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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- <u>Access NQA IT System</u>
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- <u>Create Account</u>
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- <u>Set Password</u>
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- <u>Sign In</u>
 - Steps to log in the NQA IT System portal with the account and password credentials.
- <u>Reset Password</u>
 - Steps to change the password (if needed).



Access NQA IT System

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

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





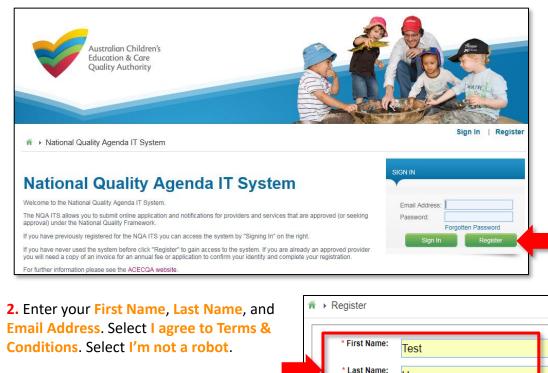
Australian Children's Education & Care Quality Authority

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Create Account

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

1. Click Register.



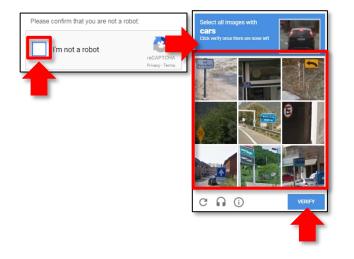
User

testuser2102@gmail.com

I agree to Terms & Conditions

Email Address:

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.



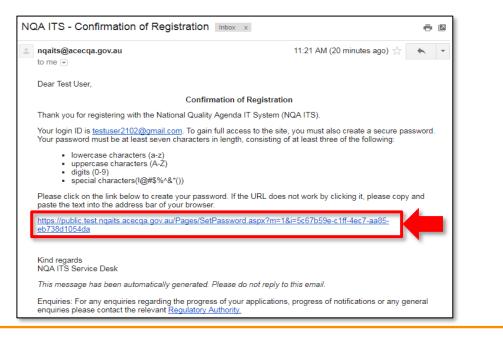
Set Password

After creating an account, set up password.

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

COMPOSE	Primary	🚨 Social
Inbox (1)	🗌 🕁 ngaits	NQA ITS - Confirmation of Registration

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.



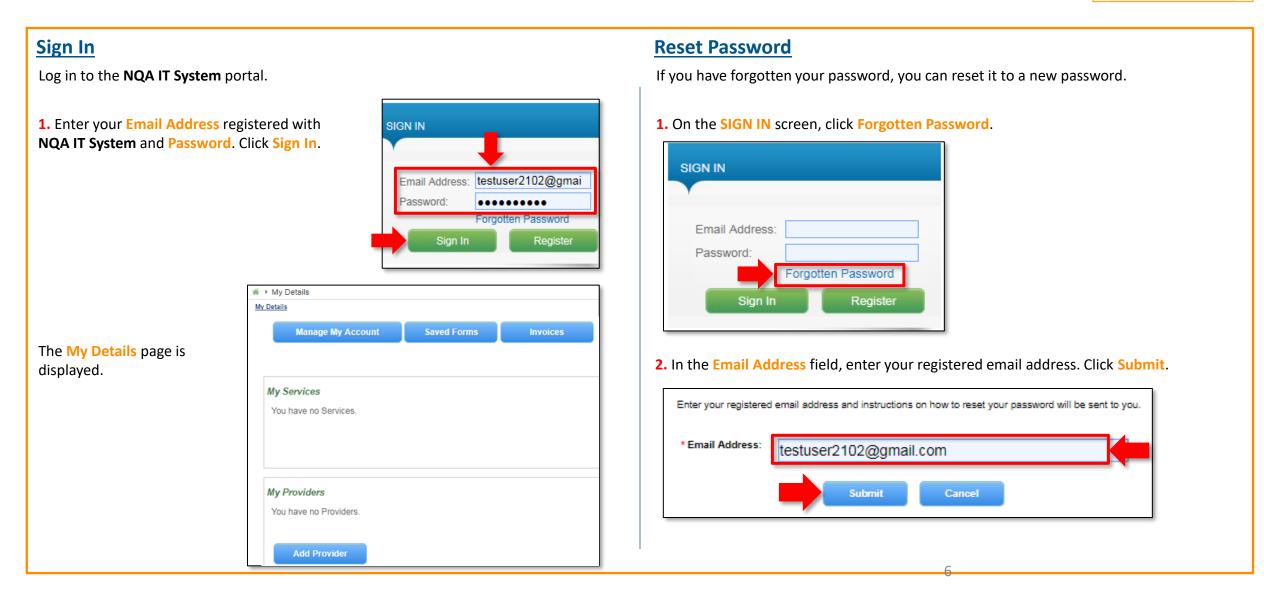
3. Enter password in the **Password** field based on the selection criteria displayed on the screen and enter the same password in the **Re-enter Password** field. Click **Submit**.

Email Address:	testuser2102@gmail.com	
	lesiuserz rozi@gmail.com	
Password:	•••••	
Re-enter Password:		
		n length, consisting of at least three of the follo
ease note: Your p lowercase cha uppercase cha digits (0-9)	acters (a-z)	n length, consisting of at least three of the folk

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









Inbox (1)

NQA ITS - Password Reset

Back to Main Menu

Reset Password

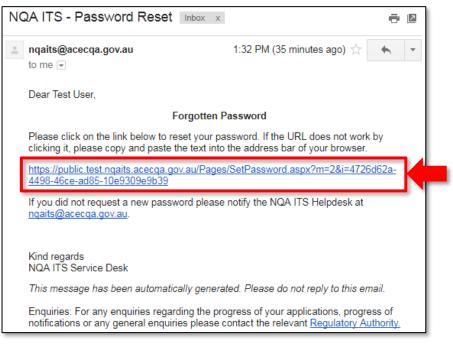
3. The **Password Reset Confirm** message is displayed with the following text: "An email with **Password Reset Instructions has been sent to the email address supplied**". Click **Ok**.

* Password Reset C	Confirm		
An	email with Password Reset in:	structions has been sent to	the email address supplied
4. From your regis	tered email account, ope	n the NQA ITS - Passwo	ord Reset email.
COMPOSE	Primary	🚨 Social	Promotions

nqaits

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

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





Reset Password

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

* → S e	et Password			
Pleas	se enter your ne	w password.		
En	nail Address:	testuser2102@gmail.com		
	Password:			
	Re-enter Password:	••••••		
:	lowercase char uppercase char digits (0-9)		length, consisting of at least three	of the following:

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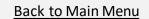
- Navigate the Portal
 - Components of the My Details page with portal navigation
- Manage Account Details
 - Account details management, such as editing user's name and changing password
- <u>Work with Saved Forms</u>
 - Viewing the list of saved forms
 - Editing a saved form
 - Deleting a saved form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

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- <u>Searching invoices based on a search criteria</u>
- Making payments
- Work with My Services
 - Viewing service details and editing details
 - Adding new services
 - Changing Nature of Care
 - Opening and submitting new application and notification forms
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 - <u>Viewing the list of all services</u>
- Work with My Providers
 - Viewing provider details and editing details
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 - Viewing submitted forms
 - Managing users
 - Viewing the list of all providers





Navigate the Portal

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

MyDetails Help	2 Phil Kent - Log Out 3 vider by clicking the Add Provider button. Note: You will be	MyDetails Help	invoices. Click here to view			Phil Kent v	I Log Out
required to encryour Provider Approver by the system of th	8 Bulk Closure	Manage My Account	Saved Forms Invoices	Re-open Ser	Vice Bulk Closu	re Register Sea	rch
		My Services 9					
		Service ID	Service Name	State	Service Type	Status	CCS Status
My Services 9		O SE-00006350	Abbotsleigh Early Learning Centre	NSW	Out of Scope	Approved	Under Assessment
You have no Services.		O SE-QLD00062	AEIOU Bundaberg	QLD	Out of Scope	Approved	
		O SE-50011352	Funtastic	NSW	Centre-Based Care	Approved	Under Assessment
		Add Service	New Forms Submitted Forms	Incident	Complaint	Manage Users	
My Providers You have no Providers.		View All Services(21) My Providers					
		Provider ID	Provider Name	State	Provider Type	Status	CCS Status
		O PR-QLD00044	AEIOU Foundation	QLD	Out of Scope	Approved	CURRENT
		O PR-50010985	Lee Bowyer	NSW	In Scope	Approved	
Above screenshot shows the My Details page for a first providers linked.	t-time user with no services or	Link Provider	Add Provider New Forms	Submitted Forms	Manage Users	View All Providers(1	3)
Refer to the next slide for the explanation of each num	ibered area.	Above screensh providers linked	not shows the My Deta 1.	ils page for	a user that	has services	and



Navigate the Portal

- Various components of the My Details page are listed and described below.
- **1.** My Details: takes 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:

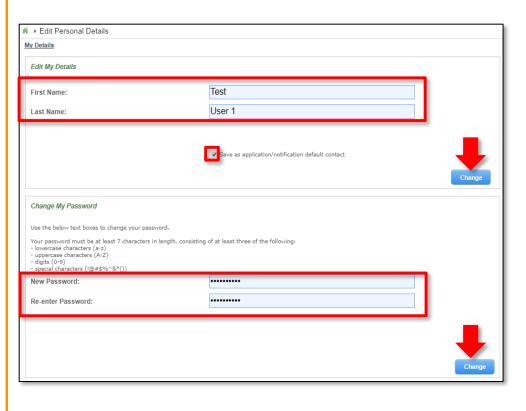
• If you have no provider already linked, this section displays the message 'You have no Providers' along with the Link Provider and Add Provider action buttons and all other action buttons are unavailable.



Manage Account Details

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

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



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

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



Work with Saved Forms

1. You need to 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 system.

Manage My Accoun	t Saved Forms	involces Re-ope	en Service	Bulk Closure	
ly Services					
Service ID		Service N sample	Yame	State	Status
 SE-50001030 			rading Sample 1	NSW	Approved
Add Service	New Forms Submitted	Forms Incident	Complaint	Manage Users	

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.

Search		3 rec
garding 1.a	Туре	Date Started Created Action 1
mple (SE-50001019)	Notification of Complaints	13/12/2017 Test User Resume
lank>	Application for Service Approval	12/12/2017 Test User Result
		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?

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



Work with Invoices

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

<u>Iv Details</u> ▲ You have outstandin	ng invoices. Click	here to view			
Manage My Account	Saved Forms	Involces	Re-open Service	Bulk Closure	
My Services					
Service ID				Service	Name
SE-50001031				test cas	e 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 F Unpaid O Paid Search	Provider/Supervisor Name				
					1 record(s)
Invoice Number	Description	Name	Amount	Due Date	Status
INV-15014-Q0G1J9	Service Approval Family Day Care	test entity	\$649.00	07/03/2018	Pay Now

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

Search by Invoice ID or Pro	wider/Supervisor Name				9 record(s)
Invoice Number	Description	Name	Amount	Due Date	Status
INV-15011-L9R9X3	Service Approval Family Day Care	test entity	\$649.00	04/03/2018	0
INV-15002-P0C0R3	Transfer of Service Approval	example	\$107.00	22/02/2018	0
INV-14992-Y8Q4D9	Service Approval Centre Based - Small	example	\$432.00	16/02/2018	۲

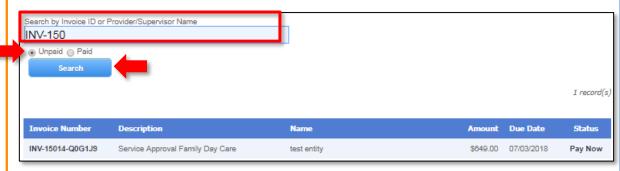
Similarly, to view the list of all unpaid invoices, select **Unpaid**. The list of unpaid invoices is displayed. To open an invoice and view its details, click its **Invoice Number**.

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



Work with Invoices

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

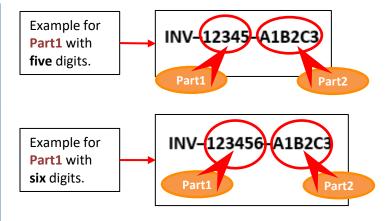


Note: Invoice Number / ID can be of the following format:

INV-<Part1>-<Part2>

Where,

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



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

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



Work with Invoices

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

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

your payn gistered e-

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: *	Visa 🗸
Name on Credit Card: *	TEST USER
Credit Card Number:*	1111 2222 3333 4444
Card Expiry (mm/yy):*	12 🗸 19 🗸
Card Security Code: *	123 VVhat Is a CSC?
Email payment confirmation:	testuser2102@gmail.com
	You will be e-mailed a confirmation of to an email address other than your r
	Continue Cancel

Note: You can make online payments only if your regulatory authority allows the same. 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**.

Please review your payment details caref	ully 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: *	Visa 🗸
Name on Credit Card: *	TEST USER
Credit Card Number:*	1111 2222 3333 4444
Card Expiry (mm/yy):*	12 🗸 19 🗸
Card Security Code:*	123 What is a CSC?
Email payment confirmation:	testuser2102@gmail.com
	You will be e-mailed a confirmation of your payment. If you would like the pa to an email address other than your registered e-mail address, please enter the
	Complete Payment Cancel

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

	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 equilibre respective the programs of your as	pplication, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA we



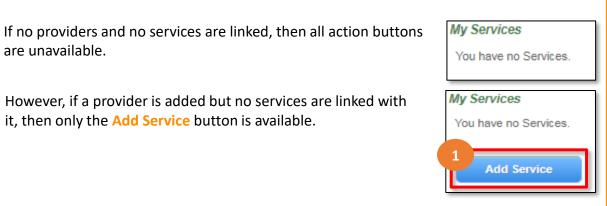
Work with My Services: Viewing and Editing Service Details

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 Service, Re-open Service, 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	Service Type	Status	CCS Status	Provider Name
SE-00006350	Abbeen arly Learning Centre	NSW	Out of Scope	Approved	Under Assessment	The Council of Abbotsleigh
SE-QLD00062	AEIOU Bundaberg	QLD	Out of Scope	Approved		AEIOU Foundation
SE-50011352	Funtastic	NSW	Centre-Based Care	Approved	Under Assessment	Funtastic
SE-50011888	Kids Club	NSW	Family Day Care	Approved		Lee Bowyer
SE-50011506	Kentish Addicks PLC	NSW	Centre-Based Care	Approved	Under Assessment	Lee Bowyer
SE-50011933	a	NSW	Centre-Based Care	Approved		Phil's Kids Club
SE-50011385	Its a test	NSW	Centre-Based Care			Funtastic
SE-50011434	Bugs Bunny	NSW	Centre-Based Care	Approved		Funtastic
SE-50011897	a	QLD	Centre-Based Care	Cancelled		Lee Bowyer
SE-00011985	Omnia's service	NSW	Centre-Based Care	Surrendered		123 4 567
		1	23			
Add Service	Re-open Service New Forms	Submitte	ed Forms	Incident		Complaint Manage Users



You can see the CCS Status of any linked services.

