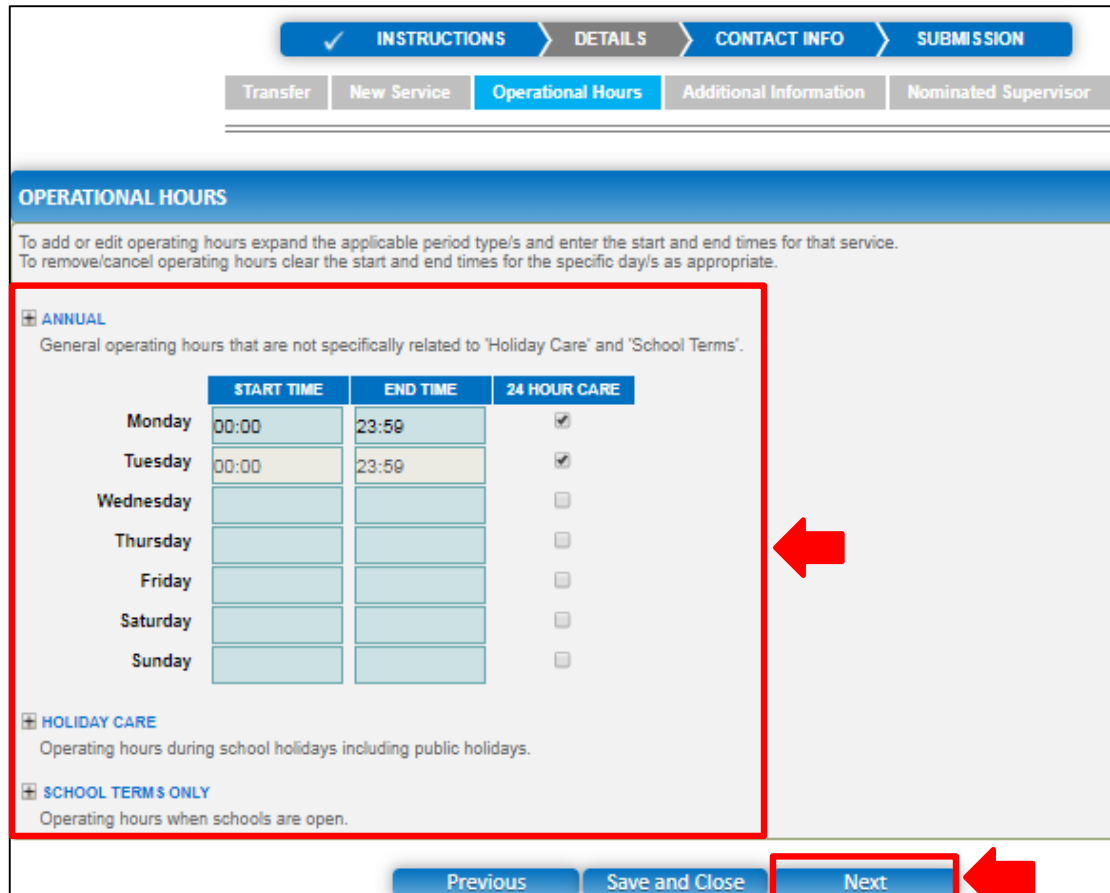


Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

[Back to Main Menu](#)

Fill Details in the Form

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



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.

	START TIME	END TIME	24 HOUR CARE
Monday	00:00	23:59	<input checked="" type="checkbox"/>
Tuesday	00:00	23:59	<input checked="" type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>

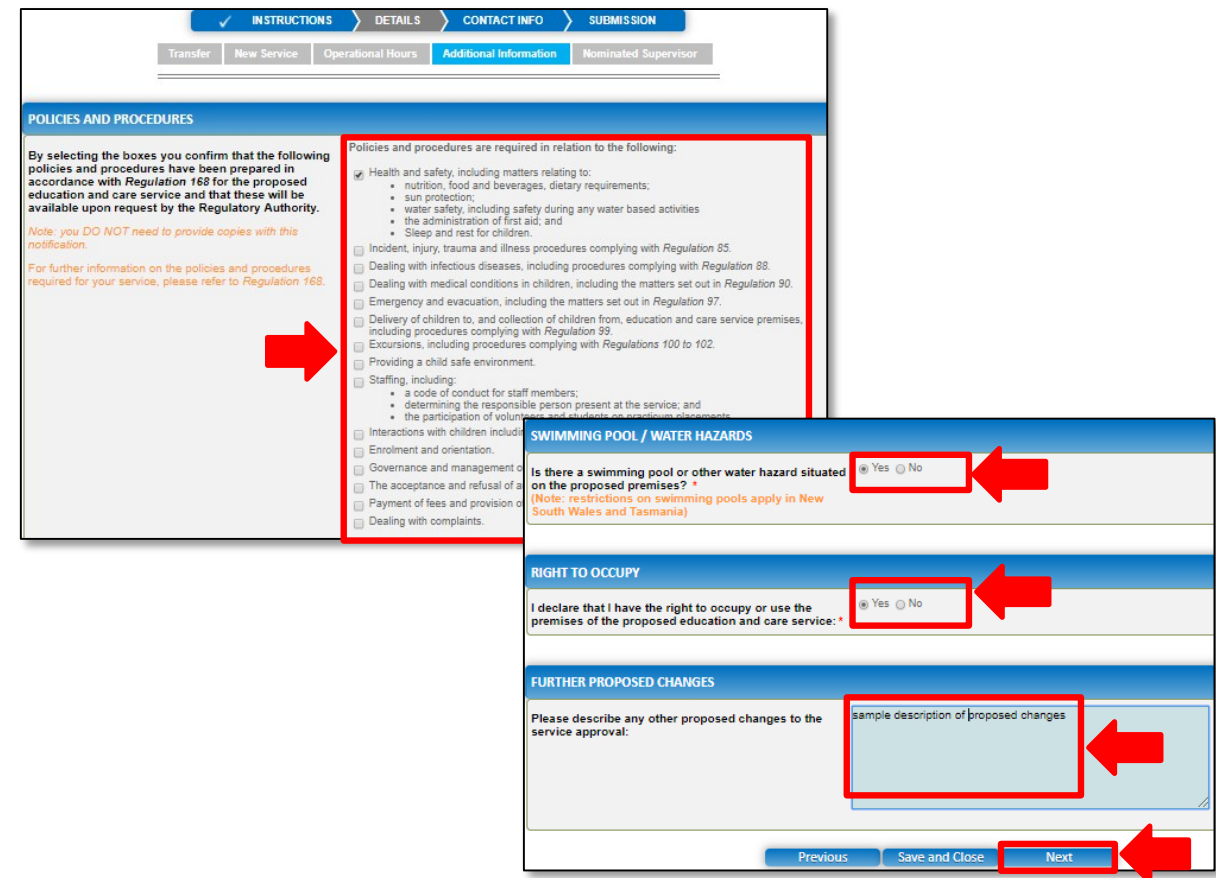
ANNUAL
General operating hours that are not specifically related to 'Holiday Care' and 'School Terms'.

HOLIDAY CARE
Operating hours during school holidays including public holidays.

SCHOOL TERMS ONLY
Operating hours when schools are open.

Previous Save and Close **Next**

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**.



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.

Policies and procedures are required in relation to the following:

- Health and safety, including matters relating to:
 - nutrition, food and beverages, dietary requirements;
 - sun protection;
 - water safety, including safety during any water based activities
 - the administration of first aid; and
 - Sleep and rest for children.
- Incident, injury, trauma and illness procedures complying with Regulation 85.
- Dealing with infectious diseases, including procedures complying with Regulation 88.
- Dealing with medical conditions in children, including the matters set out in Regulation 90.
- 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 99.
- Excursions, including procedures complying with Regulations 100 to 102.
- Providing a child safe environment.
- Staffing, including:
 - a code of conduct for staff members;
 - determining the responsible person present at the service; and
 - the participation of volunteers and students on placement placements.
- Interactions with children including:
 - Enrolment and orientation.
 - Governance and management of the service.
 - The acceptance and refusal of a child.
 - Payment of fees and provision of services.
 - Dealing with complaints.

SWIMMING POOL / WATER HAZARDS

Is there a swimming pool or other water hazard situated on the proposed premises? Yes No

(Note: restrictions on swimming pools apply in New 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 service: Yes No

FURTHER PROPOSED CHANGES

Please describe any other proposed changes to the service approval:

Previous Save and Close **Next**

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

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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.



Transfer Additional information **Nominated Supervisor**

NOMINATED SUPERVISOR

NOMINATED SUPERVISOR DETAILS

First Name: *

Last Name: *

Email: *

Mobile Number: *

Phone Number (Day Time): *

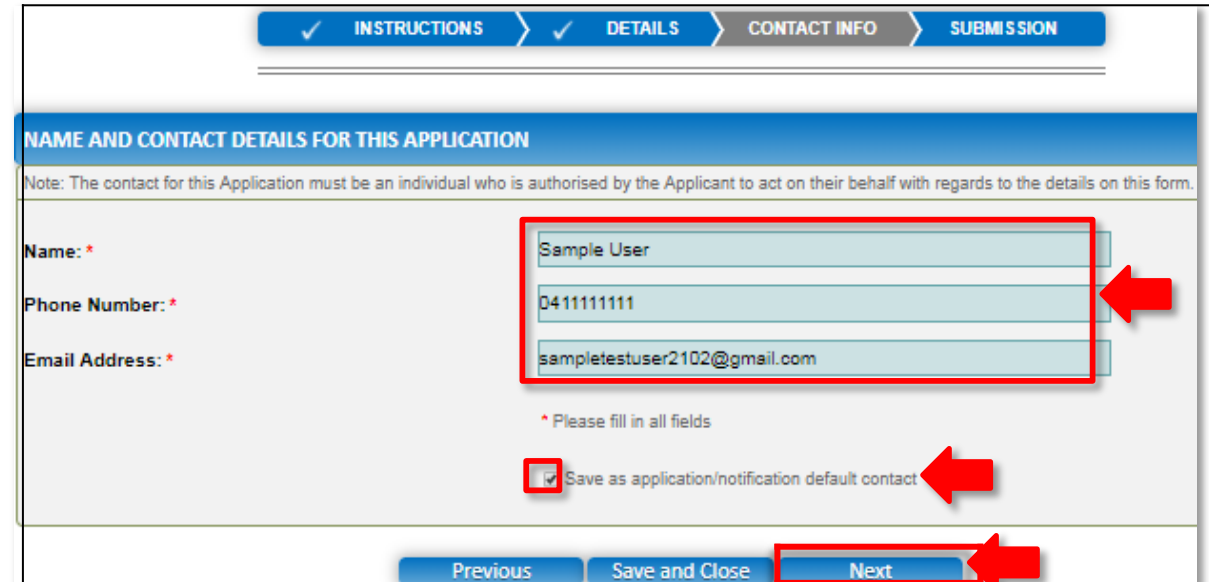
DOB: *

This person is the approved provider * Yes No

Cancel **Save**

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**.



INSTRUCTIONS ✓ DETAILS ✓ **CONTACT INFO** SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

Name: *

Phone Number: *

Email Address: *

* Please fill in all fields

Save as application/notification default contact

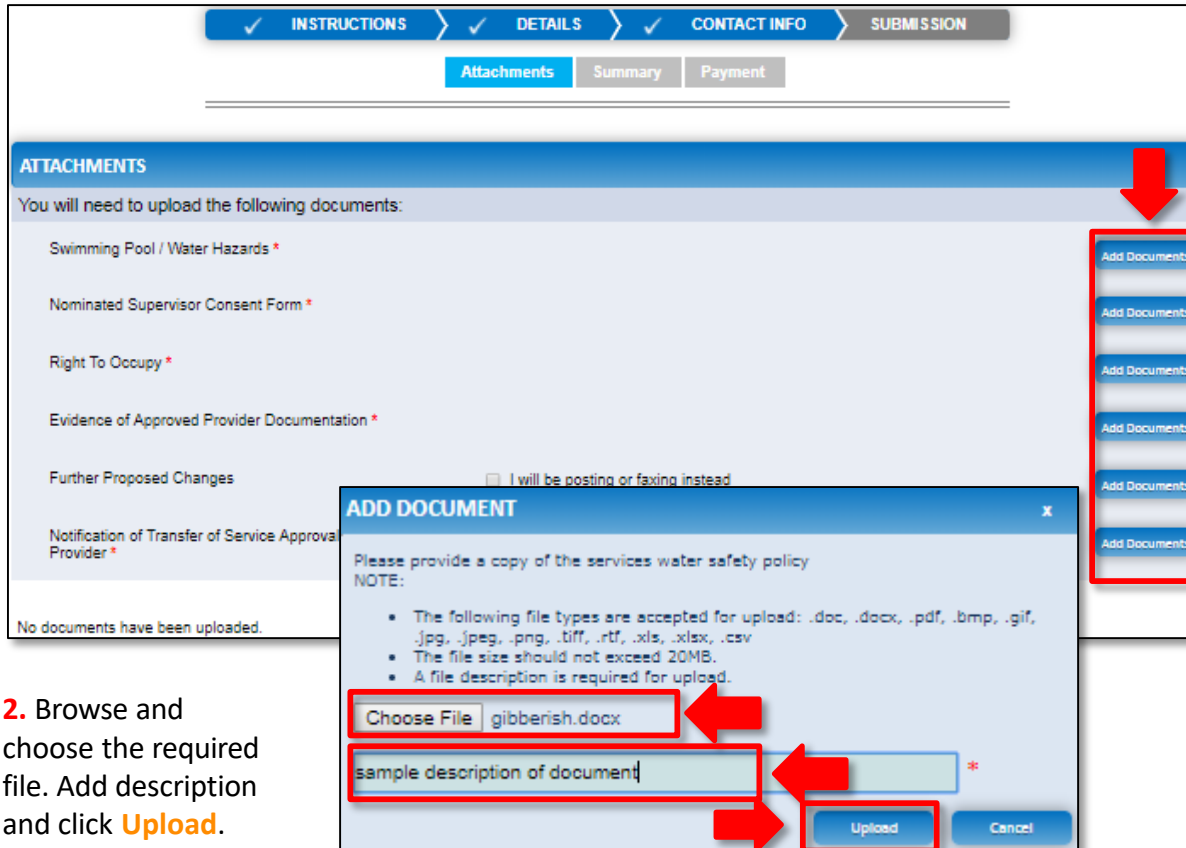
Previous **Next**

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

[Back to Main Menu](#)

Submit the Form

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 **Add Documents** to add the requested documents or select **I will be posting or faxing instead** (if the option is available).



ATTACHMENTS

You will need to upload the following documents:

- Swimming Pool / Water Hazards *
- Nominated Supervisor Consent Form *
- Right To Occupy *
- Evidence of Approved Provider Documentation *
- Further Proposed Changes I will be posting or faxing instead
- Notification of Transfer of Service Approval - Transferring Provider *

No documents have been uploaded.

ADD DOCUMENT

Please provide a copy of the services water safety policy

NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

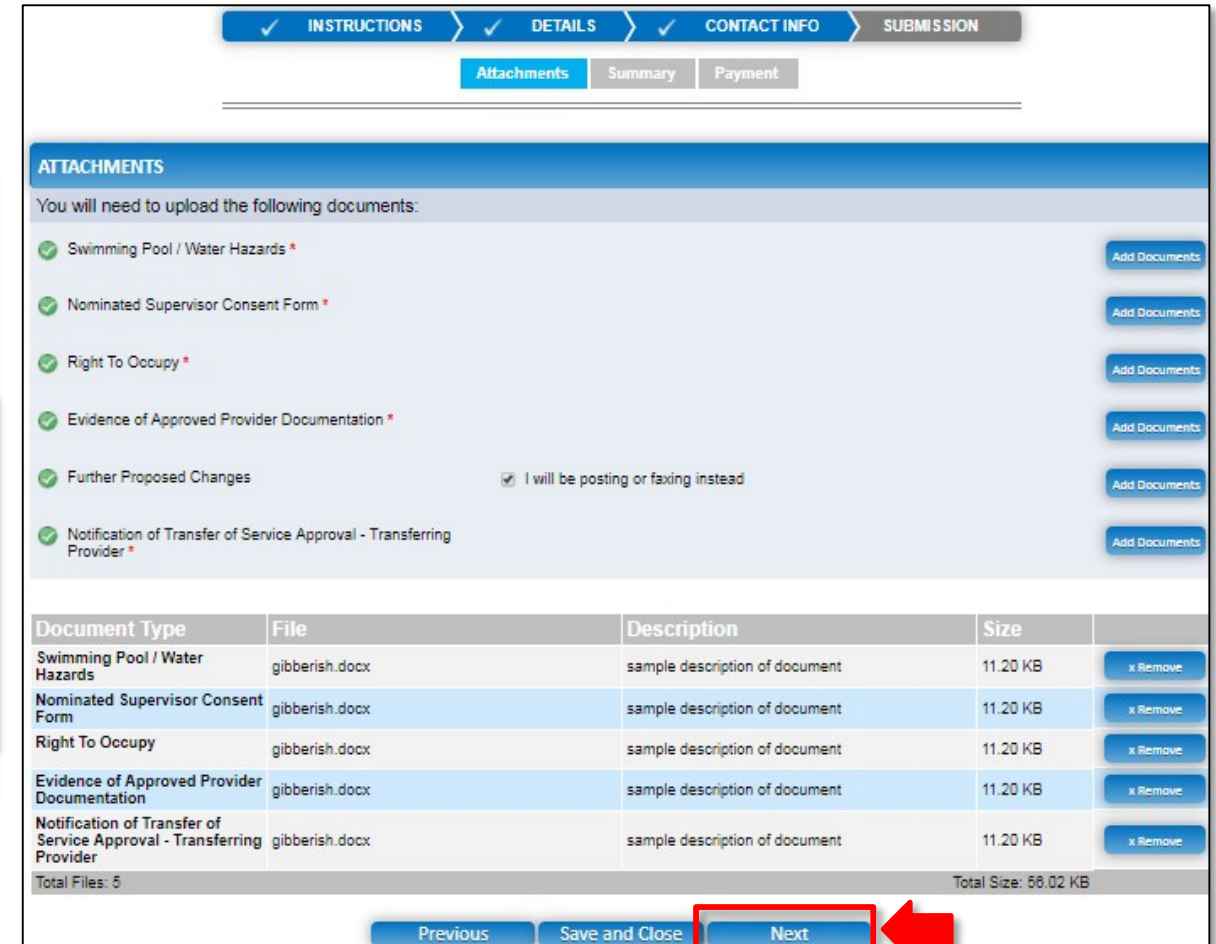
Choose File gibberish.docx

sample description of document *

Upload Cancel

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

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



ATTACHMENTS

You will need to upload the following documents:

- Swimming Pool / Water Hazards *
- Nominated Supervisor Consent Form *
- Right To Occupy *
- Evidence of Approved Provider Documentation *
- Further Proposed Changes I will be posting or faxing instead
- Notification of Transfer of Service Approval - Transferring Provider *

Document Type	File	Description	Size	
Swimming Pool / Water Hazards	gibberish.docx	sample description of document	11.20 KB	<input type="button" value="x Remove"/>
Nominated Supervisor Consent Form	gibberish.docx	sample description of document	11.20 KB	<input type="button" value="x Remove"/>
Right To Occupy	gibberish.docx	sample description of document	11.20 KB	<input type="button" value="x Remove"/>
Evidence of Approved Provider Documentation	gibberish.docx	sample description of document	11.20 KB	<input type="button" value="x Remove"/>
Notification of Transfer of Service Approval - Transferring Provider	gibberish.docx	sample description of document	11.20 KB	<input type="button" value="x Remove"/>
Total Files: 5			Total Size: 56.02 KB	

Previous Save and Close **Next**

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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

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.