The Service Type column shows if a service is centre-based, family day care or out of scope.

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

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

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

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

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



Work with My Services: Adding New Services



Notes:

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

1. To add a new service, click Add Service

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

_				
	Search			
				3 reco
_	Provider ID	Provider Name	State	Status
۲	PR-50000694	example	NSW	Approved
0	PR-50000691	test entity	NSW	Approved
0	PR-50000696	Sample Name and Try Entity	NSW	Under Assessment
	lew Service			
	lew service			

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

		Provider:	example		
	INSTRUCTIONS		CONTACT INFO	SUBMISSION	
ROVIDER DETAILS					
rovider Name: kample				ovider Approval Number: R-50000694	Provider Status: Approved
IPORTANT INFORMATIO	M BEFORE TOU BEGIN				
You must ensure you are fair National Regulations (Nation	nillar with your obligations under al Regulations).	the Education and Care	Services National Li	aw (National Law) and the Ed	ucation and Care Services
-	h state and territory are respons	Ible for assessing most a	applications and noti	ications. Contact your regula	tory authority for information.
Your application will not be p	reneward unless all configure area	-			
	rocesseu uniess all sections are	deemed satisfactorily co	ompleted and suppor	ting documents supplied, as v	vell as any prescribed fees
paid where applicable. The regulatory authority will r extended if further informatio	make a decision on your applica in is requested or with the agree	tion within 90 days subj	ect to your application	n being deemed complete. Ti	his timeframe may be
paid where applicable. The regulatory authority will r extended if further informatio granted.	make a decision on your applica	tion within 90 days subj ment of the applicant. Th	ect to your applications application application approval with the service approval with the ser	n being deemed complete. Ti III not be granted until a provi	his timeframe may be der approval has been
paid where applicable. The regulatory authority will r extended if further informatio granted.	make a decision on your applica In is requested or with the agree	tion within 90 days subj ment of the applicant. Th	ect to your applications application application approval with the service approval with the ser	n being deemed complete. Ti III not be granted until a provi	his timeframe may be der approval has been
paid where applicable. The regulatory authority will r extended if further informatio granted. NOTE: This is not an applic	make a decision on your applica In is requested or with the agree	tion within 90 days subj ment of the applicant. Th	ect to your applications application application approval with the service approval with the ser	n being deemed complete. Ti III not be granted until a provi	his timeframe may be der approval has been
paid where applicable. The regulatory authority will r extended if further informatio granted. NOTE: This is not an applic Privacy Statement	make a decision on your applica n is requested or with the agree cation for Child Care Benefit ((tion within 90 days subj ment of the applicant. Th	ect to your applications application application approval with the service approval with the ser	n being deemed complete. Ti III not be granted until a provi	his timeframe may be der approval has been
paid where applicable. The regulatory authonity will re- extended if further informatio granted. NOTE: This is not an applic Privacy Statement IPPORTING DOCUMENT NS01 Nominated Super The approved provider of	make a decision on your applica in is requested or with the agree bation for Child Care Benefit (ATION	tion within 50 days sub ment of the applicant. Tr CCB) under the Family	lect to your application e service approval v Assistance Law. Yo	n being deemed complete. Ti Il not be granted until a provi u must apply to the Austral	his timeframe may be der approval has been lian Government for this.



Provider: test entity IS
S DETAILS CONTACT INFO SUBMISSION
Details Operational Hours Building Information Supervisor Details
etaits operational noors Building mormation Supervisor Detaits
Check ABN
Please Select 🔻
RESS DETAILS
e.g 0212345678, 1800XXXXX
* Please enter Phone Number or Mobile Number or both
e.g 0212345678, 1800XXXXXX
Service Location Address
123 Street, Suburb, State
Service Postal Address
C I Osla advess Same as Buove
e.g 0212345678, 1800XXXXXX

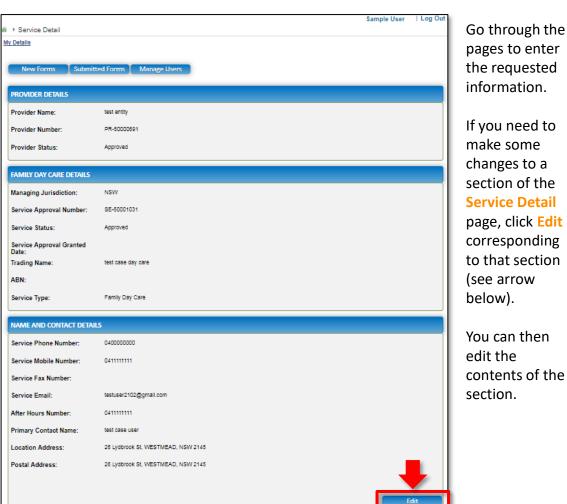
Mark with My Sarvicas: Adding Now Sarvicas

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



Nork with My Services: Changing Nature of Care								
My Services								
Service ID			Service	2 Name	State	Status		
O SE-50001019		sample				Approved		
O <u>SE-50001030</u>		Service Trading Sample 1				Approved		
Add Service	New Forms	Submitted Forms	Incident	Complaint	Manage Users			

1. To change Nature of Care for a service, click on the Service ID (see underlined above)

III > Service Detail My Details New Forms Submitte PROVIDER DETAILS Provider Name:	Sample User Log ed Forms Manage Users test entry	Details of the provider and the service will be displayed.
Provider Number:	PR-5000691	Scroll down to
Provider Status:	Approved	halfway down the page to find the
4		EXPECTED NATURE
EXPECTED NATURE OF EDUCAT	TON AND CARE	OF EDUCATION AND
Long Day Care:	2	CARE section.
Preschool / Kindergarten - stand-alone:	8	
Preschool / Kindergarten - part of school:		
Outside of school hours care - before school:		
Outside of school hours care - after school:		3. Click Edit at the
Outside of school hours care - vacation care:	Eat	bottom right to enable the section to be edited.

4. There should already be at least one Nature of Care option already selected.

EXPECTED NATURE OF EDUCATION AND CARE

- To remove an option, un-tick the box for it.
- To add an option, tick the box for it.

- To retain an existing option, leave the tick box as it is.

When you have finished, click the Proceed button.

	A notification of change will now be s Pressing cancel will undo any changed	ent on your behalf detailing the change of information. Please provide a name 5.	and email address to receive a copy of this notification.
	Notifier's Details		
 The notifier's 	Name:*	Test Provider	
contact details will	Phone Number: *	1231231231	
	Email Address:*	siew-sim.lim@acecqa.gov.au	
display along with a		* Please fill in all fields	
declaration that			
should be read.	Declaration		
should be read.	By submitting this change request I dec	plane that	
When you are ready, click the <mark>Submit</mark> button.	 I have read and understo The Regulatory Authority Some of the information other persons/authorities I am aware that I may be this form. I agree that the regulator 	In this notification is true, complete and correct; od a Provider's legal obligations under the Education and Care Servi is authorised to verify any information provided in this notification, provided may be disclosed to Commonwealth for the purposes of it where authorised by the Education and Care Services National Law e subject to penalties under the Education and Care Services National y authority may serve a notice under the National Law using the co dress or fax number (in accordance with section 293 of the National	he Family Assistance Law and may be disclosed to or other legislation; and I/ Law if I provide false or misleading information in ntact details provided in this notification, including the

20

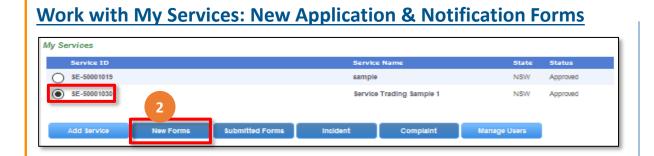
6. Note that approval from the regulatory authority must be granted before the change can go ahead.

A popup will appear that states that the changes will only apply when approved.

Your regulatory authority will contact the notifier to discuss the relevant details necessary for granting approval. Click OK to complete the submission.







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.

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

Further References:

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

★ > St	ubmit a Service Form		
My Deta	115		
Selec	r relevant Application or Notification		
Servic Servic State: Status	e Name: Service Trading Sample 1 NSW		
Form	# Form Name	Description	
SAD3	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	2.a
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Арріу
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notify
SADS	Application for Service or Temporary Walver	Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the National Regulations.	Apply
SA09	Application for Revocation of Service Walver	An approved provider may apply to revoke their service 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	2.b
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
C01	Notification of Complaints	Notify the regulatory authority of: • Any complaints alleging that a serious incident has occurred or is occurring while a child was or is being educated and cared for by the approved education and care service (Non VWA) • Any complaints alleging that the Law has been contravened (ALL) • Complaints alleging that the safety, health or wellbeing of a child was or is being compromised (VWA Only)	Notity



Work with My Services: New Application for out of scope services

Providers with out of scope services must apply to and notify their regulatory authority directly. However, the following forms for Child Care Subsidy applications are available.

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

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

3. 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.

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

Form #	Form Name	Description	
CCS01	Application for CCS Provider and Service Approval	An application to become an approved provider to administer Child Care Subsidy (CCS) in respect of one service. Note: National Law (NL) provider and service approvals are required to make this application, unless this service operates out of scope of the NL.	Not Applicable
CCS02	Application For Child Care Subsidy	An application to apply to administer Child Care Subsidy (CCS) for an additional service. Note: This application may be used by an existing CCS approved provider, or a prospective CCS provider applying for an additional service who has also made an application for CCS Provider and Service approval (first service). National Law (NL) provider and service approval are required to make this application, unless this service operates out of scope of the NL.	Apply



Work with My Services: Viewing Submitted Forms My Services Service ID Service Nar State Status SE-50001019 \cap sample SE-50001030 Service Trading Sample 1 Add Service New Forms Submitted Form Incident Complaint Manage Users

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

4. 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.

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

₩y De	My Forms etails						
	Application	on ONotification					i necord(s)
	Identifier	Regarding	Туре	Status	Submitted Date	Submitted By	Additional Documentation
4.a	APP-50006894	Service Trading Sample 1	Application for Service Approval	Received	18/12/2017	Test User 2	Add 3.b

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

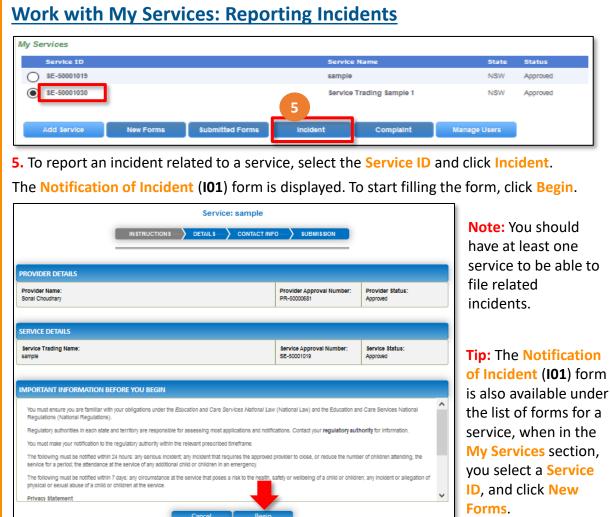
4.b.(i) Browse the additional documents you need to attach, add description in the **Document Description** field, and click **Upload**. Click **Submit**.

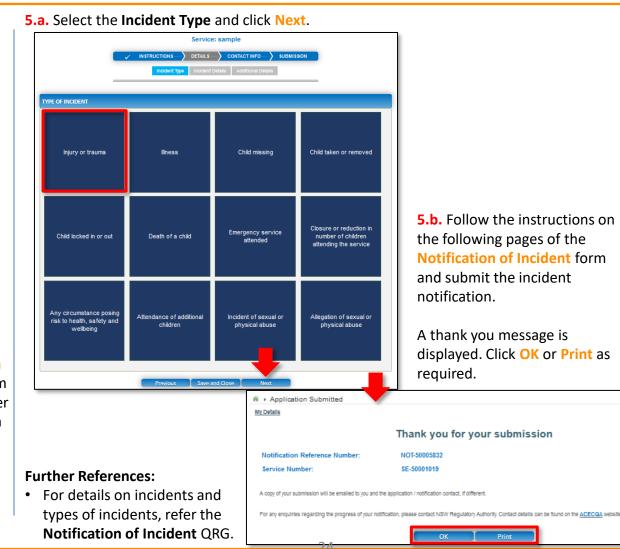
Detalls	nal Documentation		
Additional Document	ation		
	ional documentation you wish to supply that relate equested information) for Service Trading (
 The file a 	wing file types are accepted for upload: .doc, .do size should not exceed more than 20MB. scription is required for upload.	cx, pdf, bmp, gif, jpg, jpeg, png, tiff, rtf, xis, xisx, csv	
File Upload	_		
	Document.docx		
Additional Do			
Upload	i Delete		
Select	Name	Document Description	
	Document.docx	Additional Document 1	
-		_	

4.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.









v Services	s: Notification of Con	
Service ID	Service Name	State Status
Service 10	sample	NSW Approved
SE-50001030	Service Trading Sa	mple 1 NSW Approved
		6
Add Service New Forms \$1	bmitted Forms Incident Com	plaint Manage Users
To submit a notification of a	complaint related to a servi	ce, select the Service ID and
ck Complaint.		
•	(C01) form is displayed. To s	tart filling the form, click Begin
e Notification of complaint		
	Service: sample	Note: You should
	AILS — CONTACT INFO — SUBMISSION	Note: You should
		have at least one
OVIDER DETAILS		service to be able t
rovider Name:	Provider Approval Number: Provide	notify about a
	Provider Approval Number: Provide PR-5000661 Approved	notify about a
rovider Name:		notify about a
rovider Name: nnai Choudhary		status: status: notify about a complaint. Tip: The Notification
rovider Name: nal Choudhary RVICE DETAILS ervice Trading Name:	PR-50000651 Approved	status: status: notify about a complaint. Tip: The Notification
rovider Name: nal Choudhary RVICE DETAILS ervice Trading Name:	PR-50000651 Approved	status: status: status: Tip: The Notification
rovider Name: nai Choudray RVICE DETAILS ervice Trading Name: imple IPORTANT INFORMATION BEFORE YOU BEGIN You must ensure you are familiar with your obligations under the Education an	PR-50000651 Approved	status: status: notify about a complaint. Tip: The Notification of Complaint (C01) form is also availab under the lict of
rovider Name: nai Choudnay RVICE DETAILS ervice Trading Name: imple PORTANT INFORMATION BEFORE YOU BEGIN You must ensure you are familiar with your obligations under the Education ar Regulations (National Regulations).	PR-50000651 Approved Service Approval Number: Service SE-50001019 Approved d Care Services National Law (National Law) and the Education and Care Services	status: status: status: status: Tip: The Notification of Complaint (C01) form is also availab under the list of forms for a service
rovider Name: nai Choudnay RVICE DETAILS ervice Trading Name: imple PORTANT INFORMATION BEFORE YOU BEGIN You must ensure you are familiar with your obligations under the Education ar Regulations (National Regulations).	PR-50000651 Approved Service Approval Number: Service SE-50001019 Approved	status: status: status: Tip: The Notification of Complaint (C01) form is also availab under the list of forms for a service,
rovider Name: mail Choudinary RVICE DETAILS ervice Trading Name: imple PORTANT INFORMATION BEFORE YOU BEGIN You must ensure you are familiar with your obligations under the Education ar Regulations (National Regulations). Regulatory authorities in each state and territory are responsible for assessible Privacy statement	PR-50000651 Approved Service Approval Number: Service SE-50001019 Approved d Care Services National Law (National Law) and the Education and Care Services	status: notify about a complaint. status: Tip: The Notification of Complaint (C01) form is also availab under the list of forms for a service, when in the My
In the Privacy Amendment (Enhancing Privacy Protection) Act 2012.	PR-50000651 Approved Service Approval Number: Service Approval Number: SE-50001019 Approved d Care Services National Law (National Law) and the Education and Care Service applications and notifications. Contact your regulatory authority for interview	status: notify about a complaint. status: Tip: The Notification of Complaint (C01) form is also available under the list of forms for a service, when in the My Services section, your services section and your services section, your services section, your services section and y

6.a. Select the Complaint Type and click Next.

		Service:	sample	
		NS DETAILS	CONTACT INFO -	
=				
COMPLAINT				
Please select the relevant notification	n and provide/attach the	information required: *		
Complaints alleging that the safety Only)	, health or wellbeing of a ch	ilid was or is being compro	mlsed (WA	
Ocomplaints alleging that the Law h	has been contravened			
Complaints alleging clat cie caw i				

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

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

ly Detalls	
	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 no	tification, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA website
	OK Print

Further References:

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



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

Manhault III Mar Comito on Manhaut II.

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.
- **7.** To manage user(s) access for a service, select the **Service ID** and click **Manage Users**. The **Service User Administration** form is displayed.
- **7.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.

etalis							Note: Ensure you have the
Provider:	Sonal Choudhary						email address
Service:	Service Trading Sample 1						
Enter an emai	II address to add a user.		,				the user has registered with
Enter an emai		Add U					
Enter an emai	II address to add a user.	Email	Service Access	Service Administrator	Provider	Provider Administrator	the user has registered with
Enter an emai Email Addres	II address to add a user.		Service				

7.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:		Ac	ld User			
Name		Emall	Service Access	Service Administrator	Provider Access	Provider Administrator
Name sample user		Email sampleuser2102@gmail.com	Access			
			Access			
sample user		sampleuser2102@gmail.com				Administrator

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

- Service Access
 - User can submit Application and Notification forms for this service.

• Service Administrator

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





Work with My Services: Viewing All 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: View All Serivces

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.

	Service ID			Servic	e Name	State
0	SE-50001031			test ca	ase day care	NSM
D	SE-50001033			abc		NSV
D	SE-50001049			mnnm	i	NSV
	Add Service	New Forms	Submitted Forms	Incident	Complaint	Manage Users

rch by Service ID, Servic	e name, Provider ID or Provider name
Search	Show Withdrawn Services

SE-00006350Abbotsleigh Early Learning CentreNSWOut of ScopeApprovedUnder AssessmentThe Council of AbbotsleighSE-QLD00062AEIOU BundabergOLDOut of ScopeApprovedAEIOU FoundationSE-50011352FuntasticNSWCentre-Based CareApprovedLee BowyerSE-50011888Kids ClubNSWFamily Day CareApprovedLee BowyerSE-50011930Actious Addicks PLCNSWCentre-Based CareApprovedUnder AssessmentSE-50011933aNSWCentre-Based CareApprovedUnder AssessmentLee BowyerSE-50011935Its a testNSWCentre-Based CareApprovedFuntasticSE-50011384Bugs BunnyNSWCentre-Based CareApprovedFuntastic	
SE-50011352 Funtastic NSW Centre-Based Approved Under Assessment Funtastic SE-50011388 Kids Club NSW Family Day Care Approved Lee Bowyer SE-50011388 Kids Club NSW Centre-Based Approved Under Assessment Funtastic SE-50011388 Kids Club NSW Centre-Based Approved Under Assessment Lee Bowyer SE-50011333 a NSW Centre-Based Approved Approved Phil's Kids Club SE-50011385 Its a test NSW Centre-Based Approved Approved Funtastic SE-50011385 Its a test NSW Centre-Based Approved Approved Funtastic SE-50011434 Bugs Bunny NSW Centre-Based Approved Approved Funtastic	leigh
SE-50011352 Funtastic NSW Care Approved Assessment Funtastic SE-50011888 Kids Club NSW Family Day Care Approved Lee Bowyer SE-50011506 Kentish Addicks PLC NSW Centre-Based Care Approved Under Assessment Lee Bowyer SE-50011933 a NSW Centre-Based Care Approved Phil's Kids Club SE-50011385 Its a test NSW Centre-Based Care Approved Funtastic SE-50011434 Bugs Bunny NSW Centre-Based Care Approved Funtastic	
SE-50011888 Kus Club NSW Care Approved Lee Bowyer SE-50011903 Kentish Addicks PLC NSW Centre-Based Care Approved Under Assessment Lee Bowyer SE-50011933 a NSW Centre-Based Care Approved Phil's Kids Club SE-50011385 Its a test NSW Centre-Based Care Approved Funtastic SE-50011434 Bugs Bunny NSW Centre-Based Care Approved Funtastic	
SE-50011933 a NSW Care Approved Assessment Lee Bowyer SE-50011933 a NSW Centre-Based Approved Phil's Kids Club SE-50011385 Its a test NSW Care Approved Funtastic SE-50011434 Bugs Bunny NSW Centre-Based Care Approved Funtastic	
SE-50011353 a NSW Care Approved Philis Kids Club SE-50011385 Its a test NSW Centre-Based Care Approved Funtastic SE-50011434 Bugs Bunny NSW Centre-Based Care Approved Funtastic	
SE-50011385 Its a test NSW Care Approved Funtastic SE-50011434 Bugs Bunny NSW Centre-Based Care Approved Funtastic	
SE-50011434 Bugs Bunny NSW Care Approved Funtastic	
C SE-50011897 a QLD Centre-Based Cancelled Lee Bowyer	
○ SE-00011985 Omnia's service NSW Centre-Based Care Surrendered 123 4 567	
1 2 3	
Add Service Re-open Service New Forms Submitted Forms Incident Complaint M	Manage Users



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**.

Search	Show Withdrawn Providers				
					13 reco
Provider ID	Provider Name	State	Provider Type	Status	CCS Status
PR-QLD00044	U Foundation	QLD	Out of Scope	Approved	CURRENT
PR-50010985	Lee Bowyer	NSW	In Scope	Approved	
PR-50011207	Wayne Bennett	NSW	In Scope	Approved	
PR-50010910	Funtastic	NSW	In Scope	Approved	CURRENT
PR-40013202	123 4 567	NSW	In Scope	Approved	
PR-50011245	Test	NSW	In Scope	Invalid	
PR-50011181	Phil's Kids Club	NSW	In Scope	Surrendered	
PR-50011949	Big Kids PLC	NSW	In Scope	Under Assessment	
PR-50011892	Phil Kent	NSW	In Scope	Under Assessment	
PR-50011778	Mcfly's Child Care	NSW	In Scope	Under Assessment	
		1 <u>2</u>			

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).

You can see the CCS Status of the provider on this page.

The **Service Type** column shows if a service is centre-based, family day care or out of scope.

If you click the **Provider ID** of a provider in the list of providers, the **Provider Detail** page opens. See the **Work with My Providers: Provider Detail page** for more information.

If you click Add Provider, a list of application forms opens. See the **Work with my Providers: Add Provider** page for more information.



Work with My Providers: Provider Detail page 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.

To make 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.

New Forms Submitted Forms Manage Users				
PROVIDER DETAILS				
Managing Jurisdiction:	NSW			
Provider Name:	example			
Provider Approval Number:	PR-50000694			
Provider Status:	Approved			
Date Approval Granted:	02/01/2018			
Entity Type:	Company			
Management Type:	Private not for profit community managed			
Entity Name:	example			
Entity Name: ABN:	example			
-	example			
ABN:	example			
ABN:				
ABN: ACN:				
ABN: ACN: NAME AND CONTACT DETAIL Provider Phone Number:				
ABN: ACN: NAME AND CONTACT DETAIL	5			
ABN: ACN: NAME AND CONTACT DETAIL Provider Phone Number: Provider Mobile Number:	5			
ABN: ACN: NAME AND CONTACT DETAIL Provider Phone Number: Provider Mobile Number: Provider Fax Number:	S 041111111			
ABN: ACN: NAME AND CONTACT DETAIL Provider Phone Number: Provider Mobile Number: Provider Fax Number: Provider Email:	S 0411111111 sampletestuser2102@gmail.com			
ABN: ACN: NAME AND CONTACT DETAIL Provider Phone Number: Provider Mobile Number: Provider Fax Number: Provider Email: Primary Contact Name:	S 0411111111 sampletestuser2102@gmail.com			



Work with My Providers: Add Provider



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

To add a new provider, click Add Provider. You can either apply for new provider approval or link an existing provider.

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 P 	roviders	
y Detalls		
Application for a Prov	vider Approval	
A provider approval authorises	a person to apply for one or more a	service approvals.
Apply		
Existing Provider - lin	k Records	
		your Annual Fee Involces available. These Involces contain your Provider Approval Number and Involce Numbers If these items below in order to approve access to the Provider Approval by this user account.
	and then select the Verify button. I s on the Invoice including capitaliza	f you have received multiple Annual Fee involces, you may use any of the involce Numbers for this process. All data must ation of letters.
Provider Approval Number: *	PR-12345678	eg. PR-12345678
Involce Number: *	INV-12345-A1B2C	eg. INV-12345-A1B2C3
		Cannel Varity

There are several ways to apply for provider approval. Descriptions of each application type are below and on the next page.

To apply for a new provider approval, click Apply next to the relevant form.

Application for Approval

If you are seeking National Law (NL) and/or Child Care Subsidy (CCS) approval please select the relevant application below. Alternatively, if you wish to link an existing Provider to your NQA ITS account please return to the home screen and select the Link Provider button.

orm #	Form Name	Description	
PA01	Application for NL Provider Approval	An application for provider approval under the National Law (NL). If provider approval is granted, an approved provider must then apply for NL service approval for each service they intend to operate. Note: This is not an application for Child Care Subsidy (CCS) under the Family Assistance Law. Any CCS applications must be made separately using the relevant application(s).	Apply
UA01	2 Application for NL Provider, NL Service, CCS Provider and CCS Service Approvals	A joined-up application for: • Provider approval under the National Law (NL) • Centre-based and/or family day care service approval under the NL • Provider approval under the Family Assistance Law • Approval to offer Child Care Subsidy (CCS) in respect of one or more of the services applied for in this application. Note: Different components of this application will be assessed separately by the regulatory authority in the relevant jurisdiction and by the Australian Government. NL provider approval is required before NL service approval may be granted. Both NL provider and service approvals are required before CCS provider and service approvals may be granted.	Apply
JUA02	3 Application for Provider and Service Approval under NL	A joined-up application for: • Provider approval under the National Law (NL) • Centre-based and/or Family Day Care service approval under the NL Note: Provider approval must be granted before any service approval may be granted. This is not an application to administer Child Care Subsidy (CCS). A CCS application must be made separately using the relevant application.	Apply

PA01 - Application for NL Provider Approval, for details, click here

An application for provider approval under the National Law (NL). If provider approval is granted, an approved provider must then apply for NL service approval for each service they intend to operate.



Work with My Providers: Add Provider

- JUA01 Application for NL Provider, NL Service, CCS Provider and CCS Service Approvals
- A joined-up application for:
- Provider approval under the National Law (NL)
- Centre-based and/or family day care service approval under the NL
- Provider approval under the Family Assistance Law
- Approval to offer Child Care Subsidy (CCS) in respect of one or more of the services applied for in this application.

Note: Different components of this application will be assessed separately by the regulatory authority in the relevant jurisdiction and by the Australian Government. NL provider approval is required before NL service approval may be granted. Both NL provider and service approvals are required before CCS provider and service approvals may be granted.

JUA02 - Application for Provider and Service Approval – NL only A joined-up application for:

- Provider approval under the National Law (NL)
- Centre-based and/or Family Day Care service approval under the NL

Note: Provider approval must be granted before any service approval may be granted. This is not an application to administer Child Care Subsidy (CCS). A CCS application must be made separately using the relevant application.

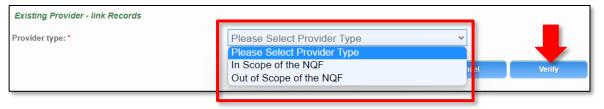
Work with My Providers: Link to an existing provider

There are two types of records that can be linked:

- **1a:** To an existing in scope provider
- **1b**: To an existing out of scope provider.

An in scope provider falls under the National Law. An out of scope provider falls under the law of a participating jurisdiction. Please check with your regulatory authority to confirm your provider type.

To add an existing provider, click the **Provider Type**, then click **Verify**.



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

The application forms are displayed in edit mode. Fill the correct form, finalise the information, make the payment, and submit the form.

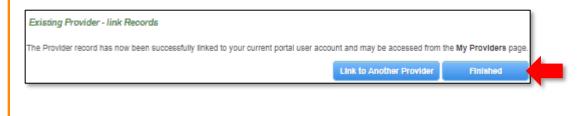


Work with My Providers: Link to an in scope provider

To link records of an in scope 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.

Existing Provider - link Record	ds			
Provider type: *		In Scope of the NQF	~	
To link an existing Provider Approval y refer to section 2.1 of the Guide to the		ovider is regulated by a state or territory gove our service is in scope of the NQF.	rnment outside of the National Qualit	y Framework (NQF). Please
Provider Approval Number: *	PR-	eg. PR-1234 678 1.	a	
Invoice Number: *	INV-	eg. INV-12345-A1B2C3		-
			Cancel	Verify

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).



Work with My Providers: Link to an out of scope provider

To link records of an out of scope 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 registered email address of the approved provider in the Email Address field. To verify the details entered, click Verify.

Existing Provider - link Records	5				
Provider type: *		Out of Scope of the N	IQF	~	
To link an existing Provider that is out of required to enter both of these items bel If you do not have access to the Provide	ow in order to approve acce	ss to the Provider Approval for t	his user Account.		
ITS portal					
Provider Approval Number: *	PR-	eg. I R-12345678	1.b		
Email Address: *		eg. joeblogg @cbc.com			
				Cancel	Verify
				Canton	Tenny

An email will be sent to the registered email address. Click on the link in the email to verify and continue. The link will expire after 24 hours.