SERVICE TRANSFER DETAILS Edit

RECEIVING PROVIDER DETAILS		
Provider Approval Name: example	Provider Approval Number: PR-50000994	Provider Approval Status: Approved

TRANSFER DETAILS	
Intended Date of Transfer:	31/01/2018
Service Approval No:	SE-50001038
Transferring Provider Name:	xyz
Transferring Provider Number:	PR-50000706

NEW SERVICE DETAILS Edit

NEW SERVICE DETAILS	
Intend to change the name of service:	Yes
Service Legal Entity Name:	xyz
Trading Name:	abc
ABN:	Not supplied

NEW SERVICE CONTACT DETAILS	
Intend to change the contact details of service	Yes
Primary Contact Name	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**.

OPERATIONAL HOURS Edit

Will the hours of operation of the service change? Yes

- ANNUAL
General operating hours that are not specifically related to 'Holiday Care' and 'School Terms'.
- HOLIDAY CARE
Operating hours during school holidays including public holidays.
- SCHOOL TERMS
Operating hours when schools are open.

POLICIES AND ADDITIONAL INFORMATION Edit

The following policies and procedures have been prepared

- Health and safety, including matters relating to:
 - nutrition, food and beverages, dietary requirements;
 - sun protection;
 - water safety, including safety during any water based activities

ATTACHMENT DETAILS Edit

Document Type	Description	File Name
Swimming Pool / Water Hazards	sample description of document	gibberish.docx
Nominated Supervisor Consent Form	sample description of document	gibberish.docx
Right To Occupy	sample description of document	gibberish.docx
Evidence of Approved Provider Documentation	sample description of document	gibberish.docx
Further Proposed Changes	sample description of document	gibberish.docx
Notification of Transfer of Service Approval - Transferring Provider	sample description of document	gibberish.docx

DECLARATION

I declare that: *

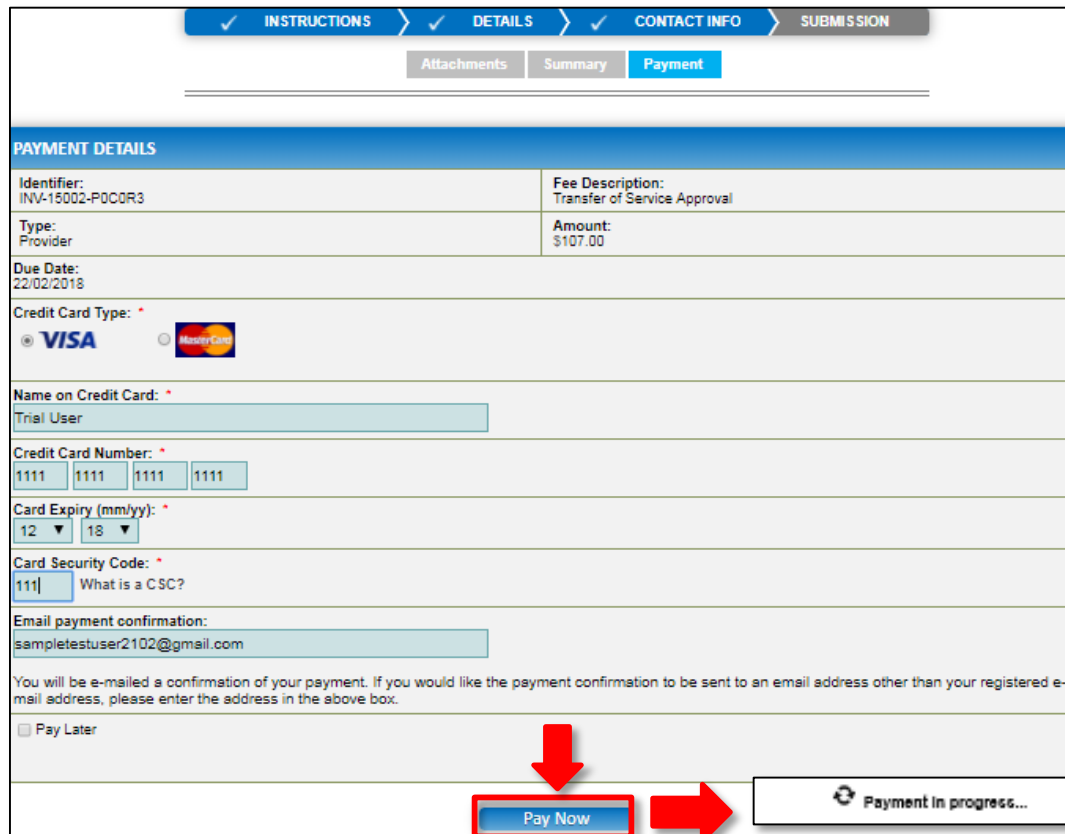
1. The information provided in this application form (including any attachments) is true, complete and correct;
 2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
 3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the 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 disclosed to 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 I provide false or misleading information in this form.
 8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous
Save and Close
Finalise
Finalising in progress...

[Back to Main Menu](#)

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.

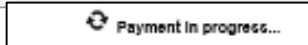


INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary **Payment**

PAYMENT DETAILS

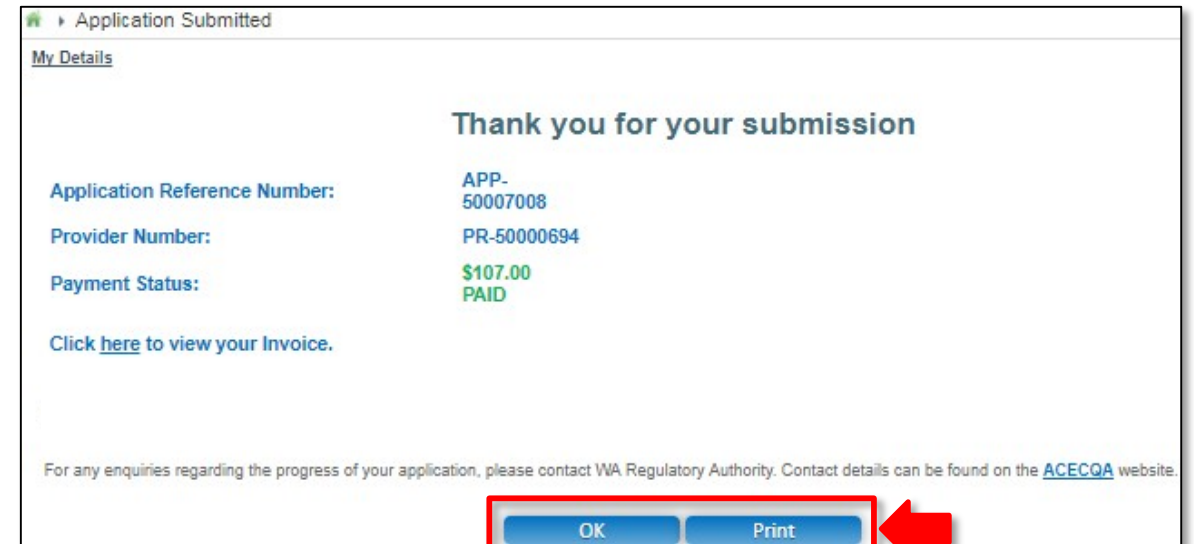
Identifier: INV-15002-P000R3	Fee Description: Transfer of Service Approval
Type: Provider	Amount: \$107.00
Due Date: 22/02/2018	
Credit Card Type: *	
<input checked="" type="radio"/> VISA <input type="radio"/> MasterCard	
Name on Credit Card: *	
Trial User	
Credit Card Number: *	
1111 1111 1111 1111	
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 e-mail address, please enter the address in the above box.	
<input type="checkbox"/> Pay Later	

Pay Now 

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

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.



Application Submitted

My 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 your application, please contact WA 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 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.

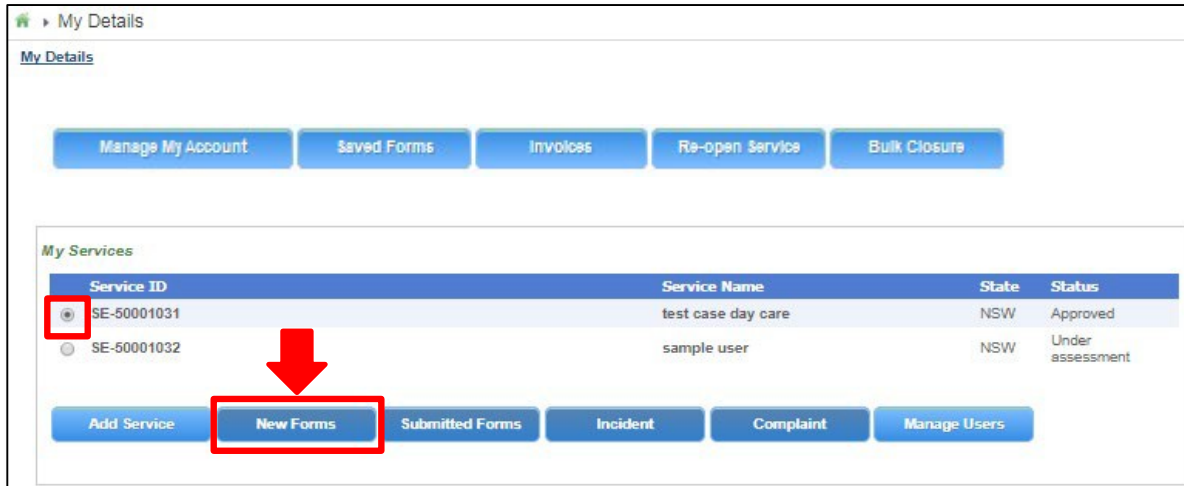
Table of Contents

- [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:
 - [Select type of notification.](#)
 - [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:
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 - [Reviewing summary and finalising the form](#)
- [Print or Close the Form](#)
 - Steps to print and close the form.

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Access the Form

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



My Details

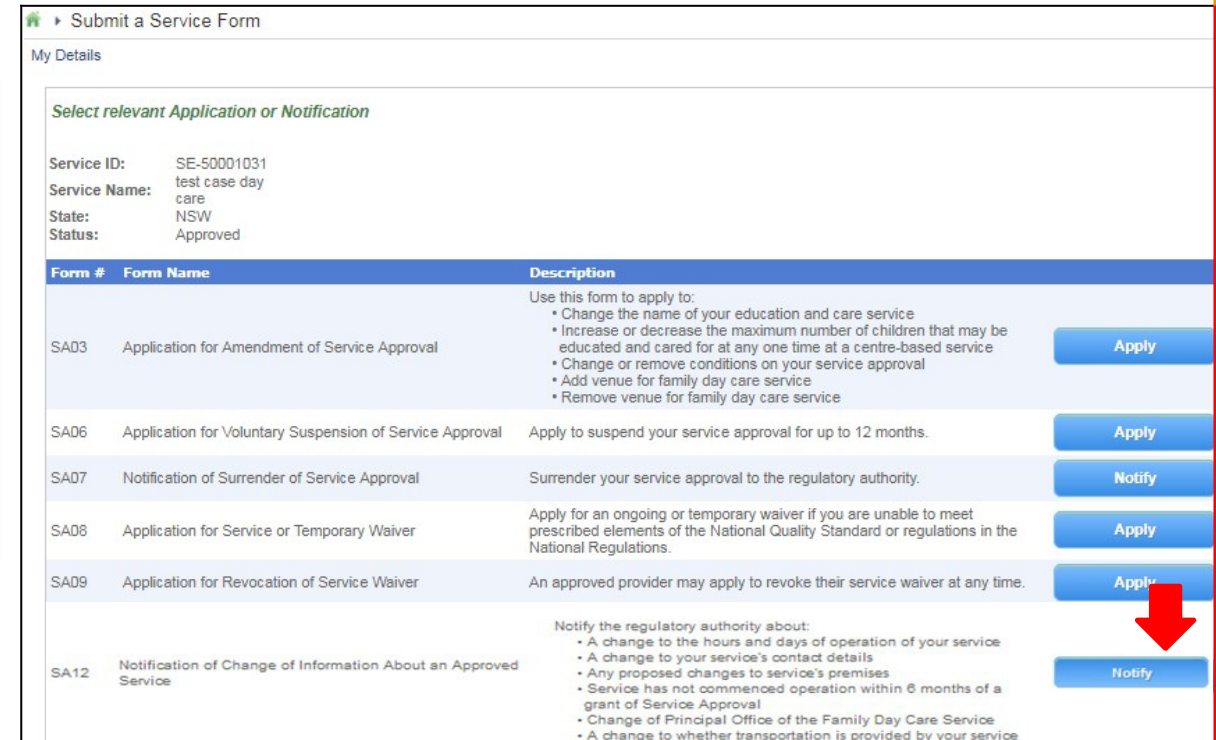
Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closure

My Services

Service ID	Service Name	State	Status
<input checked="" type="radio"/> SE-50001031	test case day care	NSW	Approved
<input type="radio"/> SE-50001032	sample user	NSW	Under assessment

Add Service | **New Forms** | Submitted Forms | Incident | Complaint | Manage Users

- 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**.



Submit a Service Form

My Details

Select relevant Application or Notification

Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description	Action
SA03	Application for Amendment of Service Approval	Use this form to apply to: <ul style="list-style-type: none"> 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
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
SA12	Notification of Change of Information About an Approved Service	Notify the regulatory authority about: <ul style="list-style-type: none"> 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 A change to whether transportation is provided by your service 	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.

Notification of Change of Information About an Approved Service

My Details

Service: test case day care

INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000691	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

IMPORTANT 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.

Privacy Statement

ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in accordance with the National Law.

ACECQA, the regulatory authorities and the Australian Government may publish information about you in accordance with the National Law.

Cancel **Begin**

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

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.

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
- Re-opening Service
- Change to transportation provided by Service
- Service Bulk Closure

SUPPORTING INFORMATION

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

Please describe the change: *

Previous Save and Close Next

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.

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

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.

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

	START TIME	END TIME	24 HOUR CARE
Monday	08:00	17:00	<input type="checkbox"/>
Tuesday	08:00	17:00	<input type="checkbox"/>
Wednesday	00:00	23:59	<input checked="" type="checkbox"/>
Thursday	00:00	23:59	<input checked="" type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>

HOLIDAY CARE
Operating hours during school holidays including public holidays.

SCHOOL TERMS ONLY
Operating hours when schools are open.

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 [Emergency Management Help Guide](#)

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.

✓ INSTRUCTIONS > ✓ DETAILS > 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 Approval
- Change of Principal Office of the Family Day Care Service

CHANGE TO APPROVED SERVICE CONTACT DETAILS

New Phone:

New Mobile:

New Fax:

New Email:

New after hours emergency phone number:
(Required in the case of an emergency)

Please fill in the Address Details

New Postal Address

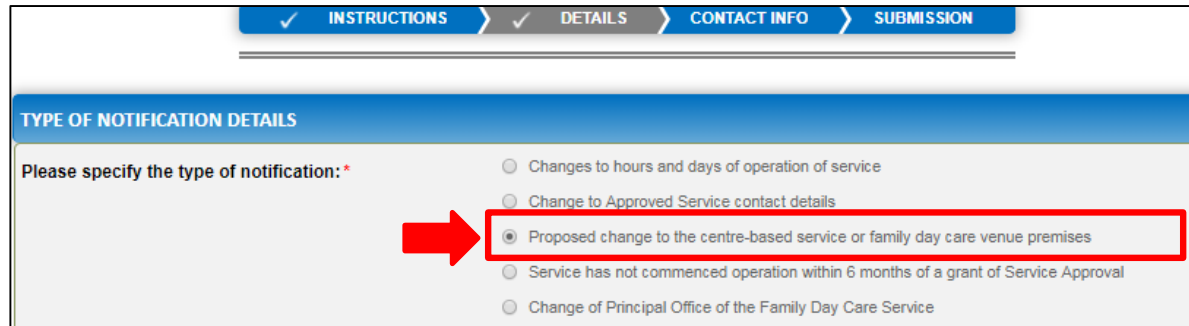
Address:

[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.

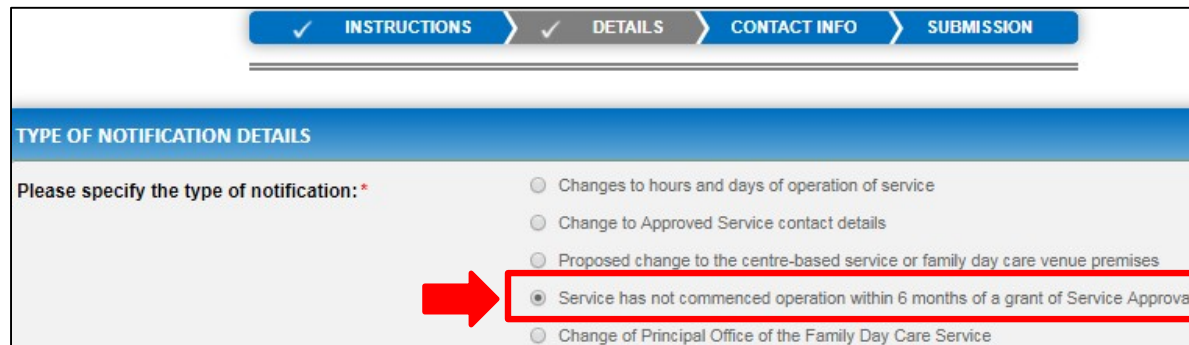


INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO > SUBMISSION

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 Approval
- Change of Principal Office of the Family Day Care Service



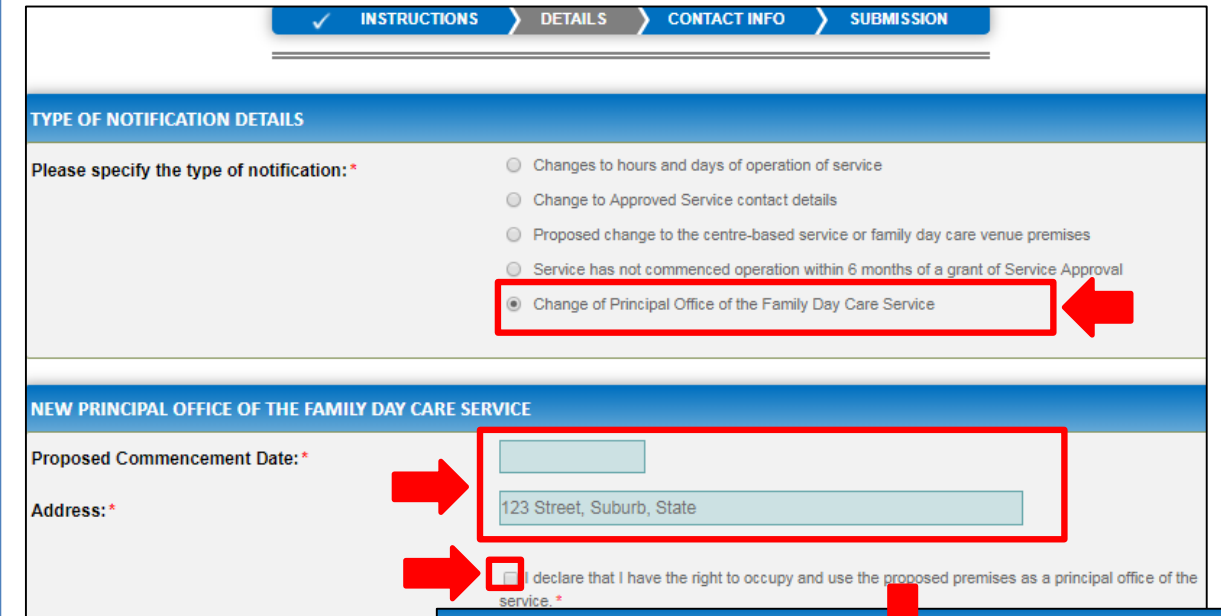
INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO > SUBMISSION

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 Approval
- Change of Principal Office of the Family Day Care Service

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.