Work with My Providers: Forms



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

Detalle			
Selectre	elevant Application or Notification		
Provider i Provider i State: Statue:			
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	2. 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.	Notity
AR01	Application for Internal Review of Reviewable Decision	Use this form to apply to the regulatory authority for a review of a decision that fails within the list of reviewable decisions outlined in s190 of the National Law.	Submit
PADS	Notification of Change of Information About Approved Provider	Notify the regulatory authority about: • The appointment or removal of a person with management or control. • A change of contact details for your provider, such as phone number or email address • Any change to the approved provider's fitness and propriety or the fitness of a person with management or control	2.b
SA01/02	Application for Service Approval	Apply for a new service approval	Apply
SA04/05	Notification of Transfer of Service Approval	Notify the regulatory authority of the transfer of a service to you as a provider. Note that different parts of this form will need to be completed by both the transferring and receiving provider	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.

- **2.a.** To fill a particular application form, click **Apply** next to the application.
- **2.b.** To file a particular type of notification, click **Notify** next to the notification.
- **3.** To view the list of already submitted forms, select the **Provider ID** and click **Submitted Forms**.

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

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

ń	My Forms						
M	y Detalle						
	 Application 	n Notification					
							1 record(s)
	Identifier	Regarding	Туре		Submitted Date	Submitted By	Additional Documentation
	APP-50006896	test entity	Application for Provider Approval	Complete	19/12/2017	Test User	Add
1	3.a	·					
Ţ	5.d						3.b

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

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

Further References:

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



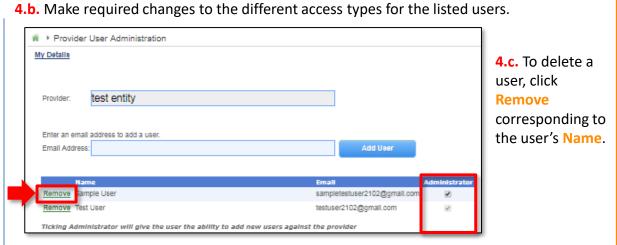


Work with My Providers: Manage Users

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.
- **4.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.

🐐 🕨 Provide	r User Administration		
My Details			
Provider:	test entity		
Enter an ema	address to add a user.		
Email Addres	≋sampletestuser2102@gmail.com	Add User	
			_
Na	ime	Emall	Administrator
Remove Ter	st User	testuser2102@gmail.com	1
Ticking Adm	inistrator will give the user the ability to add new users against	the provider	



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

- A Provider Administrator can:
- Submit Application and Notification forms for this provider and all services related to the provider.
- View and pay invoices.

Add other users to this provider and linked services.

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

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

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



Work with My Providers: View all 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.

ly Provi	ders							
Pr	ovider ID				Provid	ler Name	2	
PR-50000694			example					
O PR	PR-50000691		test entity					
						5		
Ade	d Provider	New Forms	Submitted I	Forms M	lanage Users	Vie	w All Providers(3)	
ir ▶ My P My Details	Providers							
Searo	h by Provider name (or Provider ID						
	Search							
	Provider ID	Provider Name			s	tate	Status	3 rec
0	PR-50000694	example			N	sw	Approved	
	PR-50000691 test entity				N	sw	Approved	
0	FR-30000651	*						
0	PR-50000696	Sample Name an	d Try Entity		N	SW	Under Assessment	



The Application Process

From July 2023, National Law and Child Care Subsidy (CCS) approval applications will be submitted through the National Quality Agenda IT System (NQA IT System). You can apply for National Law (NL) and the CCS at the same time following the steps below.

Register with PRODA

A **PRODA** (Provider Digital Access) may be required for NL provider and/or service approval applications, as well as applications to administer the CCS under the Family Assistance Law (FAL).

PRODA is an online identity verification and authentication system. It allows organisations to securely access government online services for which they are the providers. CCS approved providers need to access the CCS System and to do this must be verified in the PRODA system.

You will need to create an organisation account and individual accounts for certain people in your organisation before starting your application. Preparing your documentation can take time so it is recommended you start the process as soon as possible.

Services Australia has instructions on how to register in PRODA.

You need to register for a PRODA account if you are applying for:

CCS Provider and Service Approval or CCS Add Service application

- An organisation PRODA account is required for a provider application and individual PRODA accounts for certain people in your organisation. Read more information here: Get ready to apply Department of Education, Australian Government
- The 'National Quality Agenda IT System' must be added as a Service Provider in PRODA.

National Law Provider Approval application

 An individual PRODA account is required for each Person with Management or Control (PMC). Including existing approved providers notifying of a new PMC through the existing PA08 - Notification of Change of Information About Approved Provider (appointment or removal of a PMC) form.

The following applications do **not** require a PRODA account:

- An individual account is not required for nominated supervisors in a NL only Service Approval application
- An organisation account is not required in a NL only Provider Approval application.



Submit an application for CCS in the NQA ITS

Provider and Service approval applications to administer the CCS for NL and FAL are submitted through the NQA IT System.

There are different combinations of approvals available. For instructions on how to complete each form, use the Click here button to view the relevant QRG.

Form #	Item Name	Description	Guide
CCS01*	Application for Child Care Subsidy Approval (Provider and Service)	An application for a Provider and Service to approved for Child Care Subsidy. The applicant must have already submitted their National Law Provider and Service approvals, or already be approved.	<u>Click here</u>
CCS02*	Application for Child Care Subsidy - Add Service	An application for a Provider who already holds Child Care Subsidy approval to add a new service. The Service Approval must already be submitted or approved.	<u>Click here</u>
CCS03	Transfer -Application for Child Care Subsidy Approval (Provider and Service)	An application for a Provider and Service to approved for Child Care Subsidy, where the Service is the being transferred to the Provider.	<u>Click here</u>
CCS04	Transfer Application for Child Care Subsidy - Add Service	An application for a Provider who already holds Child Care Subsidy approval to add a new service that is being transferred to the Provider.	<u>Click here</u>
JUA01	Application for NL Provider, NL Service and CCS Provider/Service Approvals	A combined application for Provider and Service approvals, as well as lodging the Application for Child Care Subsidy. This is a combination of CCS01 and JUA02 listed in this table.	
JUA02	Combined Application for Provider and Service Approval – National Law only	A combined application for Provider and Service approval under National Law. This form combines the existing PA01 and SA01/02 forms into one application.	<u>Click here</u>
JUA03	Application for Service Approval (NL) & CCS Service Approval	A combined application for an existing provider to lodge a new Service approval and apply for Child Care Subsidy in one application.	<u>Click here</u>

* Out-of Scope providers / services can only use the NQA ITS to apply for CCS so will only have access to CCS01 and CCS02. NQF providers / services will have access to all forms.

For directions on how to link a provider to an account, see the **Portal Overview QRG**.

Note: the JUA identifier indicates that this form also includes one or more NL approvals.



Processing times – National Law

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

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

The processing timeframes are listed in the following table:

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

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

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

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

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

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

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

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

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



Processing Times

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Processing times – Child Care Subsidy

The Australian Government Department of Education is responsible for the decision on your application for approval to administer Child Care Subsidy (CCS) under the Family Assistance Law. They will contact you about your application as required.

The Australian Government will not commence its assessment until the application is complete. You are responsible for ensuring your application is complete.

A complete application must include all required information and documents relevant for assessing the application.

There are no statutory timeframes for decisions on applications under the Family Assistance Law, and an estimated timeframe cannot be provided.

The <u>Australian Government Department of Education's</u> website provides information about the application assessment process for Child Care Subsidy.



Become an approved child care provider

We're making it simpler to apply to become an early childhood education and care provider. From July 2023,...

www.education.gov.au



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.

Application Types

With application forms you can apply for the following:

- Provider and service approvals.
- Applications for Child Care Subsidy Approval
- 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 categorising applications into different types.

Provider Applications Guide Name Description Form An application for provider approval under the National Law (NL). If provider approval is granted, an approved provider must then PA01 Application for NL Provider Approval Click here apply for NL service approval for each service they intend to operate. PA03 Use this form to apply to: Click here Change the name of your provider Application for Amendment of Provider Approval • Change the address of the principal office of your provider Change or remove conditions on your provider approval Application for Voluntary Suspension of Provider PA04 Apply to suspend your provider approval for up to 12 months. Approval Application for Internal Review of Reviewable 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 AR01 s190 of the National Law. Decision Application for CCS Provider and Service Approval An application for a Provider and Service to approved for Child Care Subsidy, where the Service is the being transferred to the **CCS03** Click here (Transferred NL Service) Provider. Application for CCS – Add Service (Transferred NL An application to apply to administer Child Care Subsidy (CCS) for an additional service that is being received as part of a Transfer of **CCS04** Click here Service Approval under the National Law. Service) Application for NL Provider, NL Service, CCS Provider A joined-up application for: Provider approval under the National Law (NL), Centre-based and/or family day care service approval JUA01 and CCS Service Approvals under the NL, Provider approval under the Family Assistance Law & Approval to offer Child Care Subsidy (CCS) in respect of one or more of the services applied for in this application. Application for Provider and Service Approval under JUA02 A joined-up application for: Provider approval under the National Law (NL) & Centre-based and/or Family Day Care service approval Click here NI under the NL Application for NL Service Approval and CCS Service A joined-up application for: Centre-based and/or Family Day Care service approval under the National Law (NL) & Approval to **Click here** JUA03 administer CCS in respect of one or more of the services applied for in this application. Approval



Service	Applications		
Form	Name	Description	Guide
SA01/02	Application for Service Approval	Apply for a new service approval	<u>Click here</u>
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 or Remove a venue for family day care service*	<u>Click here</u>
SA06	Application for voluntary suspension of service approval	Apply to suspend your service approval for up to 12 months.	<u>Click here</u>
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.	<u>Click here</u>
SA09	Application for revocation of service waiver	An approved provider may apply to revoke their service waiver at any time.	
SATO	Application for re-assessment and re-rating (service rating)	Apply to have your service reassessed and re-rated. For more information refer to the Guide to the National Law and National Regulations.	
SA11	Application for review of ratings by regulatory authority (service rating)	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.	
SA13	Application for Extension of Temporary Waiver	An Approved Provider may apply to extend a temporary waiver.	
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.	
CCS01	Application for CCS Provider and Service Approval	An application to become an approved provider to administer Child Care Subsidy (CCS) in respect of one service.	<u>Click here</u>
CCS02	Application for CCS – Add Service	An application to apply to administer Child Care Subsidy (CCS) for an additional service.	Click here
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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.
- Each PMC must have registered for a **PRODA ID** and provided their details to be added to the application.
- You should have the **PA02 Declaration of fitness and propriety** document ready for each PMC 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.)

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- Access Application for Provider Approval Form
 - Steps to add a provider by accessing the Application for Provider Approval form.
- Begin Application for Provider Approval Form
 - Steps to start working on the Application for Provider Approval form.
- Fill Details in Application for Provider Approval Form
 - Steps to add the following requested information in the form:
 - o Entity details
 - o Address details
 - o Financial declaration
 - o Persons with management or control
 - Steps to add requested information regarding <u>additional applicants</u> (if any).
- <u>Provide Contact Details in Application for Provider Approval Form</u>
 - Steps to add requested contact information.
- Submit Application for Provider Approval Form
 - Steps to submit and finalise the form by completing the following:
 - o Adding attachments
 - o Reviewing summary and finalising the form
 - o Making payment and submitting the form
- <u>Print or Close Application for Provider Approval Form</u>
 - 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. **INFORMATION BEFORE YOU BEGIN** section. My Services Service ID Service Name State Status SE-50001031 test case day care NSW Under assessmen Add Service New Forms Submitted Forms Incident Manage Users Complaint My Providers Provider ID Provider Na Status PR-50000694 example Approved PR-50000691 test entity Approved Submitted Forma Add Provider New Forms Manage Users Application for Approval If you are seeking National Law (NL) and/or Child Care Subsidy (CCS) approval please select the relevant application below. Alternatively, if you wish to ider to your NQA ITS account please return to the home screen and select the Link Provider buttor provider approval is granted, an approved provider must then apply rvice approval for each service they intend to operate Application for NL Provider Approval This is not an application for Child Care Subsidy (CCS) under amily Assistance Law Any CCS applications must be made s

2. Click Apply next to 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

ətalla	
	INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION
IPORTANT INFORMA	TION BEFORE YOU BEGIN
You must ensure you are National Regulations (Na	familiar with your obligations under the Education and Care Services National Law (National Law) and the Education and Care Services tional Regulations).
Regulatory authorities in	each state and territory are responsible for assessing most applications and notifications. Contact your regulatory authority for informati
Your application will not b paid where applicable.	e processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees
	will make a decision on your application within 60 days subject to your application being deemed complete. This timeframe may be valion is requested or with the agreement of the applicant.
NOTE: This is not an ap	pplication for Child Care Benefit (CCB) under the Family Assistance Law. You must apply to the Australian Government for this.
Privacy statement	
ACECQA and the regulat	tory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy
IPPORTING DOCUME	
PPOKTING DOCUMI	ntkiton
	fitness and propriety Idual provider applicants, persons with management or control of a service and certified supervisor applicants) npieted by an individual provider applicant and in the case of an entity provider applicant, all persons with management or control of a serv
	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 *.

	vimary Applicant Additional Applicants	
APPLICANT DETAILS		
Enter Applicant details here. If there is more than one applicant, addit	Ional 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, 1800X0000X	
Mobile Number:		
	* Please enter Phone Number or Mobile Number or both	
Fax Number:	e.g 0212345678, 1800X0000X	
Email:*	sampleuser2102@gmail.com	

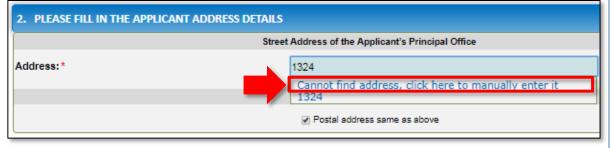


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Fill Details in Application for Provider Approval Form

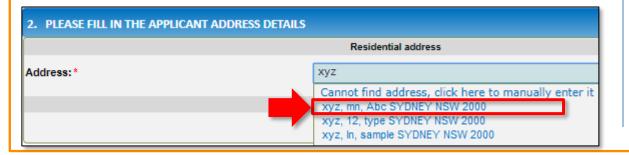
2. In the **PLEASE FILL IN THE APPLICANT ADDRESS DETAILS** section fill your entity's address and postal address (if different). Ensure you provide complete address with street, suburb, state, and post code information.

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.