INSTRUCTIONS ✓ DETAILS ✓ 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 Approval
- Change of Principal Office of the Family Day Care Service

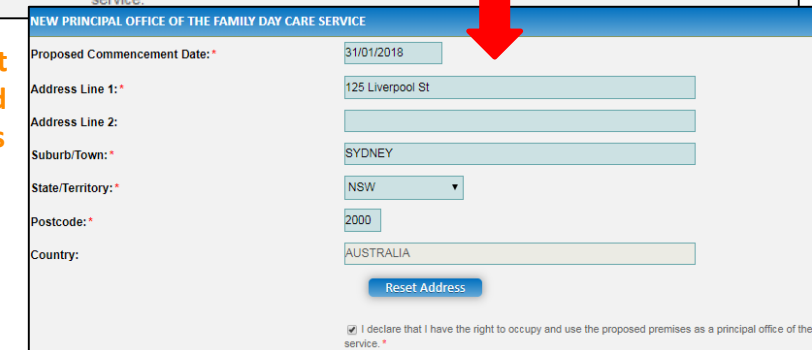
NEW PRINCIPAL OFFICE OF THE FAMILY DAY CARE SERVICE

Proposed Commencement Date: *

Address: *

I declare that I have the right to occupy and use the proposed premises as a principal office of the service. *

1.d.(i) Select the **I declare that I have the right to occupy and use the proposed premises as a principal office of the service** checkbox.



NEW PRINCIPAL OFFICE OF THE FAMILY DAY CARE SERVICE

Proposed Commencement Date: *

Address Line 1: *

Address Line 2: *

Suburb/Town: *

State/Territory: *

Postcode: *

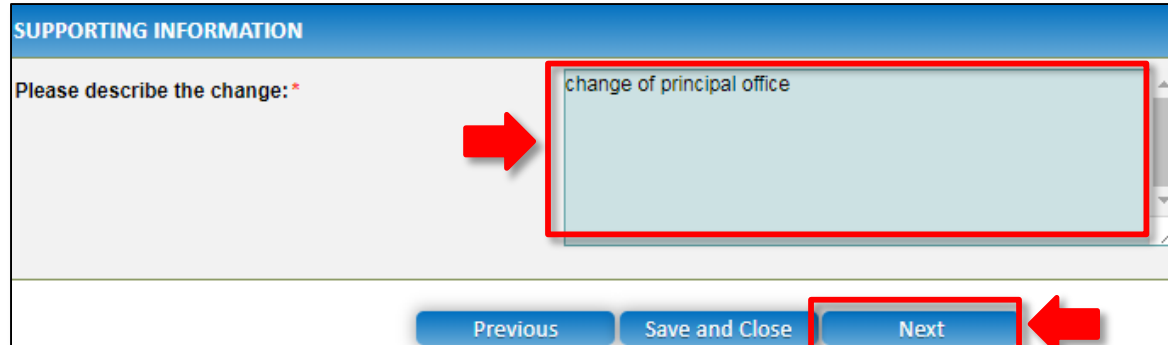
Country: *

I declare that I have the right to occupy and use the proposed premises as a principal office of the service. *

[Back to Main Menu](#)

Fill Details in the Form

- 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**.



SUPPORTING INFORMATION

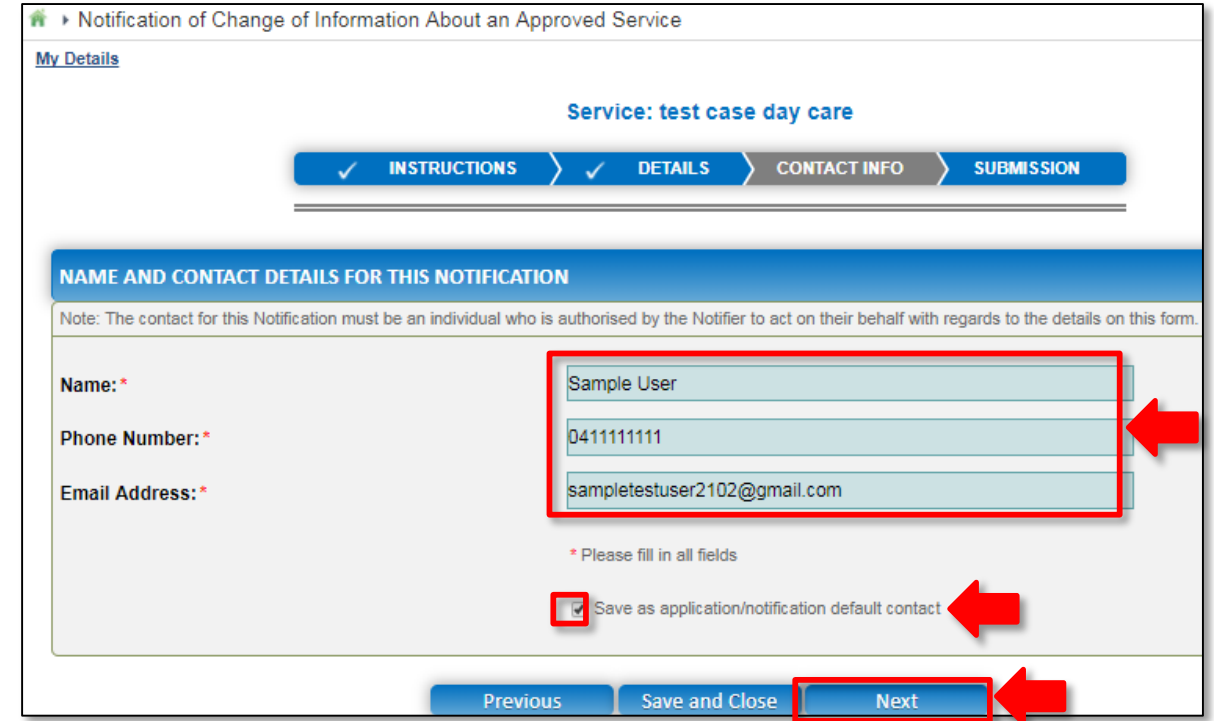
Please describe the change:*

change of principal office

Previous Save and Close **Next**

Provide Contact Details in the 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). Click **Next**.



Notification of Change of Information About an Approved Service

[My Details](#)

Service: test case day care

✓ INSTRUCTIONS > ✓ DETAILS > **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 form.

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

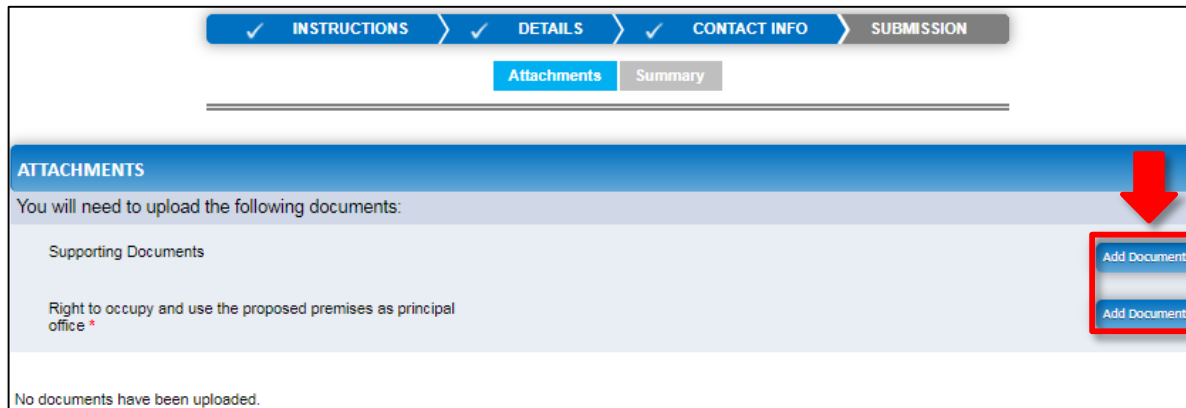
Previous Save and Close **Next**

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

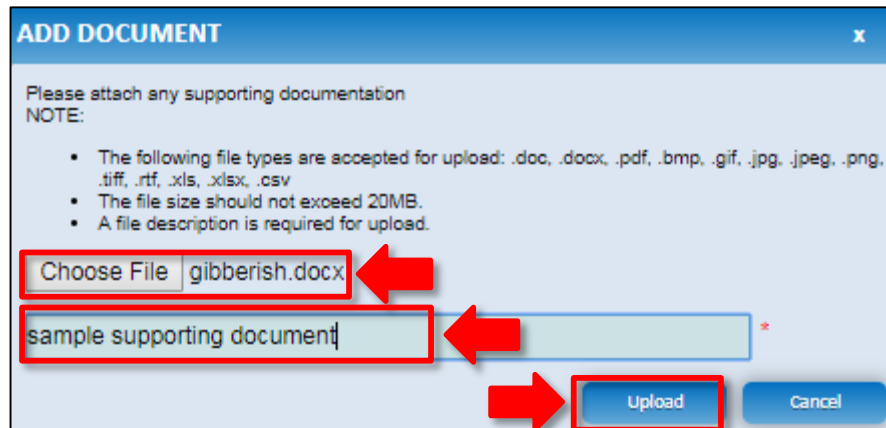
[Back to Main Menu](#)

Submit the Form

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

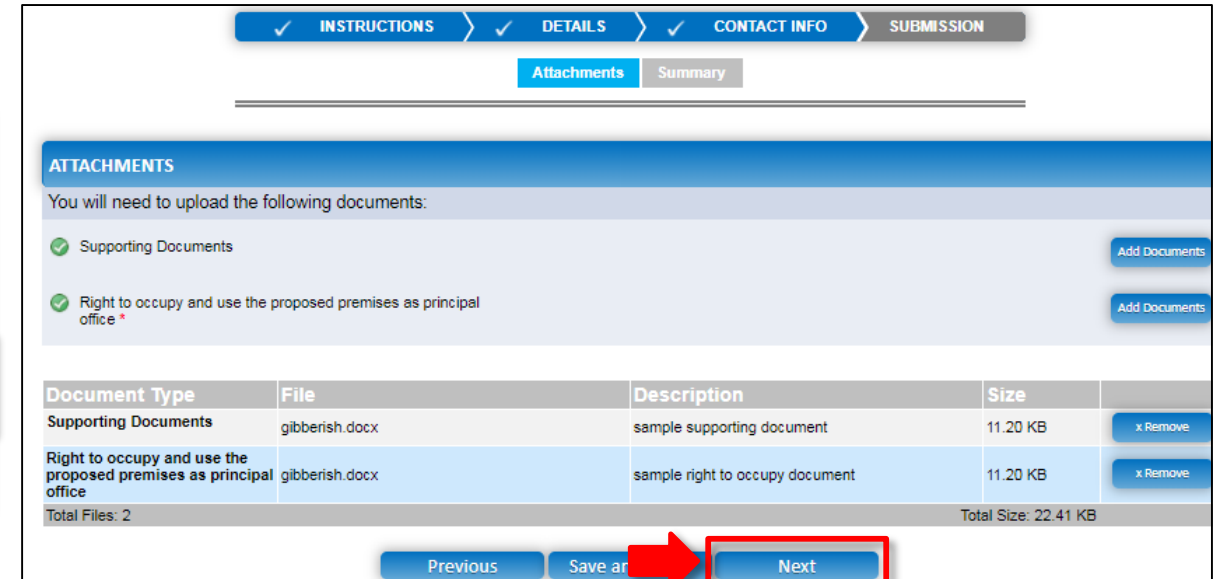


2. Browse and choose the required file. Add description and click **Upload**.



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

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



Document Type	File	Description	Size	
Supporting Documents	gibberish.docx	sample supporting document	11.20 KB	x Remove
Right to occupy and use the proposed premises as principal office *	gibberish.docx	sample right to occupy document	11.20 KB	x Remove
Total Files: 2			Total Size: 22.41 KB	

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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ 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 CHANGE TO APPROVED SERVICE DETAILS Edit

PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved
NOTIFICATION DETAILS		
The Type of Notification	Change of Principal Office of the Family Day Care Service	
Proposed Commencement Date:	31/01/2018	
Change of Principal Office Address:	125 Liverpool St, SYDNEY, NSW 2000	
Right To Occupy:	Yes	
Change Description:	change of principal office	

NOTIFIER'S DETAILS Edit

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
---------------------	----------------------------	-----------------------------------------------

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

ATTACHMENT DETAILS Edit

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: *

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- 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;
- I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- The Regulatory Authority is authorised to verify any information provided in this application;
- 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* or other legislation; and
- 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.
- 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).

Previous
Save and Close
Submit

Submission in progress...

[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 [ACECQA](#) website.

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.

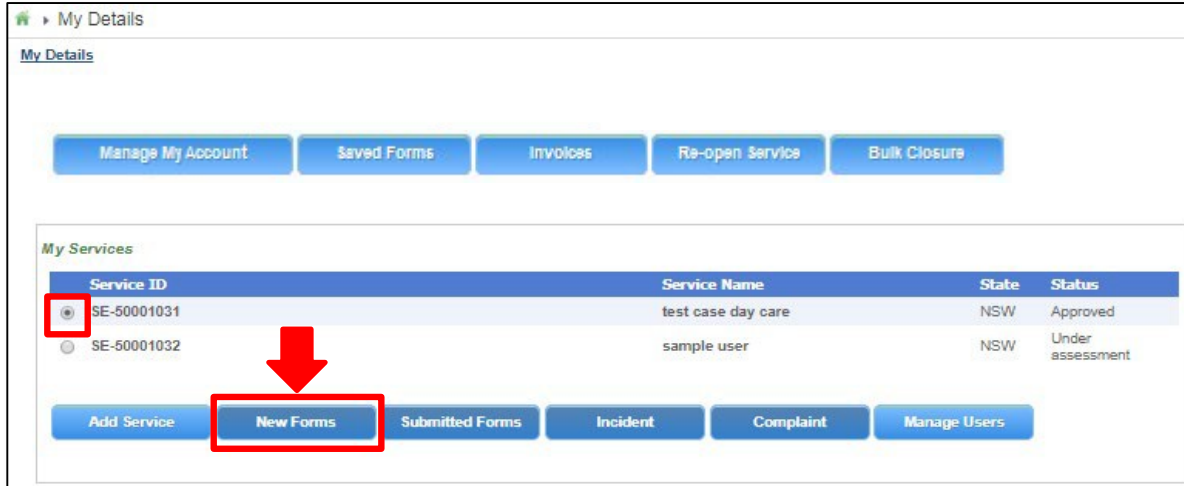
Table of Contents

- [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:
 - [Select type of notification.](#)
 - [Add new nominated supervisor.](#)
 - [Cease/remove/withdraw nominated supervisor.](#)
 - [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:
 - [Add attachments.](#)
 - [Review summary and finalising the form.](#)
- [Print or Close the Form](#)
 - Steps to print and close the form.

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Access the Form

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



My Details

Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closures

My Services

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Approved
SE-50001032	sample user	NSW	Under assessment

Add Service | **New Forms** | Submitted Forms | Incident | Complaint | Manage Users

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

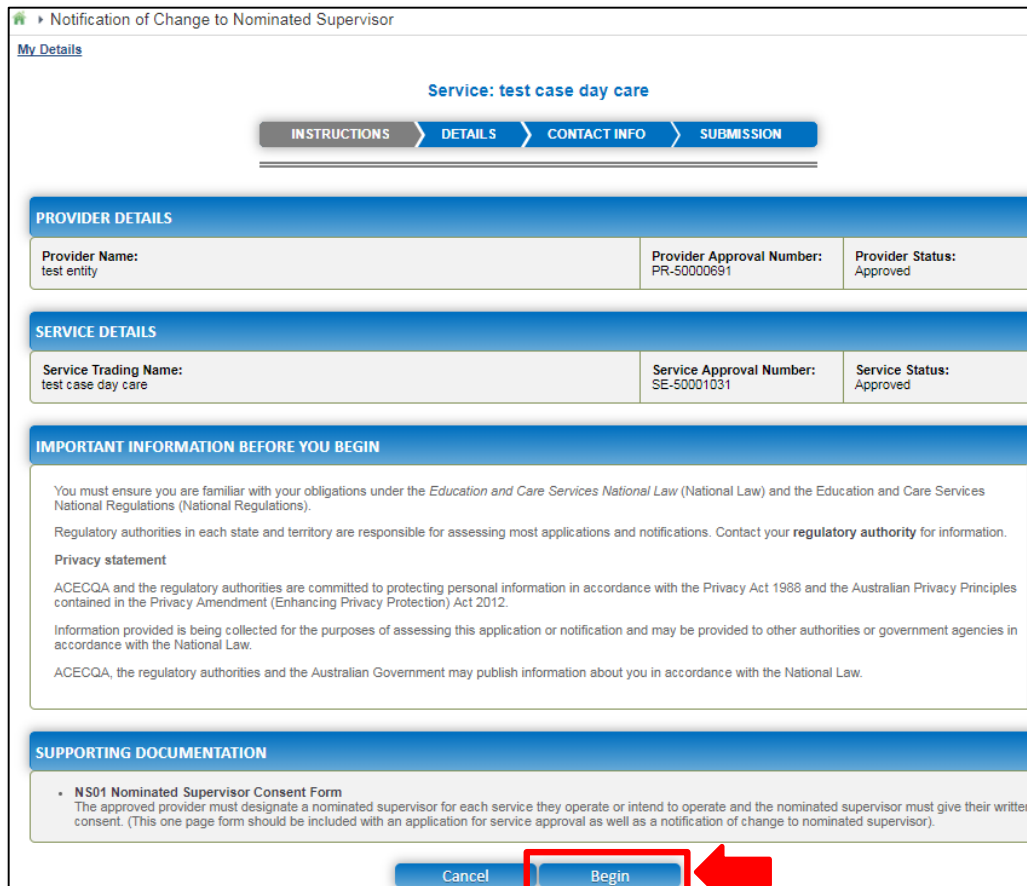


Form #	Form Name	Description	Action
SA03	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	Apply
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
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	Notify
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 • Notify the Regulatory Authority about suspension or cancellation of a working with children card or teacher registration of a nominated supervisor • Notify the Regulatory Authority about disciplinary proceedings under an education law of a participating jurisdiction in respect of a nominated supervisor	Notify

[Back to Main Menu](#)

Begin the Form

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



Notification of Change to Nominated Supervisor

My Details

Service: test case day care

INSTRUCTIONS → DETAILS → CONTACT INFO → SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000691	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

IMPORTANT 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.
Privacy statement
ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.
Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in accordance with the National Law.
ACECQA, the regulatory authorities and the Australian Government may publish information about you in accordance with the National Law.