	Residential address
Address Line 1:*	хуz
Address Line 2:	mn
Suburb/Town: *	Abc
State/Territory:*	NSW 🔻
Postcode: *	2000
Country:	AUSTRALIA
	Reset Address
	Postal address
	Postal address same as above

Notes:

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

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



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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 MAN	IAGEMENT OR CONTROL		
Each Individual who will be "a submit it with this application	a person with management or control [∞] of an education and care s 1. ❶	ervice must	also complete a Declaration of Fitness and Propriety and
Add PMC			
APPLICANT DETAILS			5. You will need to enter the
ADD PERSON WITH MANAGEMENT O	an one applicant, additional applicants can be added in the next Step.		PMC's Surname, Date of Birt
Title: *	- Please select - 🗸		and PRODA ID then click
First Name: *			Verify PRODA ID.
Middle Name:			
Last Name: *			Note: If you are upable to
Date of Birth: *			Note: If you are unable to
PRODA ID:*	Verif	ty PRODA ID	validate the PRODA ID, please
Place of Birth: *			check you have entered the
Phone Number:	e.g 0212345678, 1800XXXXXX		details correctly as detailed ir
Mobile Number:			PRODA.
	* Please enter Phone Number or Mobile Number or both		PRODA.
Position Description:	~		
Fax Number:	e.g 0212345678, 1800XXXXXX		Note: Ensure that you fill all
Email Address: *			the mandatory fields that are marked with a Red Asterisk *

6. Complete the residential address details of the management person and the postal address (if different). Click Save.

	ADDRESS
	Residential Address
Address Line 1: *	хуz
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 in the address, follow instructions provided in step 2 on slide 4.



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7. After adding all PMCs, Click Next.

4. PERSONS WITH MANAGEMENT OR COM	ITROL
Each Individual who will be "a person with manager submit it with this application. 0	ient or control® of an education and care service must also complete a Declaration of Fitness and Propriety and
NAME Edit Remove Sample User	
Add PMC	
	Previous Save and Close Next

Provide Contact Details in Application for Provider Approval Form

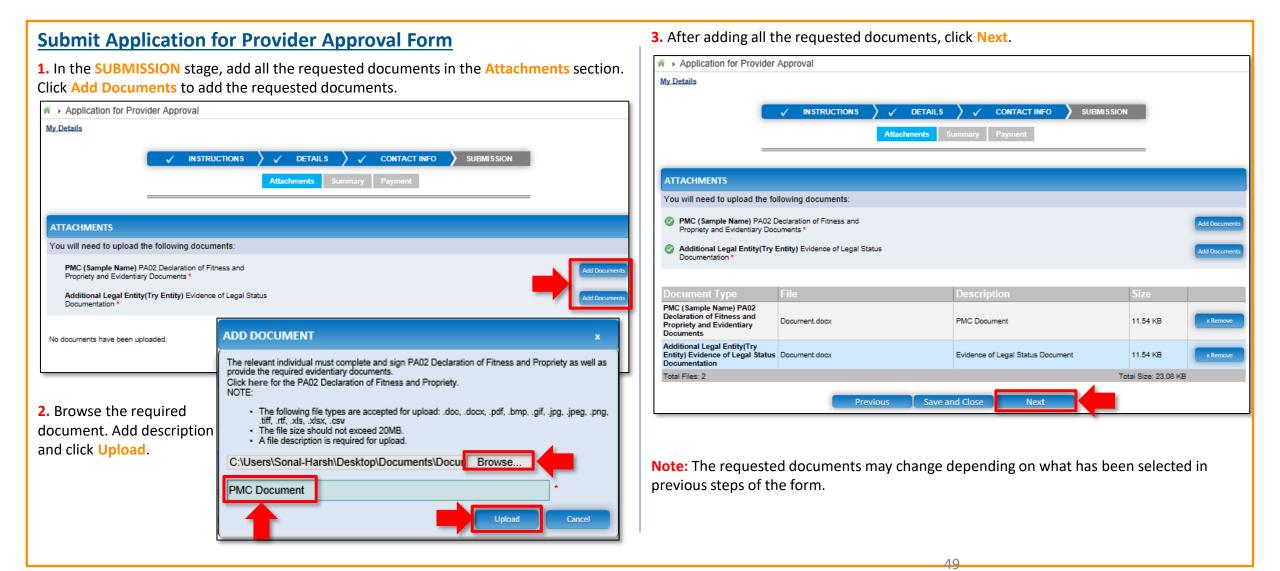
The CONTACT INFO stage of the form is available. Enter the contact information.
 Fill name, phone number, and email address of the contact person for the provider and select Save as application/notification default contact (if required). Click Next.

 Application for Provi 	der Approval
<u>y Details</u>	
	DETAILS FOR THIS APPLICATION
Note: The contact for this A	pplication 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: *	041111111
Email Address: *	sampletestuser2102@gmail.com
	Please fill in all fields
	Save as application/notification default contact
	Previous Save and Close Next

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



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Quick Reference Guide Author: ACECQA

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Edit

Edit

PER8ON 8 WITH MANAGEMENT OR CONTROL DATE OF BIRTH

21/02/1985

APPLICANT DETAIL 8 Incorporated entity/body Private for profit Try Entity

0422222222

testuser2102@gmail.com

FINANCIAL DECLARATION

Xyz, mn, Abc SYDNEY NSW 2000 Xyz, mn, Abc SYDNEY NSW 2000

> File Name Document.docx

> Document.docx

50

PLACE OF BIRTH

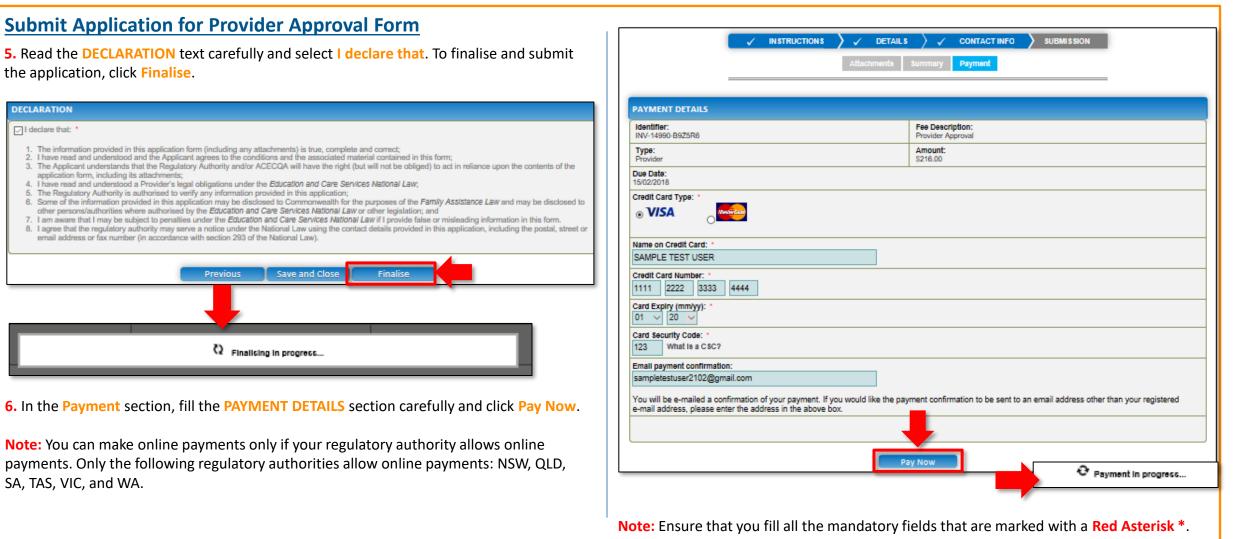
Email Address sampletestuser2102@gmail.com

Sydner

	n for Provider Approval Form	NAME	
In the Summary section	on, review the information submitted. If you need to mod	ify any of Mrs Sample Name	
-	you need to add more information, click Edit.		
		ADDITIONAL ENTITIES DETAILS	
V IN STF	RUCTIONS 🔪 🗸 DETAILS 🔪 🗸 CONTACT INFO 👌 SUBMISSION		
	Attachmente Summary Payment	Legal Entity Type	
	Attachments Summary Payment	Management Type	
		Legal Entity Name	
		Business Trading Name	
SUMMARY		ABN	
		Phone Number	
Here is a summary of the information you are	about to submit. If you need to make changes, please click on the Edlt link of the corresponding section you want t	o amend. Fax Number	
Note: You cannot make further changes beyo	ind this point.	Email Address	
Warning: Forme not submitted within 90 days	from the start date will be deleted from the system.	Applicant is a Trustee	
warmig. Forms not submitted within 50 days	nom die aant date win de deseted nom die system.	Street address of the	
		Applicant's principal office	
PRIMARY ENTITY DETAILS			
	APPLICANT DETAILS	Has the Applicant ever been declared inscivent?	
Legal Entity Type	Sole proprietor		
	Sole proprietor Private for profit Centre-Based Care	Has the Applicant ever been declared insolvent? Has the Applicant ever been placed under external	
Legal Entity Type Management Type Service Type(e) Intended	Sole proprietor Private for profit	Has the Applicant ever been declared insolvent? Has the Applicant ever been placed under external	
Legal Entity Type Management Type	Sole proprietor Private for profit Centre-Based Care	Has the Applicant ever been declared insolvent? Has the Applicant ever been placed under external	
Legal Entity Type Management Type Service Type(s) Intended Buelness Trading Name	Sole proprietor Private for profit Centre-Based Care	Has the Applicant ever been declared insolvent? Has the Applicant ever been placed under external administration?	
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN	Sole proprietor Private for profit Centre-Based Care	Has the Applicant ever been declared insolvent? Has the Applicant ever been placed under external	
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN Phone Number	Sole proprietor Private for profit Centra-Based Care Family Day Care	Has the Applicant ever been declared insolvent? Has the Applicant ever been placed under external administration?	
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN Phone Number Mobile Number	Sole proprietor Private for profit Centre-Based Care Family Day Care 041111111	Has the Applicant ever been declared incolvent? Has the Applicant ever been placed under external administration?	
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN Phone Number Mobile Number Fax Number	Sole proprietor Private for profit Centra-Based Care Family Day Care	Has the Applicant ever been declared insolvent? Has the Applicant ever been placed under external administration?	
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN Phone Number Mobile Number Fax Number Email Address	Sole proprietor Private for profit Centre-Based Care Family Day Care 0411111111 sampletestuser2102@gmail.com	Has the Applicant ever been declared insolvent? Has the Applicant ever been placed under external administration?	
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN Phone Number Mobile Number Fax Number Email Address Applicant is a Trustee Titie	Sole proprietor Private for profit Centre-Based Care Family Day Care 0411111111 sampletestuser2102@gmail.com No Mrs	Has the Applicant ever been declared incolvent? Has the Applicant ever been placed under external administration? APPLICATION CONTACT DETAILS Name Sampin User	
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN Phone Number Mobile Number Fax Number Email Address Applicant is a Trustee Titie First Name	Sole proprietor Private for profit Centre-Based Care Family Day Care 0411111111 sampletestuser2102@gmail.com No	Has the Applicant ever been declared incolvent? Has the Applicant ever been placed under external administration? APPLICATION CONTACT DETAILS Name Sampin User	
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN Phone Number Mobile Number Fax Number Email Address Applicant is a Trustee Titie	Sole proprietor Private for profit Centre-Based Care Family Day Care 0411111111 sampletestuser2102@gmail.com No Mrs	Has the Applicant ever been declared incolvent? Has the Applicant ever been placed under external administration? APPLICATION CONTACT DETAILS Name Sample User ATTACHMENT DETAILS Decompet Type Description PMC(Sample Name) PA02 PMC Document	041
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN Phone Number Mobile Number Fax Number Email Address Applicant is a Trustee Title First Name Middle Name	Sole proprietor Private for profit Centre-Based Care Family Day Care 0411111111 sampletestuser2102@gmail.com No Mrs Sample Name	Has the Applicant ever been declared incolvent? Has the Applicant ever been placed under external administration? APPLICATION CONTACT DETAILS Name Sample User ATTACHMENT DETAILS Decument Type Description PMC(Bample Name) PA02 Declaration of Fitness and Propriety and Evidentiary	Pho: 0411
Legal Entity Type Management Type Service Type(s) Intended Business Trading Name ABN Phone Number Mobile Number Fax Number Email Addrese Applicant is a Trustee Titie First Name Middle Name Last Name	Sole proprietor Private for profit Centre-Based Care Family Day Care 0411111111 sampletestuser2102@gmail.com No Mrs Sample	Has the Applicant ever been declared incolvent? Has the Applicant ever been placed under external administration? APPLICATION CONTACT DETAILS Name Sample User ATTACHMENT DETAILS Document Type Description PMC(Sample Name) PA02 PMC Document	0411



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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.

	Thank you for your submission
	Thank you for your submission
Application Reference Number:	APP-50006935
Provider Number:	PR-50000696
Payment Status:	\$216.00 PAID
or any enquiries regarding the progress of your	application, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA we
	OK Print
	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.

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- Submit Application for Amendment of Provider Approval Form
 - Steps to submit and finalise the form by completing the following:
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 - o <u>Reviewing summary and finalising the form</u>
- 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**.

	Manage My Ac	count	Saved Forms	Involces	Re-open Service	Bulk Closure	
ly Se	rvices						
1	Service ID			5	ervice Name	State	Status
0	SE-50001031			te	st case day care	NSW	Approv
0	SE-50001032			83	sample user		
	Add Service	New Forms	Submitted For	ma Incident	Complaint	Manage Users	
ly Pr	oviders						
	Provider ID				rovider Name	State	Status
	PR-50000694			01	cample	NSW	Approv

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 Detalls		
Select relevant Application or Notification Provider ID: PR-50000694 Provider Name: example State: NSW Status: Approved		
Form # Form Name	Description	
PAD3 Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval	Apply

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.

<u>Details</u>			
	Provider: example		
	INSTRUCTIONS CONTACT IN	IFO SUBMISSION	
ROVIDER DETAILS			
Provider Name: example		Provider Approval Number: PR-50000694	Provider Status: Approved
MPORTANT INFORMATI	ION BEFORE YOU BEGIN		
	amiliar with your obligations under the Education and Care Services Nati	onal Law (National Law) and the Edu	ucation and Care Services
You must ensure you are fa National Regulations (Natio	amiliar with your obligations under the Education and Care Services Nati	. ,	
You must ensure you are fa National Regulations (Natio Regulatory authorities in ea	amiliar with your obligations under the Education and Care Services National Regulations).	d notifications. Contact your regulat	ory authority for information.
You must ensure you are fa National Regulations (Natio Regulatory authorities in ea Your application will not be where applicable.	amiliar with your obligations under the <i>Education and Car</i> e Services National Regulations). In Regulations). In the state and territory are responsible for assessing most applications an	d notifications. Contact your regulat supporting documents supplied, as w	ory authority for information.
You must ensure you are fa National Regulations (Natio Regulatory authorities in ea Your application will not be where applicable.	amiliar with your obligations under the Education and Care Services National Regulations). In Regulations). In state and territory are responsible for assessing most applications an processed unless all sections are deemed satisfactorily completed and s	d notifications. Contact your regulat supporting documents supplied, as w	ory authority for information.
You must ensure you are fa National Regulations (Natio Regulatory authorities in ea Your application will not be where applicable. The regulatory authority will Privacy Statement ACECQA and the regulator	amiliar with your obligations under the Education and Care Services National Regulations). In Regulations). In state and territory are responsible for assessing most applications an processed unless all sections are deemed satisfactorily completed and s	d notifications. Contact your regulat supporting documents supplied, as w plication being deemed complete.	ory authority for information. vell as any prescribed fees pa
You must ensure you are fa National Regulations (Natio Regulatory authorities in ea Your application will not be where applicable. The regulatory authority will Privacy Statement ACECQA and the regulator contained in the Privacy Am	amiliar with your obligations under the Education and Care Services National Regulations). In the state and territory are responsible for assessing most applications an processed unless all sections are deemed satisfactorily completed and s I make a decision on your application within 30 days subject to your app y authorities are committed to protecting personal information in accorda	d notifications. Contact your regulat supporting documents supplied, as w plication being deemed complete. noe with the Privacy Act 1988 and th	ory authority for information well as any prescribed fees pa ne Australian Privacy Principle

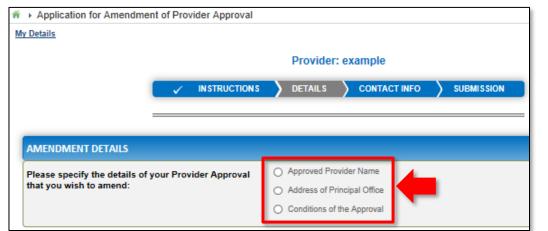
2. To start entering the details in the **Amendment of Provider Approval** application, click **Begin**.



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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.



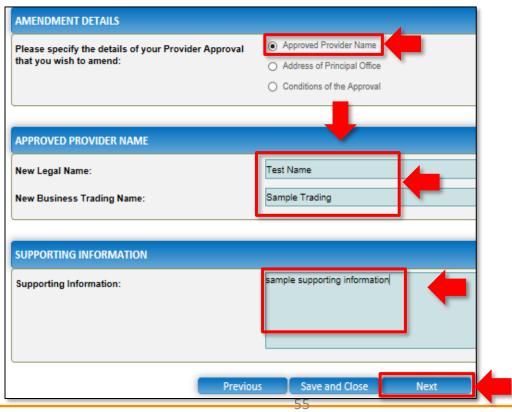
1.a. If you want to change the name of the provider, select Approved Provider Name.
1.b. If you want to change the address of your provider's principal office, select Address of Principal Office. (Note: This option is not available to Sole Properitor providers.)
1.c. If you want to change the conditions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

Notes:

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

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

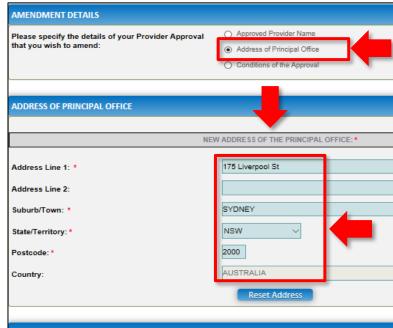




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Fill Details in Application for Amendment of Provider Approval Form

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





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

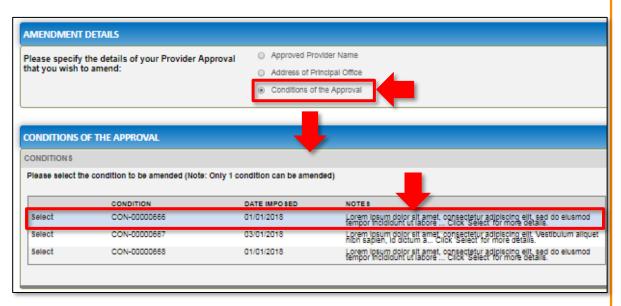
OR

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

and fill it again.

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

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



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

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



Fill Details in Application for Amendment of Provider Approval Form

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

ONDITIONS			
lease select th	e condition to be amended (Note:	Only 1 condition can be amen	ded)
	CONDITION	DATE IMPO 8ED	NOTES
Select	CON-00000666	01/01/2018	Lorem ipsum dolor sit amet, consectetur adjoiscing elit, sed do elusmod tempor incididunt ut labore Click 'Select' for more details.
Select	CON-00000667	03/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum alique nibh saplen, id dictum a Click Select for more details.
Select	CON-00000668	01/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do elusmod tempor incididunt ut labore Click Select for more details.
Condition: Notes:		CON-000000666 Lorem Ipsum doi et dolore magna aliquip ex earcon clium dolore eu f qui officia deseru	or sit amet, consectatur adiplacino elit, sed do elusmod tempor incididunt ut labore aliqua. Ut enim ad minim veniam, quis nostruo exercitation ullanopor labors nisi ut modo consequat. Duis quie intre dolor in reprehamenti in voluptate velle ses uplat nulla partatur, Excepteur sint occaecat cupidatat non proleent, sunt in cuipa nt molitit animi d est laborum.
Date Imposed	l:	01/01/2018	
Date to be Re Please provid	viewed: le details of your requested ch.	ange: * sample request	ed change details

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

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

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



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.

Detalls	
	Provider: example
	INSTRUCTIONS >
NAME AND CONTACT DETAILS FOR Note: The contact for this Application must	R THIS APPLICATION t be an Individual who is authorised by the Applicant to act on their behalf with regards to the def Sample User
Phone Number: *	041111111
Email Address: *	sampletestuser2102@gmail.com
Email Address: *	sampletestuser2102@gmail.com * Please fill in all fields

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 Ar 	mendment of Provider Approval			
My Detalla				
		Provider: example		
		DETAILS > CONTACT INFO		
			SODMISSION	
		Attachmente Summary		
ATTACHMENTS				
You will need to uploa	ad the following documents:			
Supporting Docume	ntation			Add Documents
No documents have bee	n uploaded.	ADD DOCUMENT		x
dd description	equested documents, and click Upload.	Please attach sufficient information or do NOTE: The following file types are acco .tiff, .rtf, .xts, .xtsx, .csv The file size should not exceed : A file description is required for	epted for upload: .doc, .docx, .pdf, .br 20MB.	
. After adding locuments, clic	all the requested k Next.	Choose File gibberish.docx]	
ATTACHMENTS		supporting information		*
You will need to upload the	following documents:		Upload	I Cancel
Supporting Documentation			Add Doc	ments
Document Type	File	Description	Size	
Supporting Documentation	gibberish.docx	supporting information	11.20 KB x Rem	ove
Total Files: 1			Total Size: 11.20 KB	
	Previous Sa	ve and Close Next		
		58		



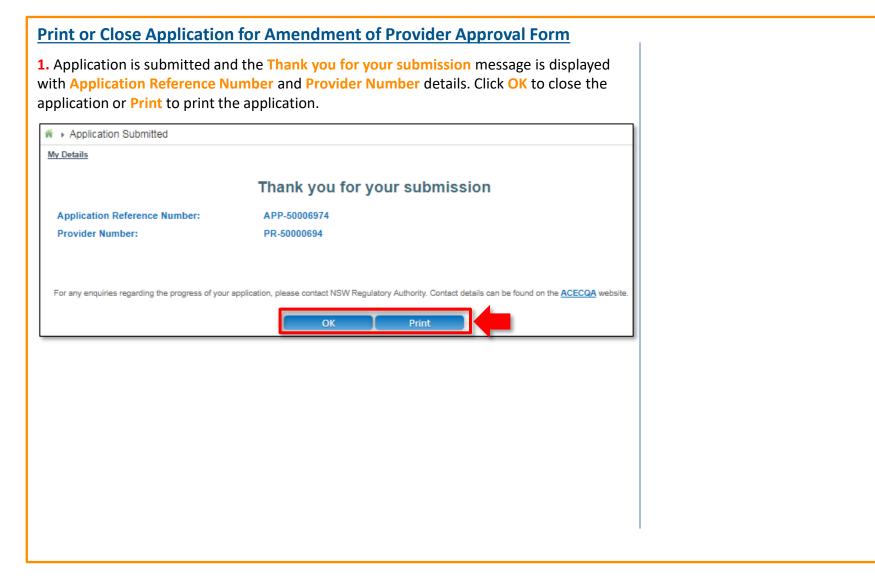
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Submit Application for Amendment of Provider Approval Form 5. Read the DECLARATION text carefully and select I declare that. To finalise and submit the application, click Submit. 4. In the Summary section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click Edit. ATTACHMENT DETAILS Document Type Description File Name **Note:** The details displayed in the **Summary** section are rendered based on the Supporting Documentation Supporting Information Document docx **AMENDMENT DETAILS** option you selected in the **DETAILS** stage. INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION DECLARATION Summary I declare that: 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; SUMMARY 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; 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. 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 Note: You cannot make further changes beyond this point. 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. Warning: Forms not submitted within 90 days from the start date will be deleted from the system. 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). PROVIDER DETAILS Edit Previous Save and Close PROVIDER DETAILS Provider Name: Provider Number: Provider Approval Status: PR-50000691 test entity Approved AMENDMENT DETAILS Submission in progress... PRINCIPAL OFFICE ADDRESS New Principle Office Address: 175 Liverpool St, SYDNEY, 2000 SUPPORTING INFORMATION The Submission in progress message is displayed. Wait till it disappears and the thank you Sample supporting information message is displayed. APPLICATION CONTACT DETAILS Edit Name Phone Number Email Address Sample User 0411111111 sampletestuser2102@gmail.com



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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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- Begin Application for Service Approval Form
 - Steps to read the instructions and begin working on the Application for Service Approval form.

Fill Details in Application for Service Approval Form

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



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Access Application for Service Approval Form **Begin Application for Service Approval Form** 1. From the My Details page, in the My Services section, click Add Service. 1. In the INSTRUCTIONS stage, carefully read the information provided in the IMPORTANT **INFORMATION BEFORE YOU BEGIN** section. My Services Note: In case you do not have My Details any services, the list will be empty Service ID but the Add Service button will Provider: example SE-50001031 still be visible. DETAIL S CONTACT INFO SUBMISSION IN STRUCTION S SE-50001033 SE-50001049 PROVIDER DETAILS My Providers Provider Name: Provider Approval Number: PR-50000694 Provider Status: example My Details Approved New Forms Add Service IPORTANT INFORMATION BEFORE YOU BEGIN Search by Provider name or Provider ID 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) test 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 My Providers page opens. Search 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 Provider ID Provider Name 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 PR-50000691 test entity New Service 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 2. Select a Provider for which a Service needs to be added from the Providers list and click consent. (This one page form should be included with an application for service approval as well as a notification of change to nominated supervisor). 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, **2.** To start entering the details in the **Service Approval** application, click **Begin**. the Search button, and the Providers list.



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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.

Ny Details						
		Provider: test	entity			
	✓ INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION					
Service Name Detai	ils Service Details	Operational Hour	rs Building Info	ormation	Supervisor De	tails
1. PLEASE FILL IN THE SERVICE NAM	IE DETAILS					
Service Legal Entity Name:		Service Entity Sample	1			
Service Trading Name: *		Service Trading Samp	ole 1			
Service ABN:	[Check ABN
Service Type: *	[Centre-based Care	7			
2. PLEASE PROVIDE THE PROPOSED	SERVICE ADDRESS	DETAILS				
Phone Number:	8	e.g 0212345678, 1800)XXXXXXX			
Mobile Number:	(0411111111				
		* Please enter Phone No	umber or Mobile Nu	mber or both	h	
Fax Number:	6	e.g 0212345678, 1800				
Email Address:*	t	estuser2102@gmail.c	com			

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

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

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



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Fill Details in Application for Service Approval Form

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

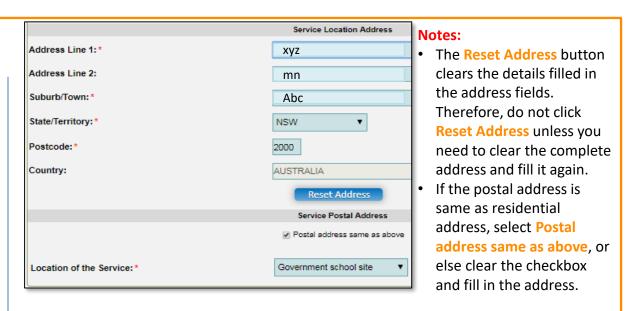
2.a. When you start filling the address, if you do not see the address in the auto-fill list of addresses, click **Cannot find address, click here to manually enter it** and then fill the address manually.



OR

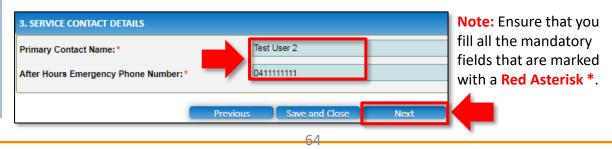
2.b. When you start filling the address, if the address is available in the auto-fill list of addresses, select the correct address and the address will be auto-populated in the fields.





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.





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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.

NATURE OF EDUCATION AND CARE TO BE PRO	WIDED
Proposed Commencement Date:*	21/02/2018
What is the expected nature of Education and c be provided? * 0	are to Cong day care Preschool / Kindergarten - stand-alone Preschool / Kindergarten - part of school Cutside school hours care - before school Cutside school hours care - after school Cutside school hours care - vacation care Other
If Other - Please specify:	
ASSOCIATED SERVICES	
Do you intend to operate an associated children service? * 1	n's Yes ▼
Do you wish to include the associated children' service in the Service Approval? * (Note: you should check whether you are requir licensed for this service under State/Territory of law)	red to be
Please provide details (if available) for each ass	play school

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

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

PROPOSED AGES TO BE CATERED FOR		
Proposed ages of children to be educated and cared for: *(Please select all that apply)	 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? *	15	Ļ
Previous	Save and Close	Next

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

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



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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 OPI	ERATING HOURS				
To remove/canoe	erating hours expand the a el operating hours clear the s ating hours that are not spec	start and end times for	or the specific day/s as a bliday Care' and 'School	ippropriate.	ж.
		Previous	Save and Close	Next	

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

STANDARD OPERATING HOURS

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

ANNUAL

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

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

HOLIDAY CARE

Operating hours during school holidays including public holidays.

SCHOOL TERMS ONLY

Operating hours when schools are open.

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

Save and Close

Next



National Quality Agenda IT System (NQA IT System)

Application for Service Approval (SA01/02)

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12. Click Next

to move to

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.