SUPPORTING DOCUMENTATION

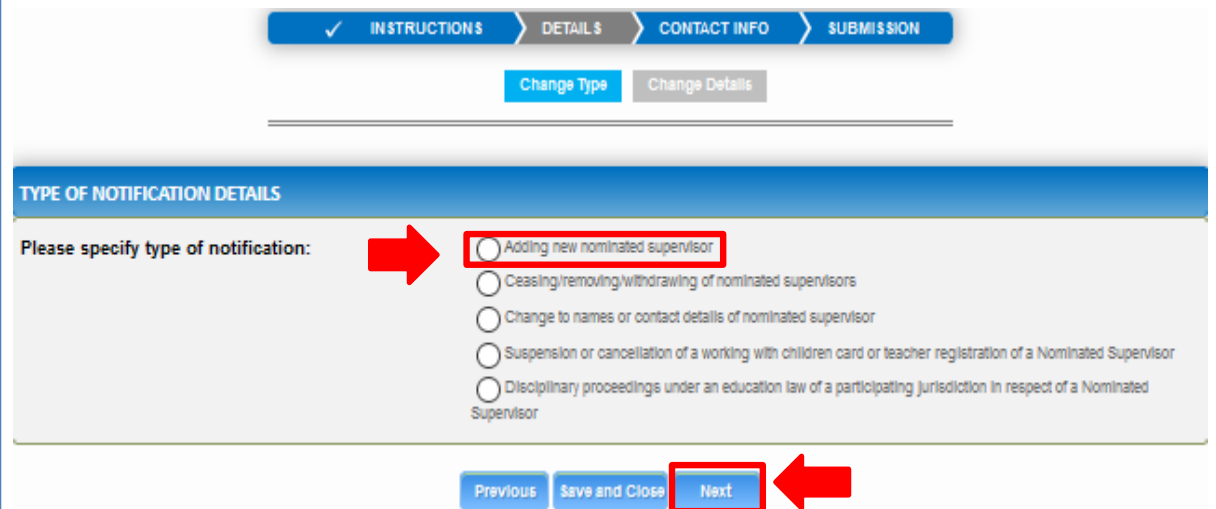
- NS01 Nominated Supervisor Consent Form**
The approved provider must designate a nominated supervisor for each service they operate or intend to operate and the nominated supervisor must give their written consent. (This one page form should be included with an application for service approval as well as a notification of change to nominated supervisor).

Cancel **Begin**

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

Fill Details in the Form

- 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**.



INSTRUCTIONS → DETAILS → CONTACT INFO → SUBMISSION

Change Type Change Details

TYPE OF NOTIFICATION DETAILS

Please specify type of notification:

Adding new nominated supervisor

Ceasing/removing/withdrawing of nominated supervisors

Change to names or contact details of nominated supervisor

Suspension or cancellation of a working with children card or teacher registration of a Nominated Supervisor

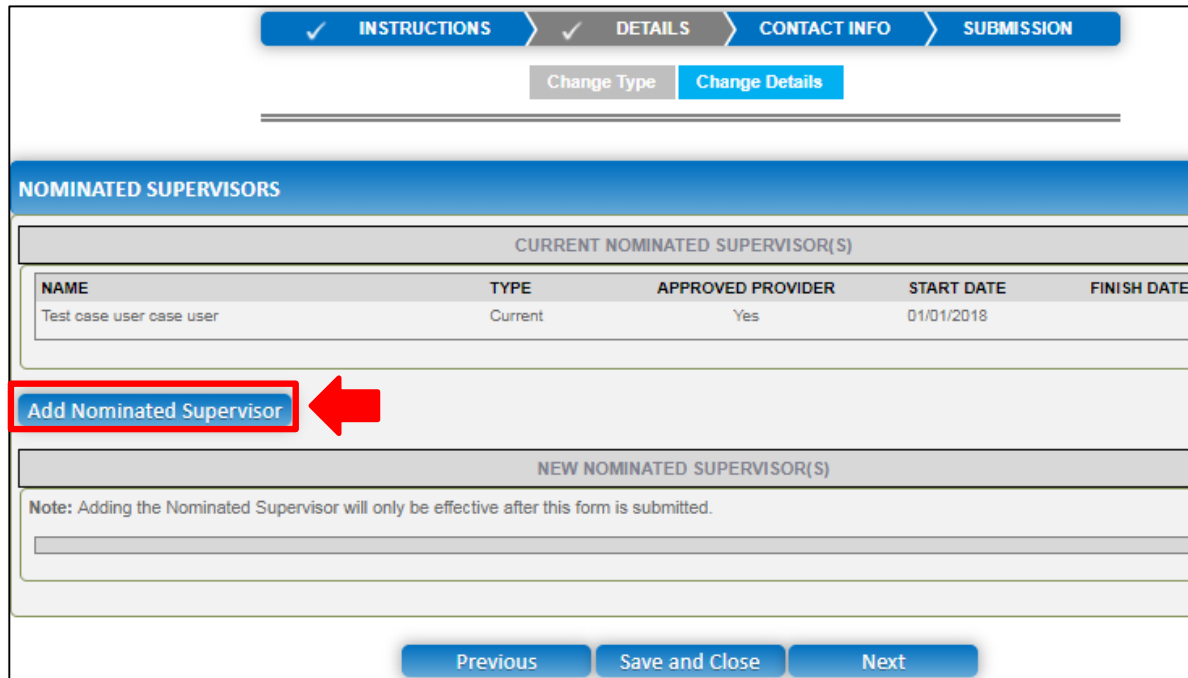
Disciplinary proceedings under an education law of a participating jurisdiction in respect of a Nominated Supervisor

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 ✓ DETAILS ✓ CONTACT INFO SUBMISSION

Change Type Change Details

NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE
Test case user case user	Current	Yes	01/01/2018	

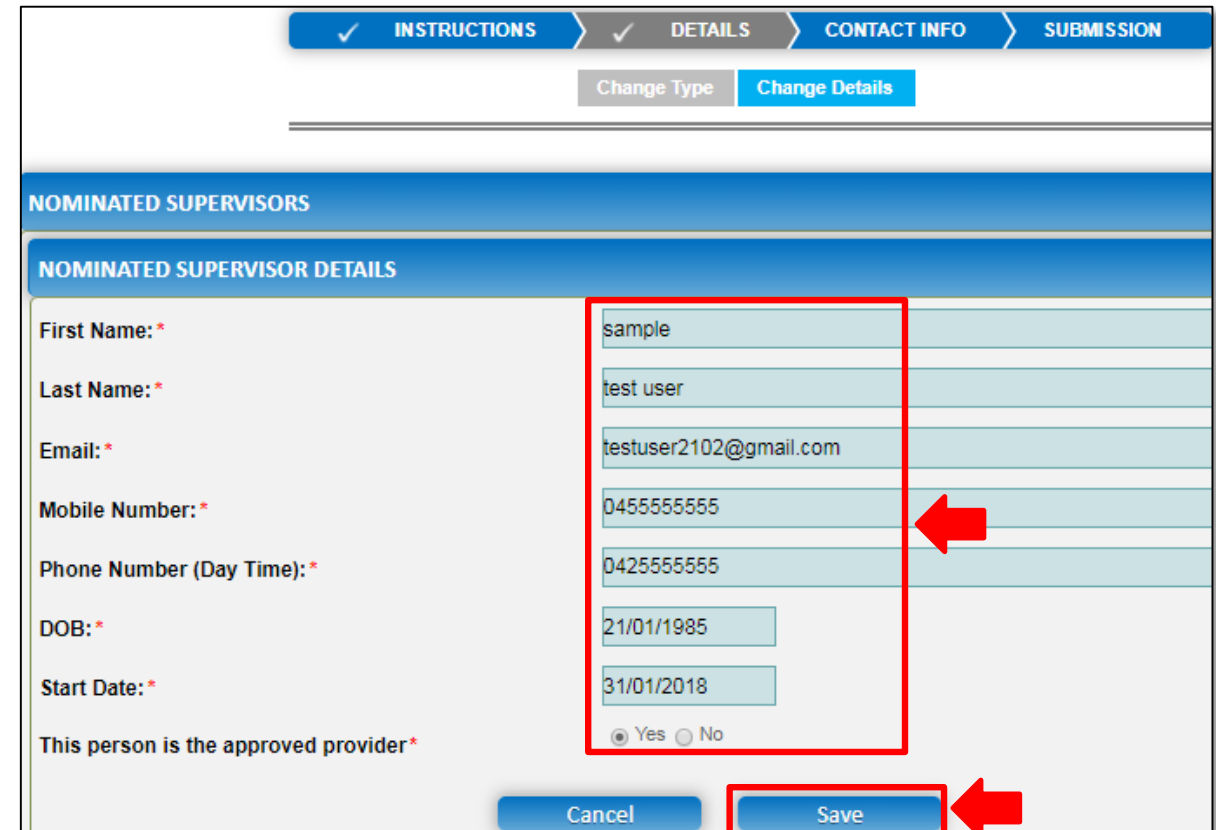
Add Nominated Supervisor ←

NEW NOMINATED SUPERVISOR(S)

Note: Adding the Nominated Supervisor will only be effective after this form is submitted.

Previous Save and Close Next

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**.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

Change Type Change Details

NOMINATED SUPERVISORS

NOMINATED SUPERVISOR DETAILS

First Name: * sample

Last Name: * test user

Email: * testuser2102@gmail.com

Mobile Number: * 045555555 ←

Phone Number (Day Time): * 042555555

DOB: * 21/01/1985

Start Date: * 31/01/2018

This person is the approved provider* Yes No

Cancel **Save** ←

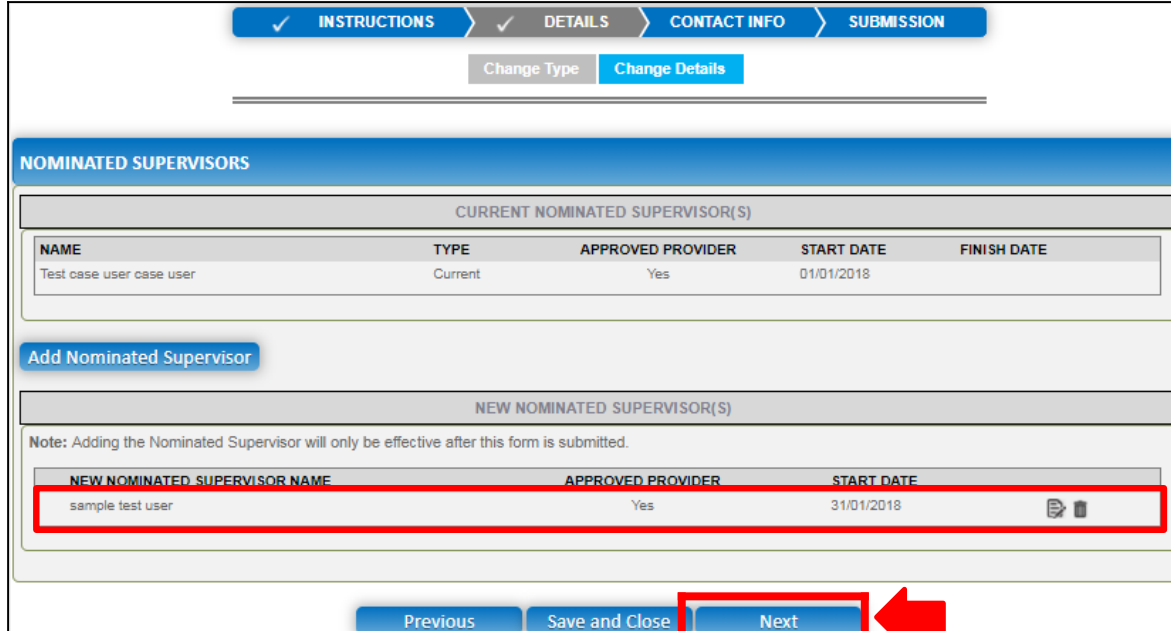
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

[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**.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Change Type Change Details

NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE
Test case user case user	Current	Yes	01/01/2018	

Add Nominated Supervisor

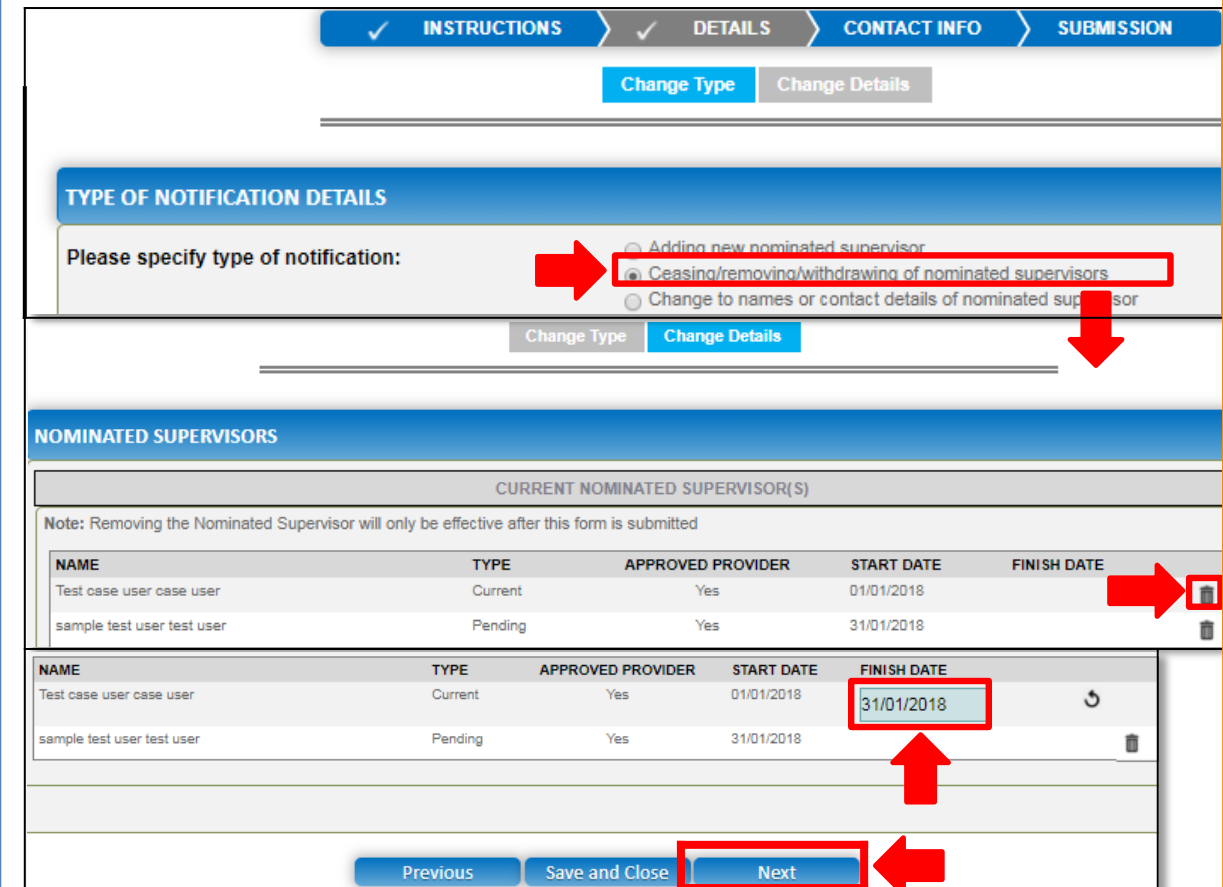
NEW NOMINATED SUPERVISOR(S)

Note: Adding the Nominated Supervisor will only be effective after this form is submitted.

NEW NOMINATED SUPERVISOR NAME	APPROVED PROVIDER	START DATE
sample test user	Yes	31/01/2018

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.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Change Type Change Details

TYPE OF NOTIFICATION DETAILS

Please specify type of notification:

Adding new nominated supervisor

Ceasing/removing/withdrawing of nominated supervisors

Change to names or contact details of nominated supervisor

Change Type Change Details

NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

Note: Removing the Nominated Supervisor will only be effective after this form is submitted.

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE
Test case user case user	Current	Yes	01/01/2018	
sample test user test user	Pending	Yes	31/01/2018	

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE
Test case user case user	Current	Yes	01/01/2018	31/01/2018
sample test user test user	Pending	Yes	31/01/2018	

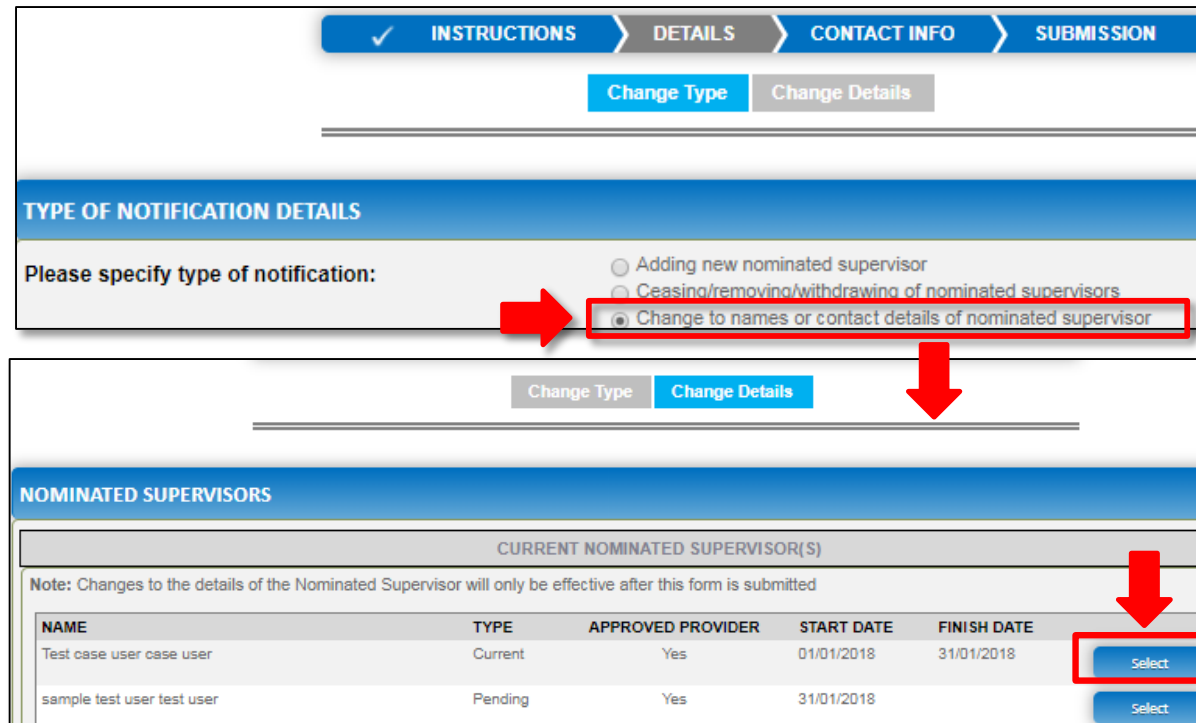
Previous Save and Close **Next**

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

[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**.