Back to Main Menu

- Centre-based Care Service Application -

11. In the Building Information se	for Service Approval Form ction, select the relevant options in the POLICIES A	the first and the second quest	S INFORMATION sub-section, select at least one ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all other que ions and select the right option from all option from all other que ions and select the right option from all option	-
PROCEDURES sub-section (optional service Name Details Service Detail POLICIES AND PROCEDURES	, 	Please supply plans prepared by a building practitioner which shows all of the following information: *	The location of all buildings, structures, outdoor play areas and shaded areas. The location of all entries and exits. The location of all fences and gates, specifying the type of fence or gate used or to be used. The location of toilet and washing facilities, nappy changing areas and any food preparation areas. The boundaries of the premises.	
By selecting the boxes you contirm that the following policies and procedures have been prepared in accordance with <i>Regulation 168</i> for the proposed education and care service and that these will be available upon request by the Regulatory Authority: Note: you DO NOT need to provide copies with this application. For further information on the policies and procedures required for your service, please	Policies and procedures are required in relation to the following: Health and safety, including matters relating to: Intrition, food and beverages, dietary requirements; Sup protection; Use after, including safety during any water based activities Intervention of first aid; and Sileep and rest for children. Dealing with infectious diseases, including procedures complying with Regulation 85. Dealing with infectious diseases, 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 97. Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 90. Excursions, including procedures complying with Regulations 100 to 102. Providing a child safe environment.	Please provide at least one of the following: *	The boolidaries of the preimese. 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. A floor plan, indicating unencumbered indoor and outdoor spaces suitable for children. The location of any associated children's service. Calculations carried out by a building practitioner of the areas referred to in Regulations 107 and 108 relating to unencumbered indoor and outdoor space. The elevation plans of the premises. A soll assessment for the site of the proposed education and care service premises has previously been undertaken, a statement to that effect, specifying when the soil assessment was undertaken. A statement made by the Applicant that states that, to the best of the Applicant's knowledge the site history does not indicate that the site is likely to be contaminated in a way that poses an unacceptable risk to the health of children.	12. Clic to move the Superv Details section Note: Submi stage y be ask
Note: As stated on the screen itself, there is no need to supply documents for the	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 <i>Regulations 155 and 156</i> . Enrolment and orientation. Governance and management of the service, including confidentiality of records.	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? * (Note: restrictions on swimming pools apply in New South Wales and Tasmania) Do you have the right to occupy the premises?: *	Yes V Yes V	attach docum based option selecte
policies and procedures related to Regulation 168 that are implemented.	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.	Is the education and care service premises a Government or registered school? *	Yes V us Save and Close Next	the Bu Inforn sectio



National Quality Agenda IT System (NQA IT System)

Application for Service Approval (SA01/02)

- Family Day Care Service Application -

Quick Reference Guide Author: ACECQA

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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 Name Details envice Name Details envice Name Details <t< th=""><th>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.</th><th>Note: In this lower part of the screen, for policies and procedures related to Regulation 169 that have been implemented, documentation</th></t<>	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.	Note: In this lower part of the screen, for policies and procedures related to Regulation 169 that have been implemented, documentation
and procedures required for your service, please refer to Regulation 168 of the Education and Care Services National Regulations.	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).	must be provided at the submission stage.
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. Compresses and management of the section, including, optimization, including.	 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? * 	

Is service located in multi-storey building? * 0

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.

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No



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Fill Details in Application for Service Approval Form

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

	Service Name Details	Service Details	Operational Hours	Building Information	Supervisor Details
NOMINATED SUPER	VISOR DETAILS				
Add Nominated Su	pervisor				
		NE\	// NOMINATED SUPER	/ISOR(S)	
Note: Adding the Nomin	ated Supervisor will only be e	effective after this form	n is submitted.		
L					
		Previous	Save and Close	e Next	

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

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



Back to Main Menu

Fill Details in Application for Service Approval Form **Provide Contact Details in Application for Service Approval Form** 15. Click Next to move to the CONTACT INFO sub-section. **1.** The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and NOMINATED SUPERVISOR DETAILS select Save as application/notification default contact (if required). Click Next. Add Nominated Supervisor CONTACT INFO -INSTRUCTIONS -J DETAIL \$-SUBMISSION NEVV NOMINATED SUPERVISOR(\$) Note: Adding the Nominated Supervisor will only be effective after this form is submitted. NAME AND CONTACT DETAILS FOR THIS APPLICATION NEW NOMINATED SUPERVISOR NAME APPROVED PROVIDER Test User 2 Yes 80 Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form. Test User 2 Name: * 0423456789 Phone Number: * Save and Close Previous Next testuser2102@gmail.com Email Address:* Note: The contact whose details Please fill in all fields are to be provided (see right Save as application/notification default contact pane), is the individual who is to act as the contact point for the Save and Close application. Where this individual Previous Next is not the applicant, authorisation Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk *. is required from the provider and written authorisation is to be attached at the submission stage.



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Submit Application for Service Approval Form 1. In the SUBMISSION stage, in the Attachments section, add all the requested documents. 2. Browse the requested documents, add description and click Upload. Click Add Documents to add the requested documents. ADD DOCUMENT SUBMISSION INSTRUCTIONS —) ✓ DETAIL \$ → CONTACT INFO -Please attach documentary evidence that the Approved Provider: Attachments Holds a current insurance policy providing adequate cover for the service against public liability with a minimum cover of \$10,000,000; or • a current insurance policy or an indemnity against public liability provided by the Government of a State or Territory in respect of the education and care service. ATTACHMENTS NOTE: You will need to upload the following documents: The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .glf, .jpg, .jpeg, .png, .tiff, .rtf, .xis, .xisx, .csv Evidence of Approved Provider Documentation The file size should not exceed 20MB. A file description is required for upload Building Premises Information * Soli Information * previous steps of the form.

Browse Evidence of Approved Provider Documentation							
Evidence		•					
	Upload		Cancel				

Note: The requested documents may change depending on what has been selected in

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



National Quality Agenda IT System (NQA IT System)

Application for Service Approval (SA01/02)

Submit Application for Service Approval Form						Back to Mai	n Menu			
D	epending on whether you a		Day Care Service you will see one of the following screen at the Attachment stage.							
Centre-based Care Service Application						Family Day Care S	Service Application			
	Attachments	Summary Payment				Attachments Summary Payment				
ATTACHMENTS					ATTACHMENTS					
You will need to upload the fo	llowing documents:				You will need to upload the fo	llowing documents:				
Evidence of approved provider do	ocumentation *			Add Documents	Evidence of approved provider d	Evidence of approved provider documentation * Add Documents				
Building premises information •				Add Documents	Policies and Procedures Docum	nentation *			Add Documents	
Soli Information *				Add Documents	Nominated Supervisor Consent	Nominated Supervisor Consent Form (SLIm Nom Super)*				
Planning permit under the Plann	ing and Development Law *			Add Documents	Right to occupy and use the proposed premises as a principal office *					
Swimming pool / water hazards	•			Add Documents	Right to occupy and use proposed venue * Add Documents				Add Documents	
Right to occupy * Add Documents			Add Documents	Venue assessment (Incl. risk as	Venue assessment (Inol. risk assessment) • Add Documen					
Nominated Supervisor Consent	Form (Norma Nomm) *			Add Documents						
Supporting documents Add Documents				Add Documents					Add Documents	
Document Type	File	Description	Size		Desument Type	File	Description	Size		
Evidence of Approved Provider	1				Document Type Evidence of Approved Provider					
Documentation	Evidence of Approved Provider Documentation.docx	Evidence	12.01 KB	x Remove	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	Building Premises Information	Building Premises Information.docx	Information	12.05 KB	x Remove	
Soli Information	Soll Information.docx	Soli info	12.06 KB	x Remove	Soil Information	Soll Information.docx	Soll 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	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 / VVater Hazards	Swimming Pool - Water Hazards.docx	Swimming Pool / Water Hazards	12.16 KB	x Remove	Swimming Pool / VVater Hazards	Swimming Pool - Water Hazards.docx	Swimming Pool / Water Hazards	12.16 KB	x Remove	
Right To Occupy	Right To Occupy.docx	Right	12.19 KB	x Remove	Right To Occupy	Right To Occupy.docx	Right	12.19 KB	x Remove	
Total Files: 6 Total Size: 72.44 KB				Total Files: 6			Total Size: 72.44 KB	3		
Previous Save and Close Next					Previous Save ar	nd Close Next				



Application for Service Approval (SA01/02)

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e provided details or if	you need to add more information, click Edit.
V INSTR	RUCTIONS 🔪 🗸 DETAILS 🔪 🗸 CONTACT INFO 🔪 SUBMISSION
	Attachments Summary Payment
UMMARY	
iere is a summary of the information you are about	t to submit, if you need to make changes, please click on the Edit link of the corresponding section you want to amend.
lote: You cannot make further changes beyond th	
Varning: Forms not submitted within 90 days from	
enning. Forme net coorning a menn so sujo net	n en oan vane mit de oerene norm ne opvent.
ERVICE NAME DETAILS	
ERVICE NAME DETAILS	SERVICE NAME DETAIL \$
ervice Legal Entity Name	SERVICE NAME DETAILS
ervice Legal Entity Name ervice Trading Name	SERVICE NAME DETAIL S Service Entity Sample 1
ervice Legal Entity Name ervice Trading Name ervice ABN	SERVICE NAME DETAIL S Service Entity Sample 1
ervice Legal Entity Name ervice Trading Name ervice ABN	SERVICE NAME DETAIL \$ Service Entity Sample 1 Service Trading Sample 1
ervice Legai Entity Name ervice Trading Name ervice ABN ervice Type	SERVICE NAME DETAIL S Service Entity Sample 1 Service Trading Sample 1 Centre-based Care
ervice Legal Entity Name ervice Trading Name ervice ABN ervice Type hone Number	SERVICE NAME DETAIL S Service Entity Sample 1 Service Trading Sample 1 Centre-based Care
ervice Legal Entity Name ervice Trading Name ervice ABN ervice Type hone Number lobile Number	SERVICE NAME DETAIL \$ Service Entity Sample 1 Service Trading Sample 1 Centre-based Care PROPO SED SERVICE ADDRE \$\$ DETAIL \$
ervice Legal Entity Name ervice Trading Name ervice ABN ervice Type hone Number lobile Number ax Number	SERVICE NAME DETAIL \$ Service Entity Sample 1 Service Trading Sample 1 Centre-based Care PROPO SED SERVICE ADDRE \$\$ DETAIL \$
ervice Legal Entity Name ervice Trading Name ervice ABN ervice Type thone Number toble Number tax Number imall Address	SERVICE NAME DETAIL \$ Service Entity Sample 1 Service Trading Sample 1 Centre-based Care PROPOSED SERVICE ADDRESS DETAIL \$ O41111111 testuser2102@gmail.com Xyz, mn, Abc SYDNEY NSW 2000
Service Legal Entity Name Service Legal Entity Name Service ABN Service ABN Phone Number Woble Number Fax Number Email Address Service Postal Address	SERVICE NAME DETAIL \$ Service Entity Sample 1 Service Trading Sample 1 Centre-based Care PROPO SED SERVICE ADDRE \$\$ DETAIL \$ 041111111 testuser2102@gmail.com

SERVICE DETAILS		Edit
	NATURE OF EDUCATION AND CARE DETAIL	.\$
Proposed Commencement Date	21/02/2018	
Expected nature of Education and Care	Long Day Care Outside school hours care - before scho Outside school hours care - after school Outside school hours care - vacation car	
	A\$\$OCIATED \$ERVICE\$	
Intend to operate associated children's service	Yes	
Include associated children's service in the Service Appro	oval Yes	
Details for each associated childrens service	play school	
Proposed ages of children	School Age	
Maximum number of children to be educated and cared f	for 15	
OPERATIONAL HOURS		Edit
ANNUAL .		
	INFORMATION	Edit
		POLICIES AND PROCEDURES
Derating hours during school holidays including	g policies and procedures have been prepared	
The following	g policies and procedures have NOT been prepared	Health and safety, including matters relating to: • nutrition, food and beverages, diletary requirements;
SCHOOL TERMS		sun protection; water safety, including safety during any water based activities; and
Operating hours when schools are open.		the administration of first aid.
		Incident, Injury trauma and Illness proceedures complying with Regulation 55 Dealing with intectious diseases, including procedures complying with Regulation 90 Emergency and execution, including the matters set out in Regulation 90 Emergency and execution, 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 Encursions, 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 Encoment and orientation Governance and management of the service, including confidentiality of records The acceptance and provision of a statement of fees charged by the education and care service Payment of fees and provision of a statement of fees charged by the education and care service
	1	BUILDING PREMISES INFORMATION
Following pi submitted	ans prepared by a building practitioner will be	The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided.
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	- / 0	



Application for Service Approval (SA01/02)

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Submit Application for Service Approval Form 6. Read the DECLARATION text carefully and select I declare that. To finalise and submit the application, click Finalise. 5. Continue reviewing and editing (optional) the details in the SUMMARY section. DECLARATION **BUILDING PREMISES INFORMATION** 🔽 i declare that: * 🔒 The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care Following plans prepared by a building practitioner will be submitted service, specifying the natural environments that are or will be provided. 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, NOMINATED SUPERVISOR DETAILS Including its attachments; 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; New Nominated Supervisors Details 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 PHONE MOBILE NUMBER persons/authorities where authorised by the Education and Care Services National Law or other legislation; and NAME DOB EMAIL 7. i am aware that i may be subject to penalties under the Education and Care Services National Law if I provide faise or misleading information in this form. Test User 2 18/12/1997 024111111 testuser2102@gmail.com 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). APPLICATION CONTACT DETAILS Phone Number Name Email Address Previous Save and Close Test User 2 0423456789 testuser2102@gmail.com Q Finalising in progress... ATTACHMENT DETAILS Document Type Description File Name Evidence of Approved Provider Evidence of Approved Provider Documentation.docx Evidence Documentation Building Premises Information Building Premises Information.docx Information Soli Information Soll Info Soli Information.docx Planning Permit Under the Planning Planning Permit Planning Permit Under the Planning and Development Law.docx and Development Law Swimming Pool / Water Hazards Swimming Pool / Water Hazards Swimming Pool - Water Hazards.docx Right To Occupy Right Right To Occupy.docx

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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	$\rightarrow \checkmark$	CONTACT INFO	\rangle	SUBMISS	ION	
			Attac	hments	Summary	Payment				
PAYMENT DETAILS										
ldentifier: INV-14992-Y8Q4D9					Fee Desc Service A	ription: pproval Centre Base	ed - Sm	nall		
Type: Provider					Amount: \$432.00					
Due Date: 16/02/2018										
Credit Card Type: *	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 confirma	tion:									
sampletestuser2102@	gmail.com									
You will be e-mailed a c mail address, please en	onfirmation ter the add	of your payment ress in the above	. If you would box.	like the paym	ent confin	mation to be sent t	to an e	email addres	s other th	an your registered

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.