Change Type Change Details

TYPE OF NOTIFICATION DETAILS

Please specify type of notification:

Adding new nominated supervisor
 Ceasing/removing/withdrawing of nominated supervisors
 Change to names or contact details of nominated supervisor

Change Type Change Details

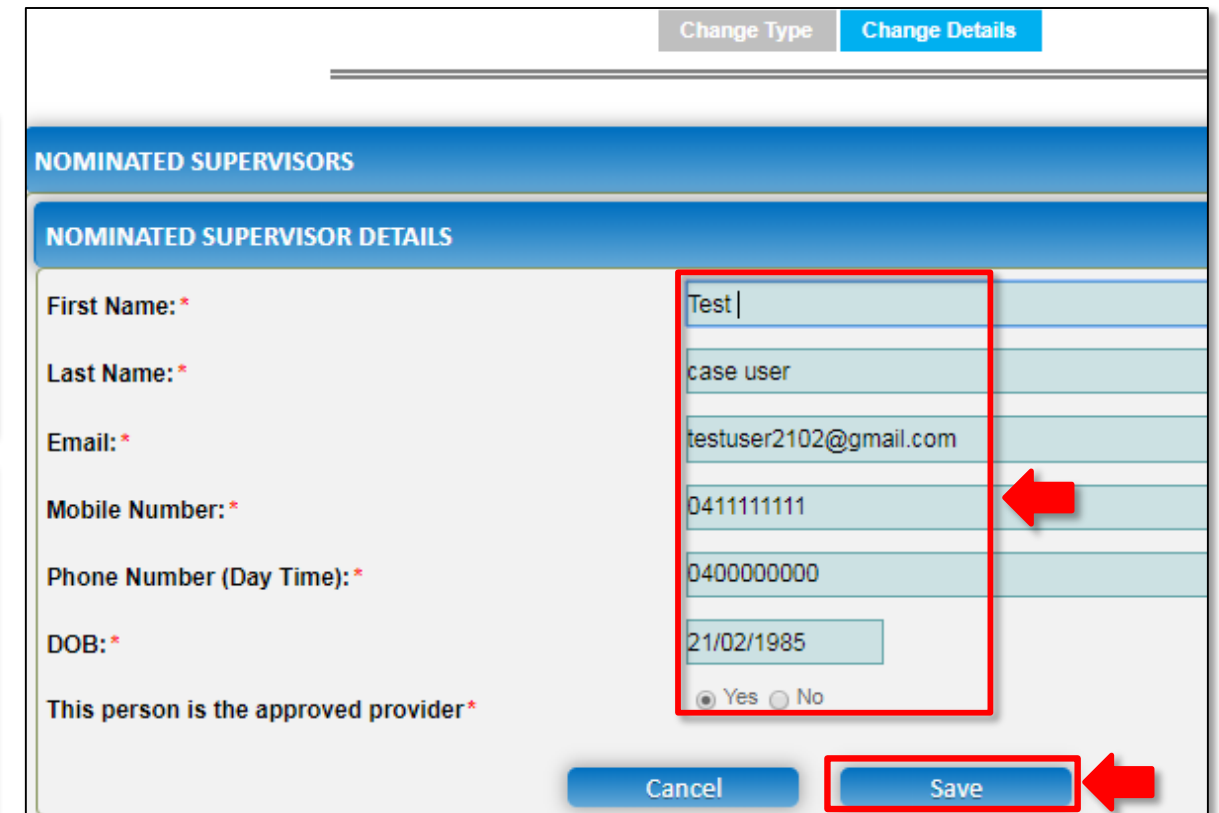
NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

Note: Changes to the details of the Nominated Supervisor will only be effective after this form is submitted

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE	
Test case user case user	Current	Yes	01/01/2018	31/01/2018	Select
sample test user test user	Pending	Yes	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 Details

NOMINATED SUPERVISORS

NOMINATED SUPERVISOR DETAILS

First Name: * Test |

Last Name: * case user

Email: * testuser2102@gmail.com

Mobile Number: * 0411111111

Phone Number (Day Time): * 0400000000

DOB: * 21/02/1985

This person is the approved provider* Yes No

Cancel Save

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

[Back to Main Menu](#)

Fill Details in the Form

1.c.(ii) To move to the **CONTACT INFO** stage, click **Next**.

NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

Note: Changes to the details of the Nominated Supervisor will only be effective after this form is submitted

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE	
Test case user case user	Current	Yes	01/01/2018	31/01/2018	↻
sample test user test user	Pending	Yes	31/01/2018		

Previous Save and Close Next

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.

TYPE OF NOTIFICATION DETAILS

Please specify type of notification:

- Adding new nominated supervisor
- Ceasing/removing/withdrawing of nominated supervisors
- Change to names or contact details of nominated supervisor
- Suspension or cancellation of a working with children card or teacher registration of a Nominated Supervisor
- Disciplinary proceedings under an education law of a participating jurisdiction in respect of a 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**.

Notification of Change to Nominated Supervisor

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ 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 form.

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

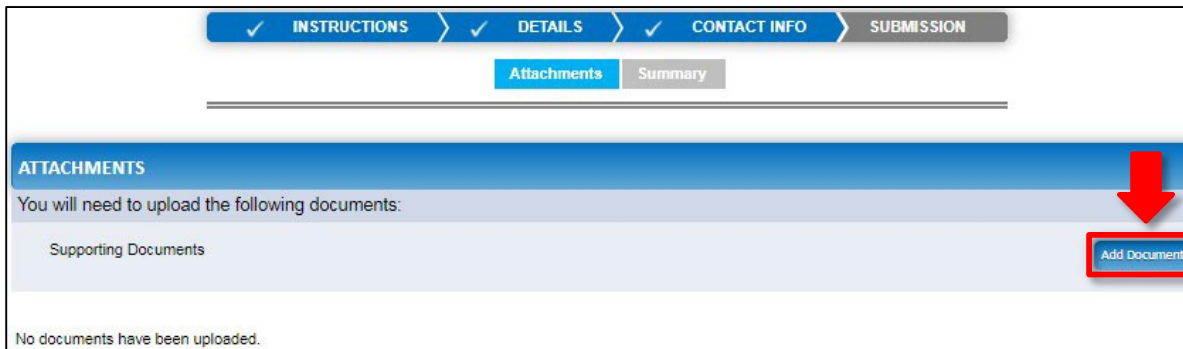
Previous Save and Close Next

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

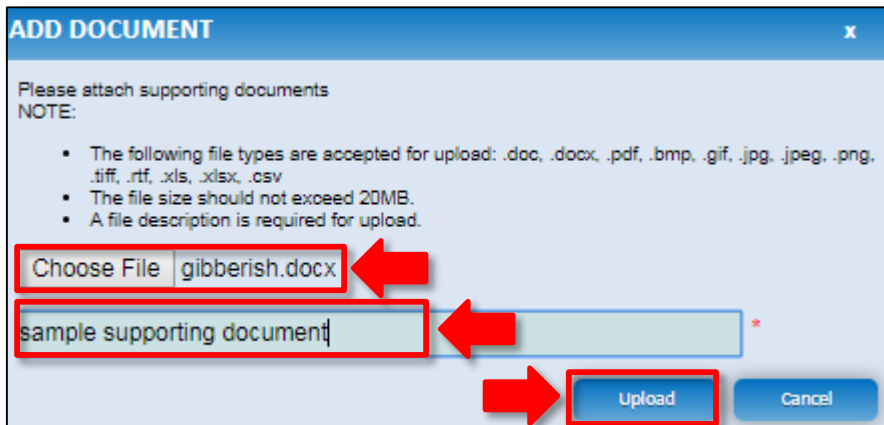
[Back to Main Menu](#)

Submit the Form

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 **Add Documents** to add the requested documents.

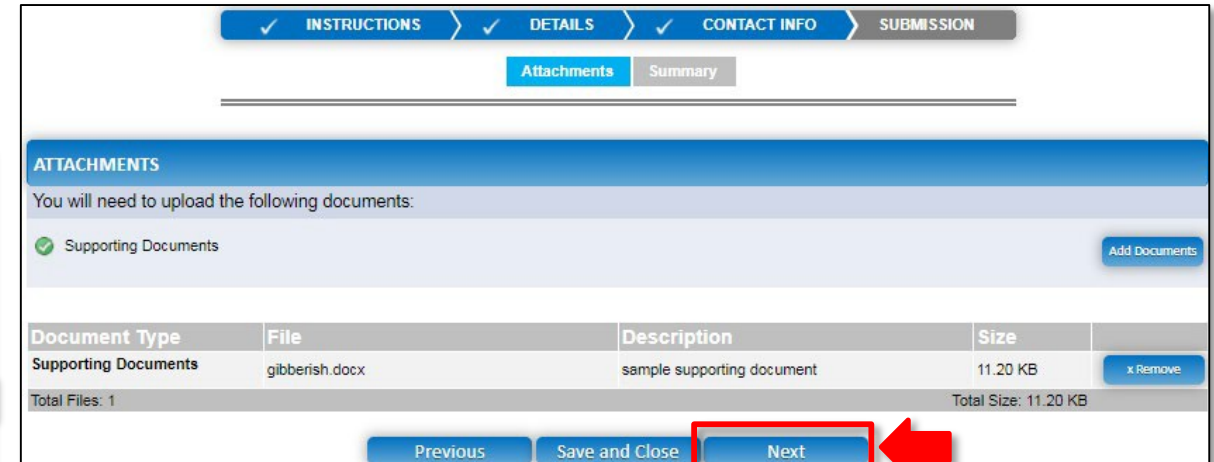


2. Browse and choose the required file. Add description and click **Upload**.



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

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



Document Type	File	Description	Size	
Supporting Documents	gibberish.docx	sample supporting document	11.20 KB	x Remove

Total Files: 1 Total Size: 11.20 KB

[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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ 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 CHANGE TO NOMINATED SUPERVISOR Edit

PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: Approved

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved
---------------------------------------------	-----------------------------------------	--------------------------------------

NOMINATED SUPERVISOR DETAILS

Type of Notification:
Change to names or contact details of nominated supervisor

Modified Nominated Supervisors Details

NAME	DOB	PHONE NUMBER	EMAIL
Test case user case user	21/02/1985	0411111111	testuser2102@gmail.com

NOTIFIER'S DETAILS Edit

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
---------------------	----------------------------	-----------------------------------------------

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

ATTACHMENT DETAILS Edit

Document Type	Description	File Name
Supporting Documents	sample supporting document	gibberish.docx

DECLARATION

I declare that: *

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- 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;
- I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- The Regulatory Authority is authorised to verify any information provided in this application;
- 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* or other legislation; and
- 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.
- 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).

Previous
Save and Close
Submit

🔄 Submission in progress...

[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-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.

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- [Print or Close Notification of Incident Form](#)
 - Steps to print and close the form.

Access Notification of Incident Form

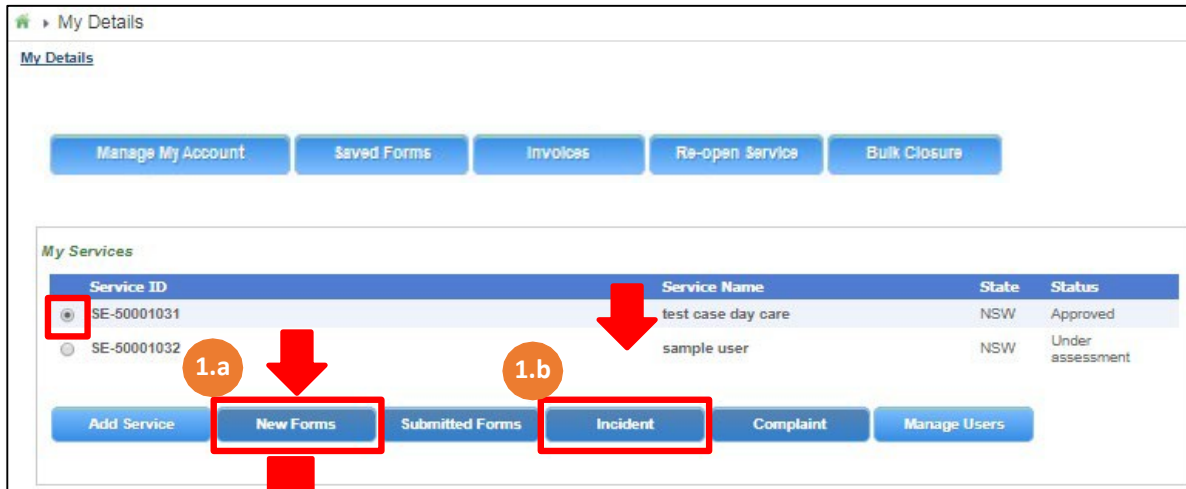
1. From the **My Details** page, in the **My Services** section, select a **Service ID** and perform either steps **1.a** and **1.a.(i)**
OR step **1.b** to access the **Notification of Incident** form.

a. Click **New Forms**.

1.a.(i) Then, on the **Submit a Service Form** page, click **Notify** corresponding to the **Form #** : **I01** and **Form Name** : **Notification of Incident** form.

OR

b. Click **Incident**. The **Notification of Incident** form opens.

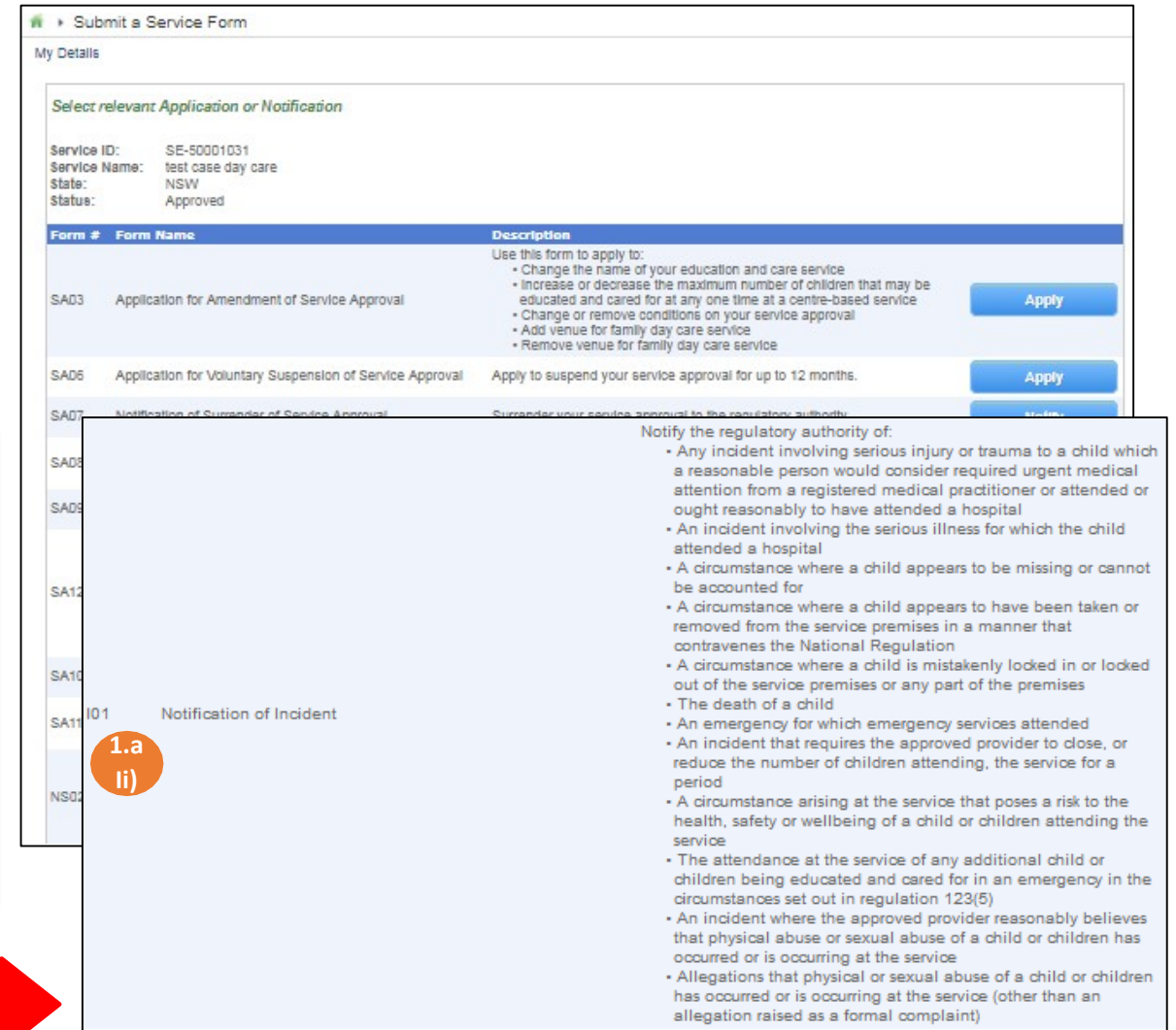


My Details

My Services

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Approved
SE-50001032	sample user	NSW	Under assessment

Buttons: Add Service, **New Forms**, Submitted Forms, **Incident**, Complaint, Manage Users



Submit a Service Form

My Details

Select relevant Application or Notification

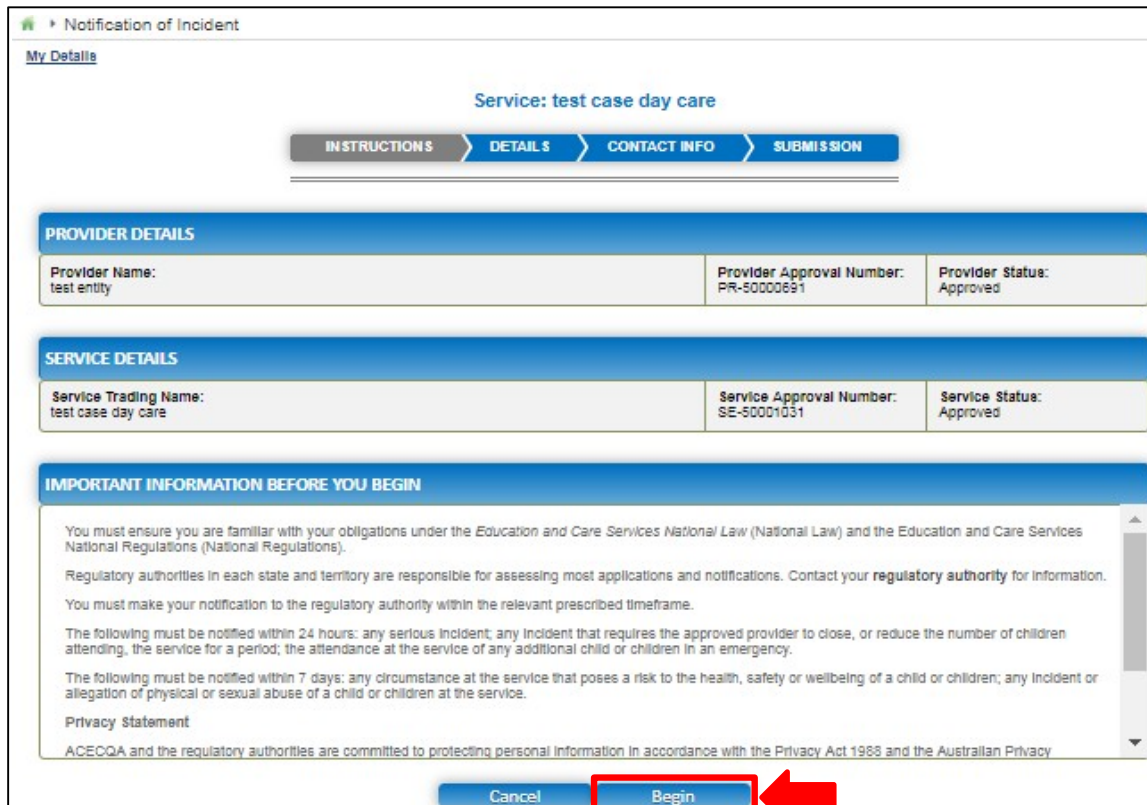
Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description	Apply	
SA03	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	
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.	Apply	
SA08		Notify the regulatory authority of: • Any incident involving serious injury or trauma to a child which a 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 hospital • A circumstance where a child appears to be missing or cannot be accounted for • A circumstance where a child appears to have been taken or removed from the service premises in a manner that contravenes the National Regulation • A circumstance where a child is mistakenly locked in or locked out of 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 arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service • 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) • 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 • Allegations that physical or sexual abuse of a child or children has occurred or is occurring at the service (other than an allegation raised as a formal complaint)		
SA09				
SA12				
SA10				
I01	Notification of Incident			
SA11				
NS02				

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Begin Notification of Incident Form

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



Notification of Incident

My Details

Service: test case day care

INSTRUCTIONS > **DETAILS** > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000691	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

IMPORTANT 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.

You must make your notification to the regulatory authority within the relevant prescribed timeframe.

The following must be notified within 24 hours: any serious incident; any incident that requires the approved provider to close, or reduce the number of children attending, the service for a period; the attendance at the service of any additional child or children in an emergency.

The following must be notified within 7 days: any circumstance at the service that poses a risk to the health, safety or wellbeing of a child or children; any incident or allegation of physical or sexual abuse of a child or children at the service.

Privacy Statement

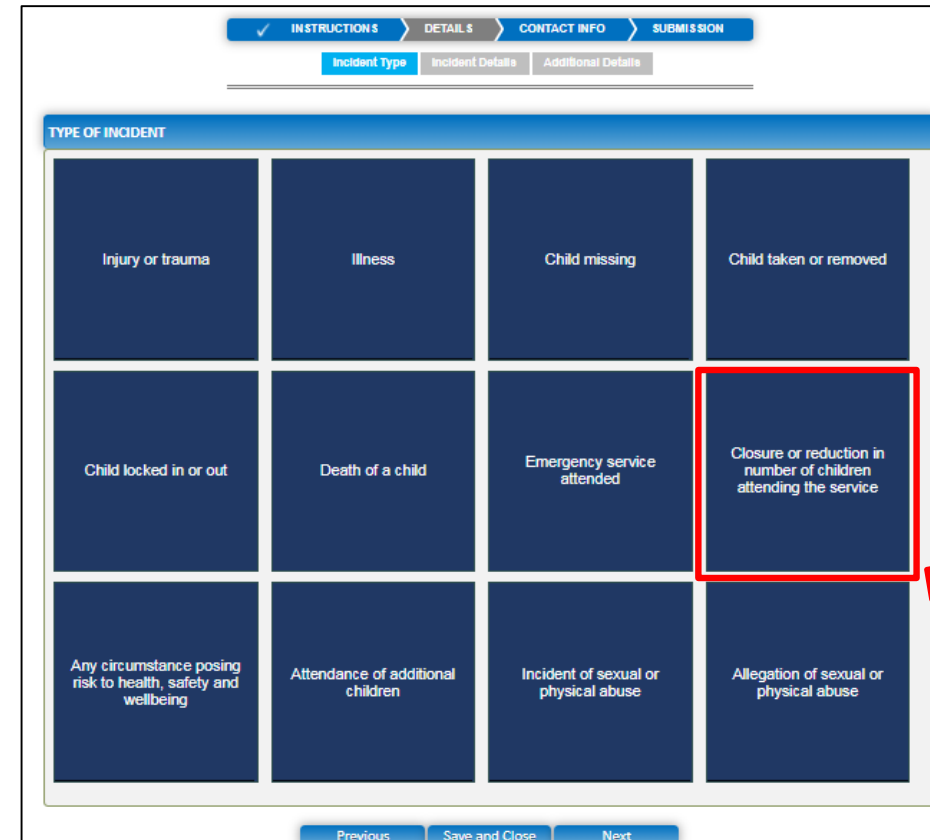
ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy

Cancel **Begin**

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

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**).



INSTRUCTIONS > **DETAILS** > CONTACT INFO > SUBMISSION

Incident Type | Incident Details | Additional Details

TYPE OF INCIDENT

Injury or trauma	Illness	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

Previous | Save and Close | Next

Note: You can only report one incident type through a single **Notification of Incident** form.

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Fill Details in Notification of Incident Form

1.a On selecting a particular **TYPE OF INCIDENT**, the description of the incident type is displayed. Click **Next** to move to the **Incident Details** page.

TYPE OF INCIDENT			
Injury or trauma	Illness	Child missing	Child taken or removed
Child locked in or out	Death of a child	Emergency service attended	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
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

Previous Save and Close **Next**

Note: For assistance in filling in the incident details for an emergency management situation, refer to the [Emergency Management Help Guide](#)

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.

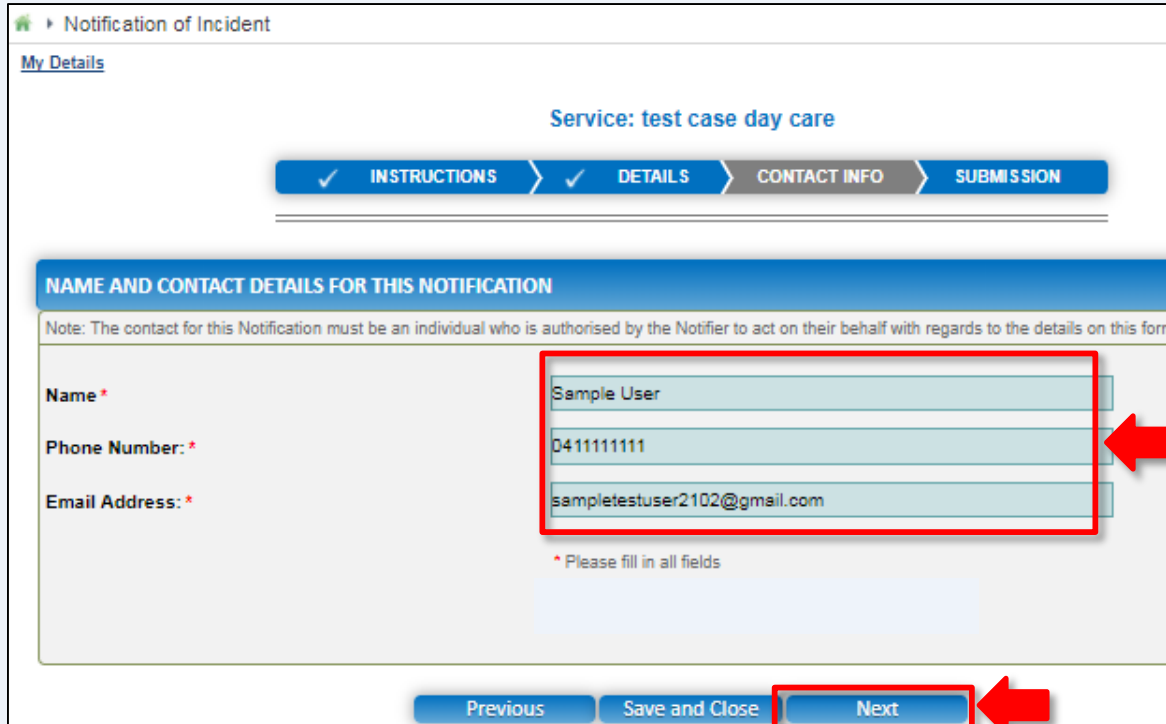
INCIDENT DETAILS	
Incident date: *	<input type="text"/>
Incident Management	
What action was required? *	<input type="radio"/> Closure <input type="radio"/> Number reduction
Please supply the following information:	
<ul style="list-style-type: none"> Detailed description of the incident including nature, time, cause, etc Detailed description of impact on operation of the service including dates and times closed and reduced numbers of children attending the service Involvement of emergency services or other authorities (if relevant) Action taken by Approved Provider to manage the incident Any other relevant information 	
<input type="text"/>	

Previous Save and Close **Next**

[Back to Main Menu](#)

Provide Contact Details in Notification of Incident 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 of the provider. Select **Save as application/notification default contact** (if required). Click **Next**.



Notification of Incident

My Details

Service: test case day care

INSTRUCTIONS DETAILS 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 form.

Name * Sample User

Phone Number * 0411111111

Email Address * sampletestuser2102@gmail.com

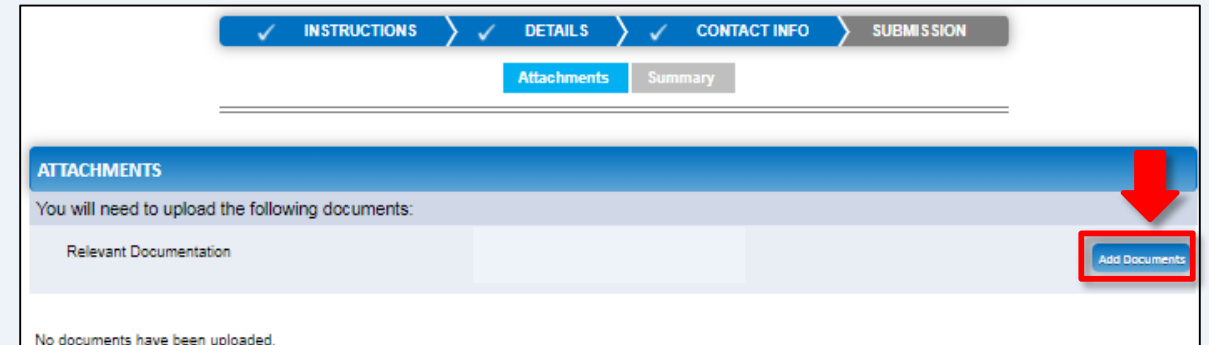
* Please fill in all fields

Previous Save and Close **Next**

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

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.



INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION

Attachments Summary

ATTACHMENTS

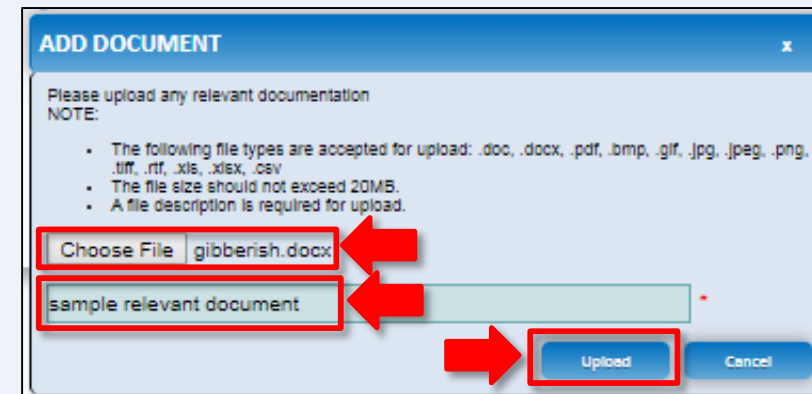
You will need to upload the following documents:

Relevant Documentation

Add Documents

No documents have been uploaded.

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



ADD DOCUMENT

Please upload any relevant documentation

NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File gibberish.docx

sample relevant document

Upload Cancel

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

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Submit Notification of Incident Form

3. After adding all the requested documents, 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	11.20 KB	x Remove
Total Files: 1		Total Size: 11.20 KB		

Previous
Save and
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**.

✔ INSTRUCTIONS >
 ✔ DETAILS >
 ✔ 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: PR-50000891	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	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 or risk, time, cause, etc:		sample detailed incident description sample detailed description of impact on service sample description of involvement of emergency services sample description of action taken for incident management sample miscellaneous information

NOTIFIER'S DETAILS Edit

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
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[Back to Main Menu](#)

Submit Notification of Incident Form

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

ATTACHMENT DETAILS		
Document Type	Description	File Name
Relevant Documentation	sample relevant document	gibberish.docx


[Edit](#)

DECLARATION

I declare that: *

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 right (but will not be obliged) to act in reliance upon the contents of the 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 disclosed to 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 I provide false or misleading information in this form.
 8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

[Previous](#) [Save and Close](#) [Submit](#)

 Submission in progress...

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.

Application Submitted

[My Details](#)

Thank you for your submission

Notification Reference Number: NOT-50005943

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 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.

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 - [Reviewing summary and finalising the form](#)
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 - Steps to print and close the form.

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Access Notification of Complaint Form

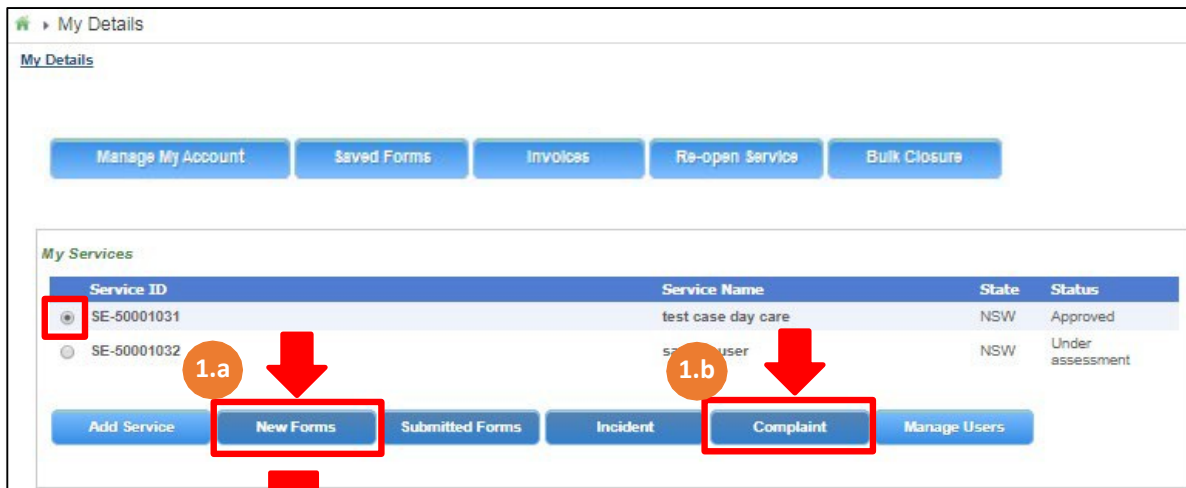
1. From the **My Details** page, in the **My Services** section, select a **Service ID** and perform either steps **1.a** and **1.a.(i)**

OR step **1.b** to access the **Notification of Complaint** form:

1.a Click **New Forms**.

1.a.(i) Then, on the **Submit a Service Form** page, click **Notify** corresponding to the **Form #** : **C01** and **Form Name** : **Notification of Complaints** form.

OR **1.b** Click **Complaint**. The **Notification of Complaint** form opens.

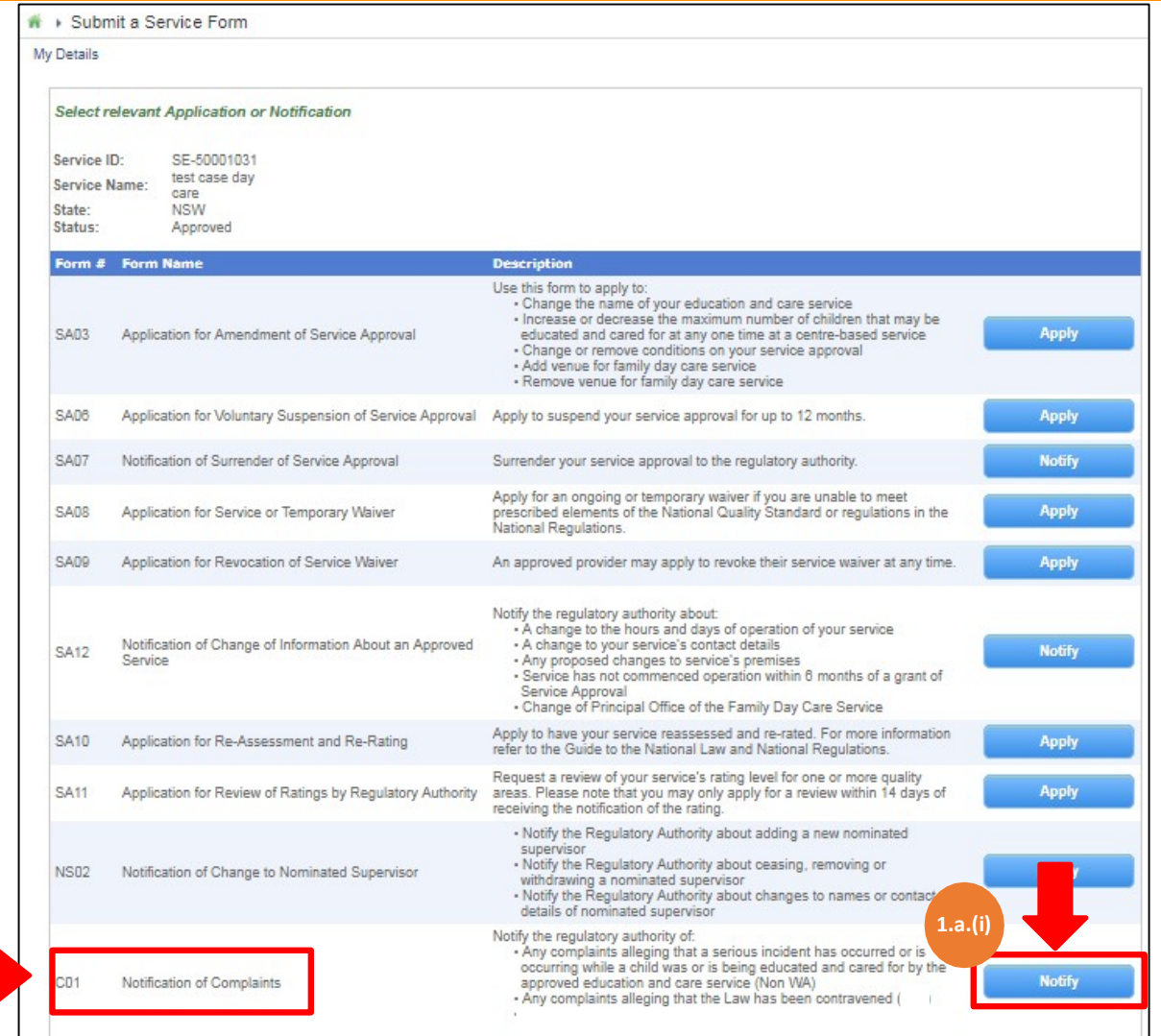


My Details

My Services

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Approved
SE-50001032	...	NSW	Under assessment

Buttons: Add Service, **New Forms**, Submitted Forms, Incident, **Complaint**, Manage Users



Submit a Service Form

My Details

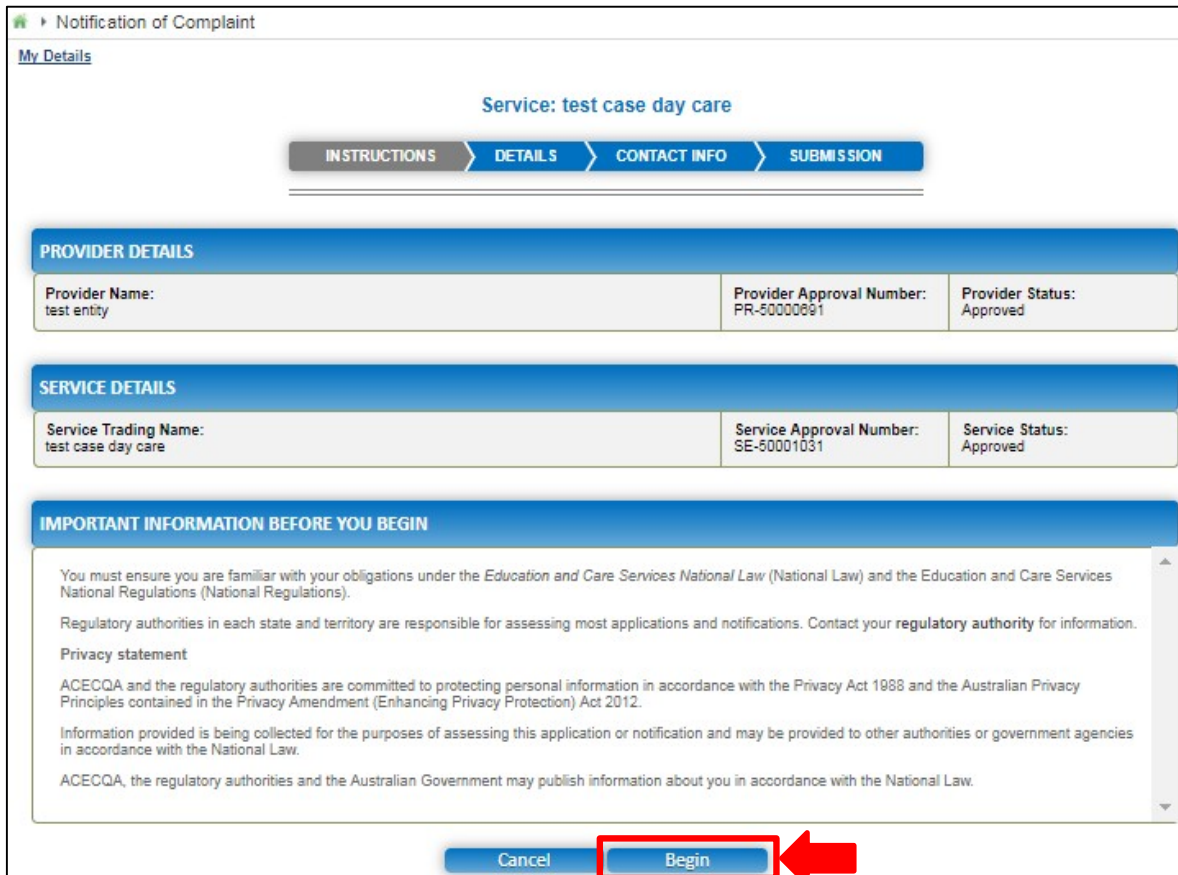
Select relevant Application or Notification

Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description	Action
SA03	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
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
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	Notify
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	Apply
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 (Notify

Begin Notification of Complaint Form

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



Notification of Complaint

My Details

Service: test case day care

INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000091	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

IMPORTANT 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.

Privacy statement

ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in accordance with the National Law.

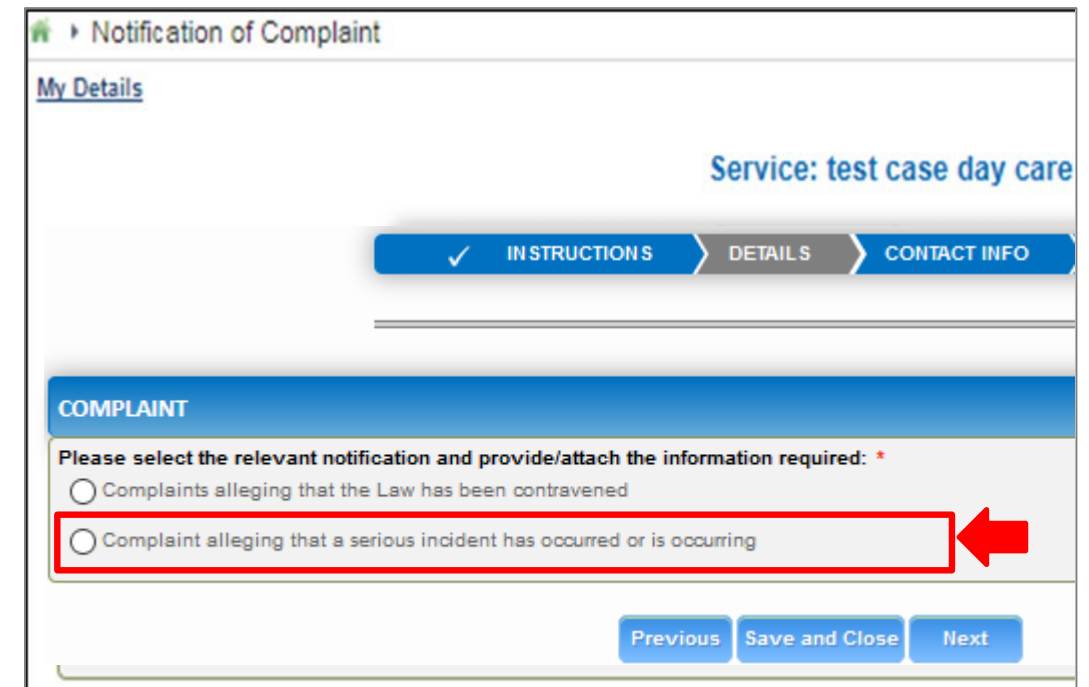
ACECQA, the regulatory authorities and the Australian Government may publish information about you in accordance with the National Law.

Cancel **Begin**

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

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**).



Notification of Complaint

My Details

Service: test case day care

INSTRUCTIONS DETAILS CONTACT INFO

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

Previous Save and Close Next

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

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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

INSTRUCTIONS → DETAILS → CONTACT INFO

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

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 complaint type selected.

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 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

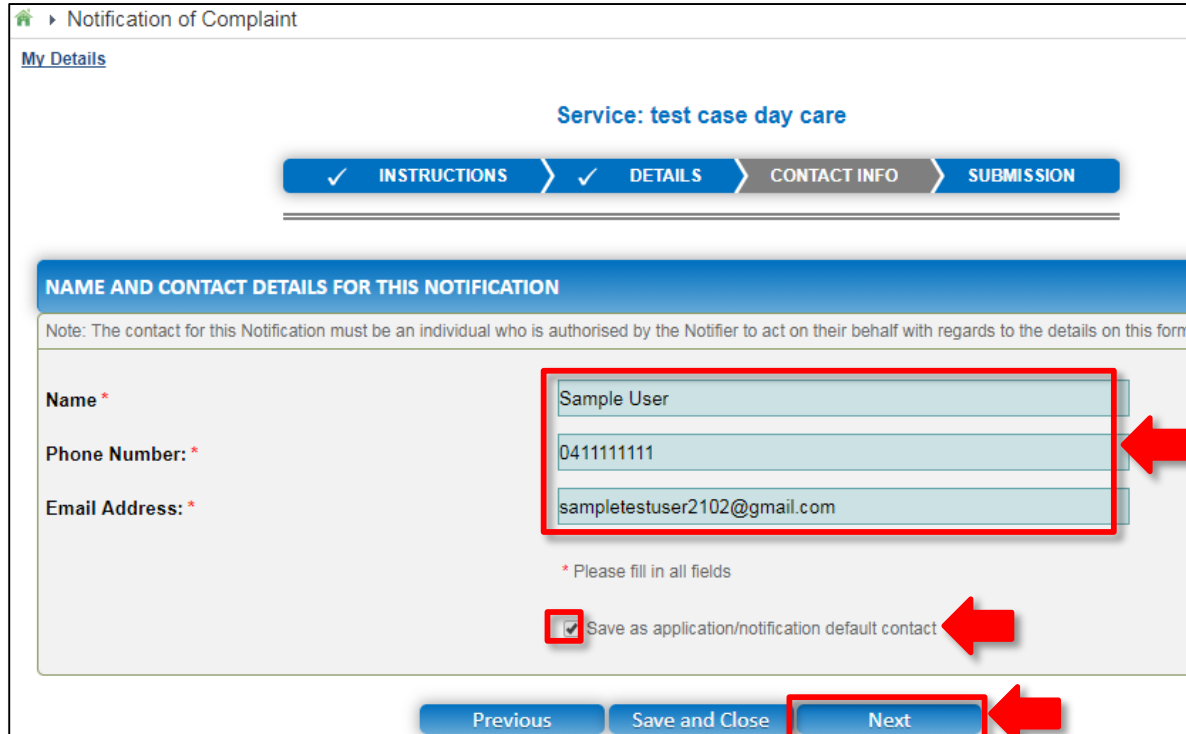
19/01/2018
copy of complaint attached
sample list of actions taken

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**.



Notification of Complaint

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ 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 form.

Name * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

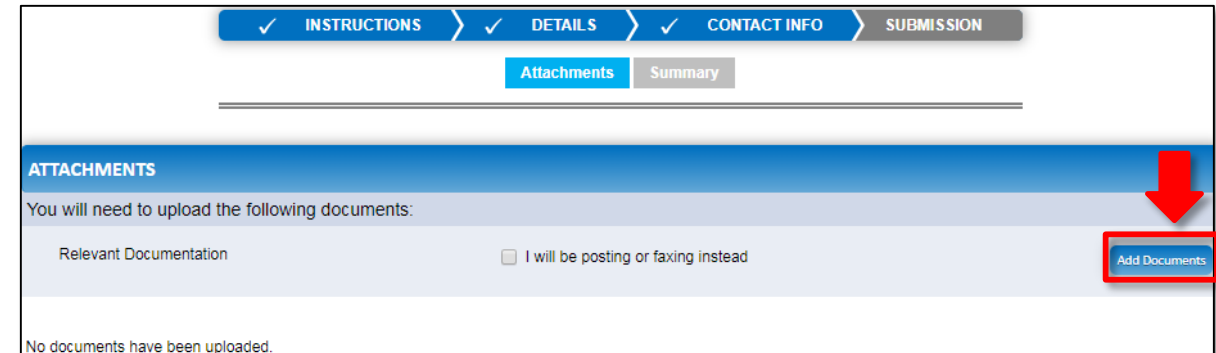
Save as application/notification default contact

Previous Save and Close **Next**

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

Submit 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.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary

ATTACHMENTS

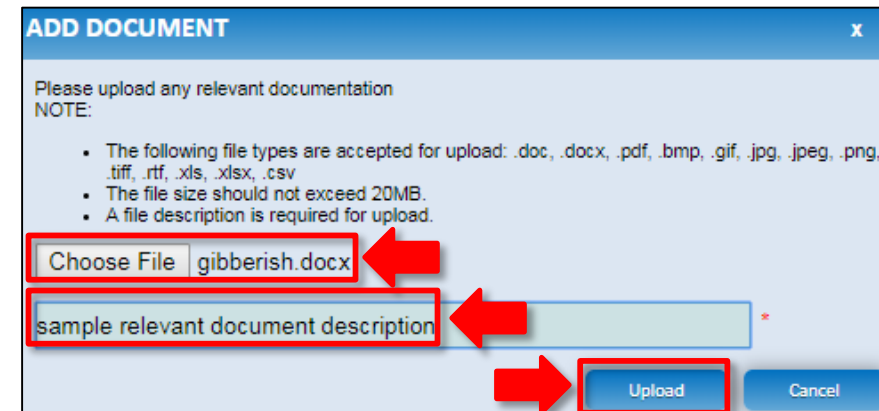
You will need to upload the following documents:

Relevant Documentation I will be posting or faxing instead

Add Documents

No documents have been uploaded.

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



ADD DOCUMENT

Please upload any relevant documentation

NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File gibberish.docx

sample relevant document description *

Upload Cancel

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

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Submit Notification of Complaint Form

3. After adding all the requested documents, 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
Save as
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**.

✓ INSTRUCTIONS >
 ✓ DETAILS >
 ✓ 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 COMPLAINT

Edit

PROVIDER DETAILS

Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: 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 Law has been contravened

COMPLAINT DETAILS

Please supply the following information:*

<ul style="list-style-type: none"> Complainant name and contact details 	sample user 042222222
----------------------------------------------------------------------------------------	-----------------------

Please supply the following information:

<ul style="list-style-type: none"> 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
--------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

Please supply the following information:*


<ul style="list-style-type: none"> 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 sample list of actions taken
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

[Back to Main Menu](#)

Submit Notification of Complaint Form

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

NOTIFIER'S DETAILS		
Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
		Edit
ATTACHMENT DETAILS		
		Edit
Document Type	Description	File Name
Relevant Documentation	sample relevant document description	gibberish.docx
DECLARATION		
<input checked="" type="checkbox"/> I declare that: * <ol style="list-style-type: none"> The information provided in this application form (including any attachments) is true, complete and correct; I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form; 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; I have read and understood a Provider's legal obligations under the <i>Education and Care Services National Law</i>; The Regulatory Authority is authorised to verify any information provided in this application; Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the <i>Family Assistance Law</i> and may be disclosed to other persons/authorities where authorised by the <i>Education and Care Services National Law</i> or other legislation; and I am aware that I may be subject to penalties under the <i>Education and Care Services National Law</i> if I provide false or misleading information in this form. 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). 		
Previous		Save and Close Submit

 Submission in progress...

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.

Application Submitted	
My Details	
<h2>Thank you for your submission</h2>	
Notification Reference Number:	NOT-50005954
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 **RA Requested Information (RI01)** 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**

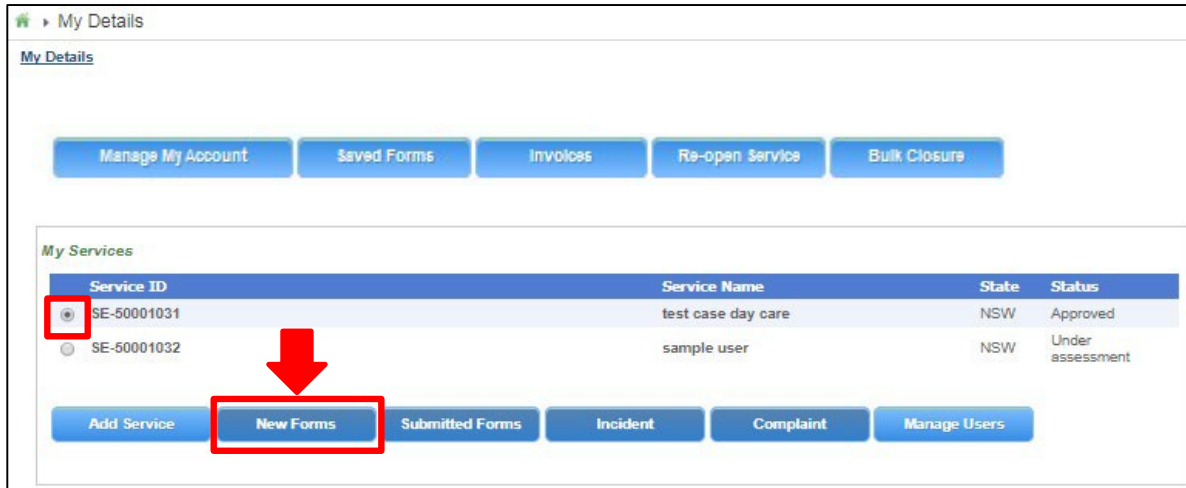
Table of Contents

- [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:
 - [Select type of document to upload.](#)
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- [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:
 - [Reviewing summary and finalising the form](#)
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 - Steps to print and close the form.

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Access RA Requested Information Form

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



My Details

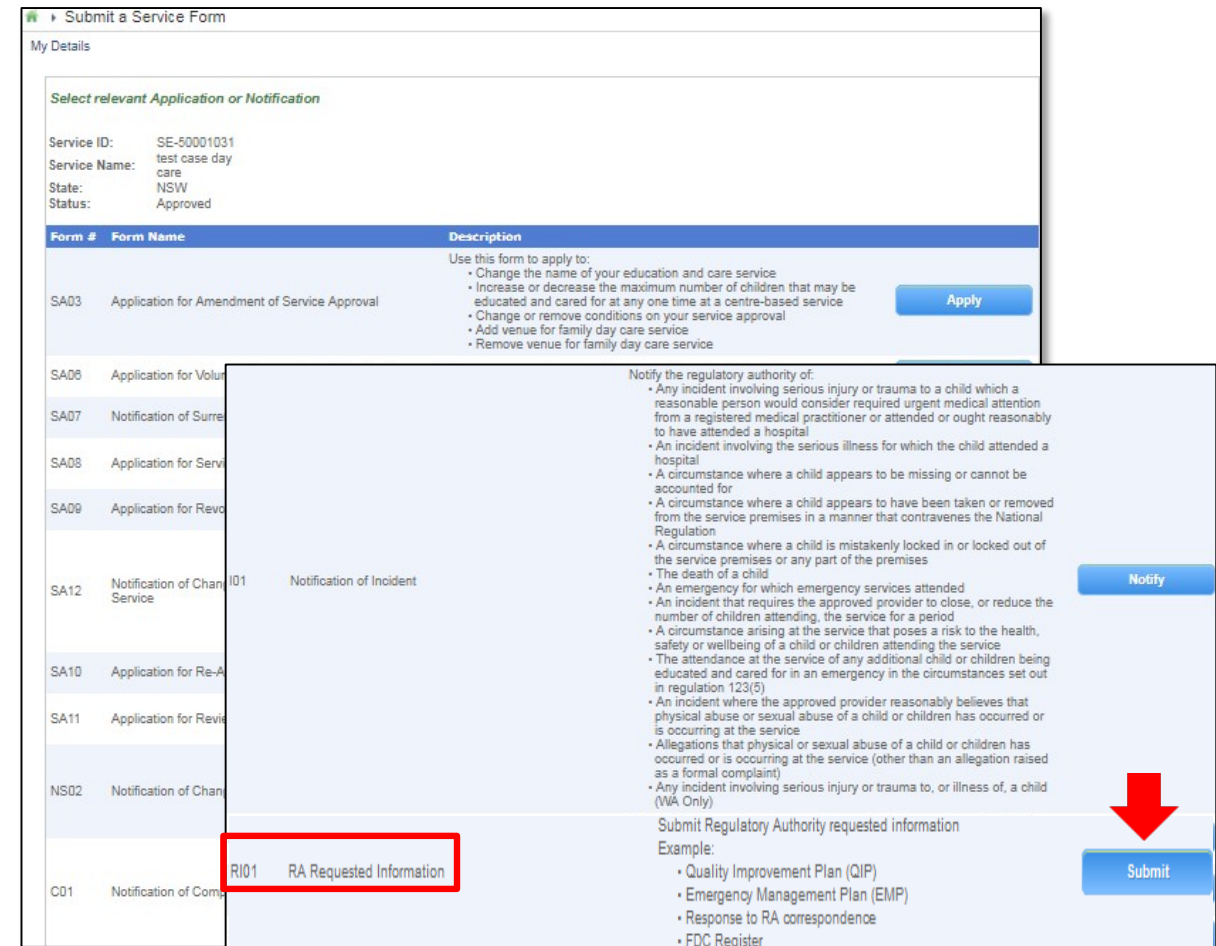
Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closure

My Services

Service ID	Service Name	State	Status
<input checked="" type="radio"/> SE-50001031	test case day care	NSW	Approved
<input type="radio"/> SE-50001032	sample user	NSW	Under assessment

Add Service | **New Forms** | Submitted Forms | Incident | Complaint | Manage Users

2. On the **Submit a Service Form** page, click **Submit** corresponding to the **Form # : RI01** and **Form Name : RA Requested Information**.



Submit a Service Form

My Details

Select relevant Application or Notification

Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description	Action
SA03	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
SA06	Application for Volu	Notify the regulatory authority of: • Any incident involving serious injury or trauma to a child which a 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 hospital • A circumstance where a child appears to be missing or cannot be accounted for • A circumstance where a child appears to have been taken or removed from the service premises in a manner that contravenes the National Regulation • A circumstance where a child is mistakenly locked in or locked out of the service premises or any part of the premises • The death of a child	Notify
SA07	Notification of Surre		
SA08	Application for Serv		
SA09	Application for Rev		
SA12	Notification of Chan Service	RI01 Notification of Incident	
SA10	Application for Re-A		
SA11	Application for Rev		
NS02	Notification of Chan		
CO1	Notification of Com		

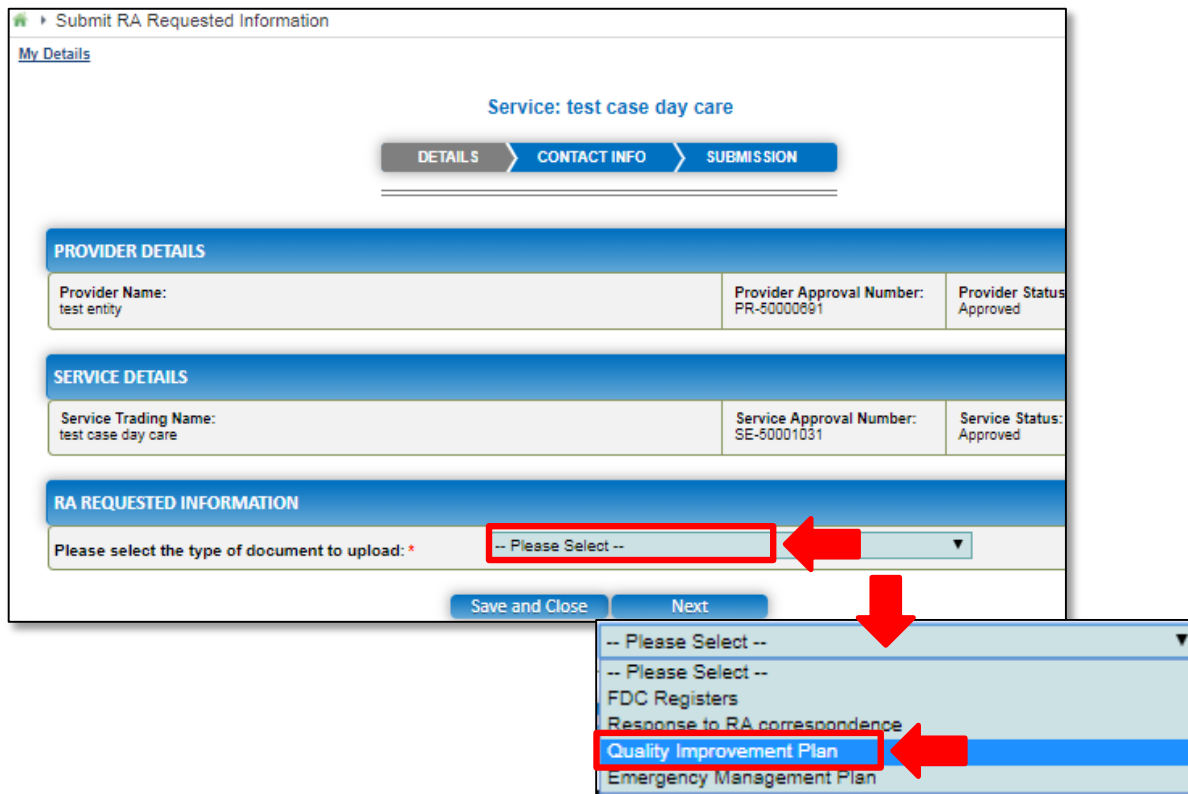
Submit Regulatory Authority requested information
Example:
• Quality Improvement Plan (QIP)
• Emergency Management Plan (EMP)
• Response to RA correspondence
• FDC Register

RI01 RA Requested Information | **Submit**

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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**.



Submit RA Requested Information

My Details

Service: test case day care

DETAILS CONTACT INFO SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000891	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

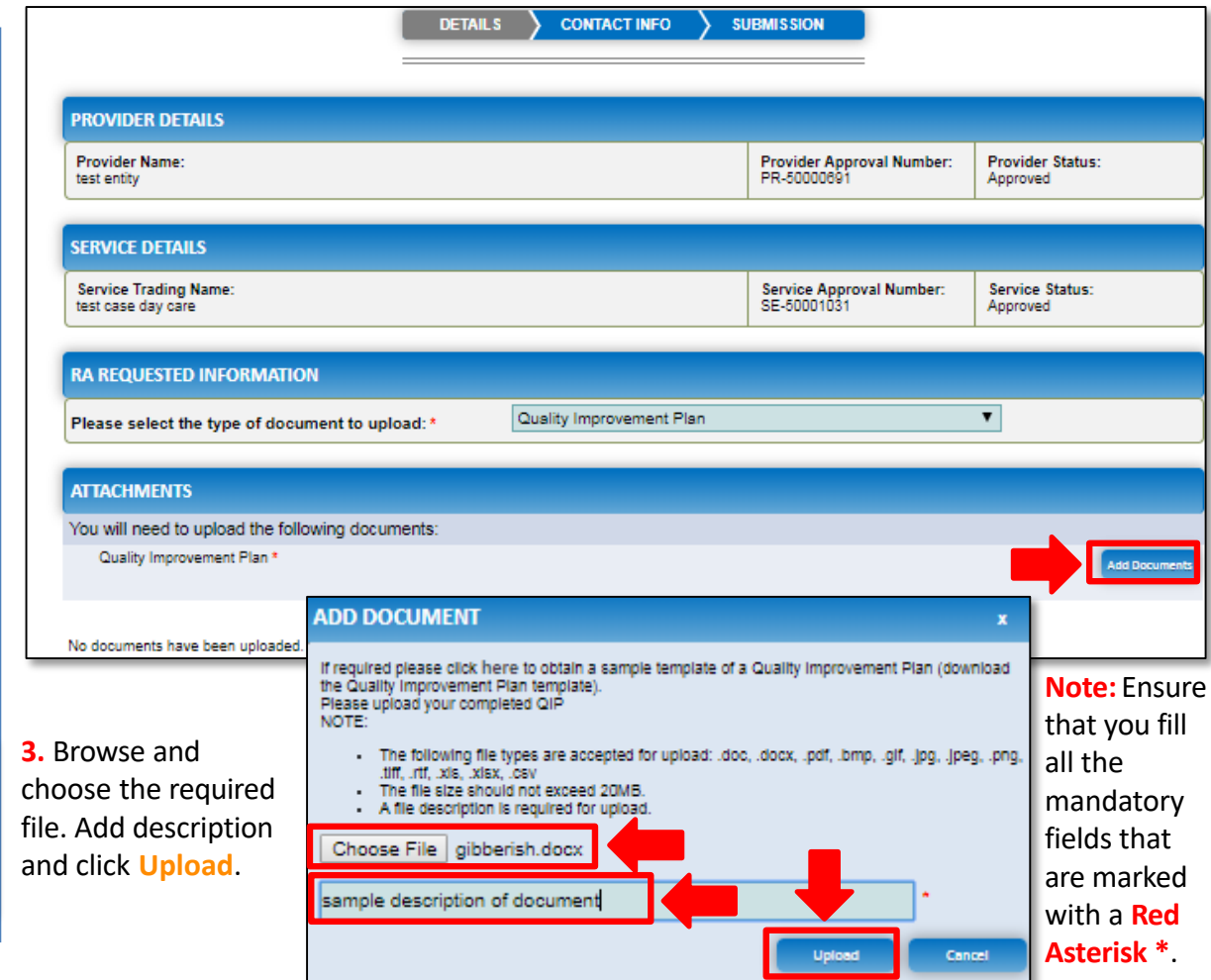
RA REQUESTED INFORMATION

Please select the type of document to upload: * -- Please Select --

Save and Close Next

- Please Select --
- Please Select --
- FDC Registers
- Response to RA correspondence
- Quality Improvement Plan**
- Emergency Management 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: PR-50000891	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

RA REQUESTED INFORMATION

Please select the type of document to upload: * Quality Improvement Plan

ATTACHMENTS

You will need to upload the following documents:

- Quality Improvement Plan *

Add Documents

No documents have been uploaded.

ADD DOCUMENT

If required please click here to obtain a sample template of a Quality Improvement Plan (download the Quality Improvement Plan template).
Please upload your completed QIP
NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File gibberish.docx

sample description of document *

Upload Cancel

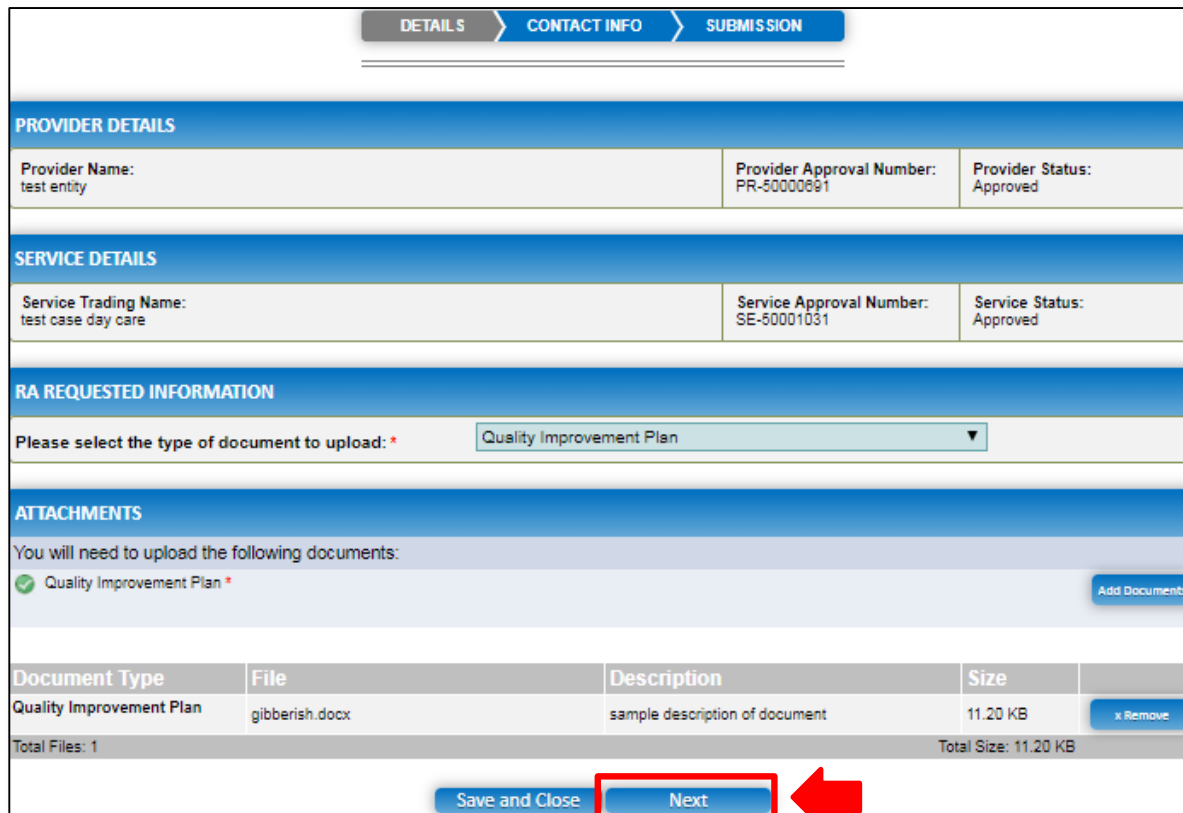
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

3. Browse and choose the required file. Add description and click **Upload**.

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Fill Details in RA Requested Information Form

4. After adding all the requested documents, click **Next**.



DETAILS CONTACT INFO SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000691	Provider Status: Approved
-------------------------------	------------------------------------------	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---------------------------------------------	-----------------------------------------	-----------------------------

RA REQUESTED INFORMATION

Please select the type of document to upload: * Quality Improvement Plan

ATTACHMENTS

You will need to upload the following documents:

- Quality Improvement Plan *

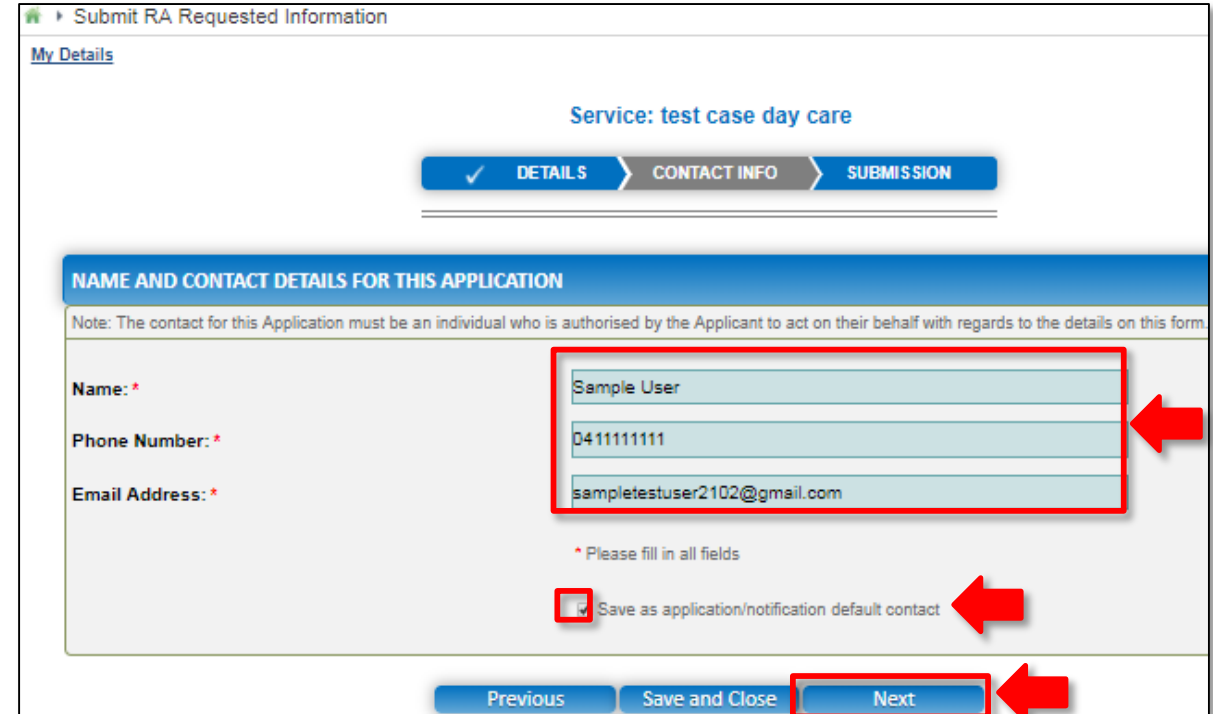
Document Type	File	Description	Size
Quality Improvement Plan	gibberish.docx	sample description of document	11.20 KB

Total Files: 1 Total Size: 11.20 KB

Save and Close **Next**

Provide Contact Details in RA Requested Information 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**.



Submit RA Requested Information

My Details

Service: test case day care

DETAILS CONTACT INFO SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

Name: * Sample User

Phone Number: * 0411111111

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 ***.

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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**.

✓ DETAILS > ✓ CONTACT INFO > **SUBMISSION**

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.

RA REQUESTED INFORMATION Edit

PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000991	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved

ATTACHMENT DETAILS Edit

Document Type	Description	File Name
Quality Improvement Plan	sample description of document	gibberish.docx

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

NOTIFIER'S DETAILS Edit

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
---------------------	----------------------------	-----------------------------------------------

DECLARATION

I declare that: *

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- 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;
- I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- The Regulatory Authority is authorised to verify any information provided in this application;
- 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* or other legislation; and
- 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.
- 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).

Previous Save and Close Submit

Submission in progress...

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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.



Application Submitted

My Details

Thank you for your submission

Notification Reference Number: NOT-50005972

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.