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

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



Introduction

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

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

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

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

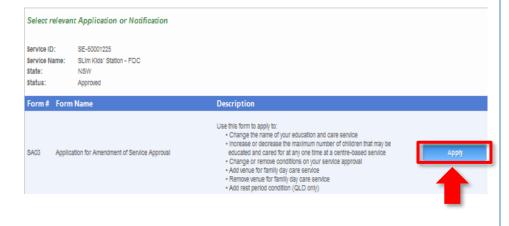
- <u>Access Application for Amendment of Service Approval Form</u>
 - Steps to access the Application for Amendment of Service Approval form for requesting an amendment in service approval.
 - Begin Application for Amendment of Service Approval Form
 - Steps to start working on the Application for Amendment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



Access Application for Amendment of Service Approval Form

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





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

Begin Application for Amendment of Service Approval Form

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

etalis			
	Service: test case day car	re	
	INSTRUCTIONS DETAILS CONTACT INF		
ROVIDER DETAILS			
Provider Name: est entity		Provider Approval Number: PR-50000691	Provider Status: Approved
ERVICE DETAILS			
Service Trading Name: est case day care		Service Approval Number: SE-50001031	Service Status: Approved
PORTANT INFORMATIO	N BEFORE YOU BEGIN		
PORTANT INFORMATION	N BEFORE YOU BEGIN		
You must ensure you are fami	iar with your obligations under the Education and Care Services Nation	nə/ Law (National Law) and and the	Education and Care Services
You must ensure you are fami National Regulations (National	iar with your obligations under the Education and Care Services Nation		
You must ensure you are fami National Regulations (National Regulatory authorities in each	iar with your obligations under the Education and Care Services Nation Regulations).	notifications. Contact your regulat	ory authority for information.
You must ensure you are fami National Regulations (National Regulatory authorities in each Your application will not be pro where applicable.	iar with your obligations under the Education and Care Services Nation Regulations). state and territory are responsible for assessing most applications and	notifications. Contact your regulat	ory authority for information.
You must ensure you are fami National Regulations (National Regulatory authorities in each Your application will not be pro where applicable.	iar with your obligations under the Education and Care Services Nation Regulations). state and territory are responsible for assessing most applications and cessed unless all sections are deemed satisfactorily completed and su	notifications. Contact your regulat	ory authority for information.
You must ensure you are fami National Regulations (National Regulatory authorities in each Your application will not be pro where applicable. The regulatory authority will m Privacy Statement ACECQA and the regulatory a	iar with your obligations under the Education and Care Services Nation Regulations). state and territory are responsible for assessing most applications and cessed unless all sections are deemed satisfactorily completed and su	notifications. Contact your regulat apporting documents supplied, as v ication being deemed complete.	tory authority for information. well as any prescribed fees pair
You must ensure you are fami National Regulations (National Regulatory authorities in each Your application will not be pro where applicable. The regulatory authority will m Privacy Statement ACECQA and the regulatory a contained in the Privacy Amen	iar with your obligations under the Education and Care Services Nation Regulations). state and territory are responsible for assessing most applications and cessed unless all sections are deemed satisfactorily completed and su ake a decision on your application within 60 days subject to your appli uthorities are committed to protecting personal information in accordan	notifications. Contact your regulat apporting documents supplied, as v ication being deemed complete. Ice with the Privacy Act 1988 and th	tory authority for information. well as any prescribed fees pair he Australian Privacy Principle
You must ensure you are fami National Regulations (National Regulatory authorities in each Your application will not be pro where applicable. The regulatory authority will m Privacy Statement ACECQA and the regulatory a contained in the Privacy Amen	iar with your obligations under the Education and Care Services Nation Regulations). state and territory are responsible for assessing most applications and cessed unless all sections are deemed satisfactorily completed and su ake a decision on your application within 60 days subject to your appli uthorities are committed to protecting personal information in accordan dment (Enhancing Privacy Protection) Act 2012.	notifications. Contact your regulat apporting documents supplied, as v ication being deemed complete. Ice with the Privacy Act 1988 and th	tory authority for information. vell as any prescribed fees pair he Australian Privacy Principle

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



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

Quick Reference Guide Author: ACECQA

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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.

V IN STRUCTIO	INS DETAILS CONTACT INFO SUBMISSION
AMENDMENT DETAILS	
Which part of the Service Approval are you applying to	O Conditions of the Approval
amend?*	O Name of the Education and Care Service
	O Add FDC Venue
	O Remove FDC Venue
	Add Rest Period Condition (QLD only)

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:

2.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.

Which part of the Se	rvice Approval are you ap	nlying to	Conditions of the Approval
amend?*	inite repriorantic you ap		Name of the Education and Care Service
		0	Add FDC Venue
		0	Remove FDC Venue
			Add Rest Period Condition (QLD only)
	to be amended (Note: Only 1 cor	ndition can be ame	nded)
	to be amended (Note: Only 1 cor CONDITION	ndition can be ame	-
Please select the condition			-
CONDITION S Please select the condition Select Select	CONDITION	DATE IMPOSED	NOTES

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



Quick Reference Guide Author: ACECQA

Back to Main Menu

Fill Details in Application for Amendment of Service Approval Form 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 2.a.1. In the CONDITION DETAILS sub-section, enter details of what changes you want to service you want to update. request in the Please provide details of your requested change field. Also, fill the supporting details in the SUPPORTING INFORMATION section and click Next. CONDITIONS OF THE APPROVAL CONDITIONS AMENDMENT DETAILS Please select the condition to be amended (Note: Only 1 condition can be amended) Conditions of the Approval Which part of the Service Approval are you applying to CONDITION DATE IMPOSED NOTES amend? Name of the Education and Care Servic 31/12/2017 Select CON-00000663 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempo incididunt ut labore _____Click 'Select' for more details 06/01/2018 Select CON-00000664 Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum aliquet nib sapien, id dictum a... Click 'Select' for more details. Add FDC Venue 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. O Remove FDC Venue Add Rest Period Condition (QLD only) CONDITION DETAILS CON-00000663 Condition NAME OF THE EDUCATION AND CARE SERVICE Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamos laboris nisi ut aliquip ex a commodo consequat. Duis aute irure dolor in reprehendenti in voluptate velit esse cillum dolore eu fugiat nulla parigtur, Excepteur sint occaecat cupidatat non proident, suut in culpa Notes: qui officia deserunt mollit anim id est laborum New Service Trading Name: * xyz 31/12/2017 Date Imposed: Date to be Reviewed: details of change requested Please provide details of your requested change: * SUPPORTING INFORMATION sample information Supporting Information: UPPORTING INFORMATION sample supporting information Supporting Information: Save and Close Previous Save and Close Next Previous Next

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

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

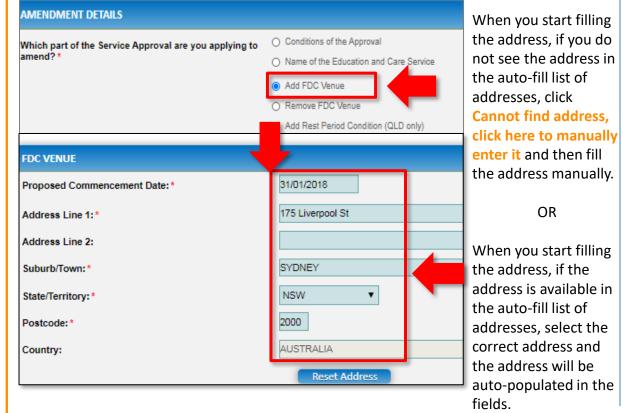


Quick Reference Guide Author: ACECQA

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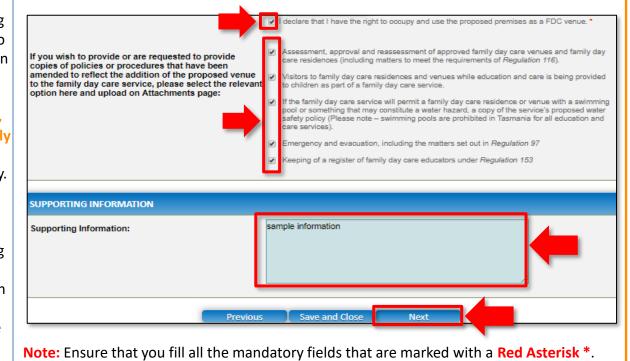
Fill Details in Application for Amendment of Service Approval Form

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



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

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

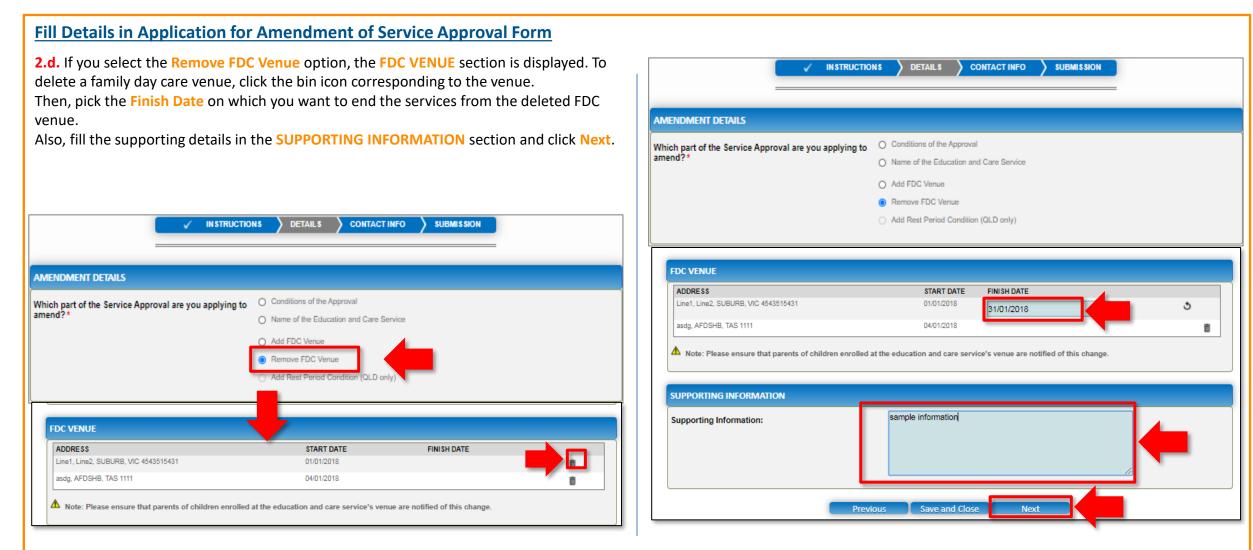




National Quality Agenda IT System (NQA IT System) Application for Amendment of Service Approval (SA03)

Quick Reference Guide Author: ACECQA

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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.

	Complexe text and day and
	Service: test case day care
	✓ INSTRUCTIONS > ✓ DETAILS > CONTACT INFO > SUBMISSION
_	
NAME AND CONTACT DETAIL	FOR THIS APPLICATION
Note: The contact for this Applicatio	must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this for
Name:*	Sample User
Phone Number: *	041111111
Email Address: *	sampletestuser2102@gmail.com
	↑ Please fill in all fields
	- riesse nii in air neids
	Save as application/notification default contact

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	
	Attachments Summary	
ATTACHMENTS		
You will need to upload the following documents:		
Supporting Documents		Add Documents
No documents have been uploaded.	ADD DOCUMENT	x
2. Browse the requested	Please upload any relevant documentation NOTE:	
documents, add description and click Upload.	 The following file types are accepte .tiff, .rtf, .xds, .xlsx, .csv The file size should not exceed 201 A file description is required for upl 	
 After adding all the requested documents, click Next. 	Choose File gibberish.docx	 .
ATTACHMENTS		Upload Cancel
You will need to upload the following documents:		Upload Cancel
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	



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

Quick Reference Guide Author: ACECQA

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. In the Summary section, review the information sul	mitted If you pood	to modify any of	the application, click Finalise.
ne provided details or if you need to add more inform	•		DECLARATION
INSTRUCTIONS INSTRUCTIONS Attachments Summ			 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;
SUMMARY Here is a summary of the information you are about to submit. If you need to make changes, plea 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.	se click on the Edit link of the correspo	nding section you want to amend.	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 faise 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
SERVICE DETAILS PROVIDER DETAILS		Edit	
Provider Approval Name: test entity	Provider Approval Number: PR-50000891	Provider Approval Status: Approved	Q Finalising in progress
SERVICE DETAILS			
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved	
AMENDMENT DETAIL	5		
REMOVE FDC VENUE FDC Venues			
ADDRESS ST	ART DATE FINISH DAT	E	
Line1, Line2, SUBURB, VIC 4543515431 01	01/2018 31/01/2018		
SUPPORTING INFORMAT sample information	ION		



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	\rightarrow \checkmark 1	DETAILS	CONTACT INFO		
			Attachm	ents Summa	ry Payment		
PAYMENT DETAILS							
Identifier: INV-14992-Y8Q4D9				Fee D Service	escription: e Approval Centre Base	d - Small	
Type: Provider				Amou \$432.1			
Due Date: 16/02/2018							
Credit Card Type: * • VISA O	MasterCard						
Name on Credit Card: * sample user							
Credit Card Number: * 1111 2222 3333 Card Expiry (mm/yy): * 01 ▼ 22 ▼	4444]					
Card Security Code: * 123 What is a CSC	?						
Email payment confirmat sampletestuser2102@g	imail.com						
You will be e-mailed a co mail address, please ent	er the addr	of your payment. It ress in the above bo	you would lik ox.	e the payment co	nfirmation to be sent to	an email address of	her than your registered

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.

<u>My Details</u>	
	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 <u>ACEC</u>
For any enquiries regarding the progress of your	application, please contact NSW Regulatory Authority. Contact details can be found on the <u>ACEC</u>
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	
For any enquiries regarding the progress of your	

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



Introduction

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

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

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

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- 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.
- <u>Fill Contact Info in Application for Voluntary Suspension of Service Approval Form</u>
 - Steps to add requested contact information.
- Submit Application for Voluntary Suspension of Service Approval Form
 - Steps to submit and finalise the form by completing the following:
 - o Adding attachments
 - o <u>Reviewing summary and finalising the form</u>
- Print or Close Application for Voluntary Suspension of Service Approval Form
 - Steps to print and close the form.



Begin Application for Voluntary Suspension of Service Access Application for Voluntary Suspension of Service **Approval Form Approval Form** 1. In the INSTRUCTIONS stage, carefully read the information provided in the IMPORTANT 🗌 🕨 My Details 1. From the My **INFORMATION BEFORE YOU BEGIN** section. My Details **Details** page, in Application for Voluntary Suspension of Service Approval the My Services My Details Bulk Closure Manage My Account Saved Forms Re-open Service Involces section, select a Service: test case day care Service ID and DETAILS CONTACT INFO SUBMISSION INSTRUCTIONS My Services click New Forms. Service ID Service Name State Statu O SE-50001019 sample Approv PROVIDER DETAILS ○ SE-50001030 Service Trading Sample NSW Approv) SE 50001031 test case day care NSW Provider Approval Provider Status: Provider Name test entity Number: Approved PR-50000691 Add Service Submitted Forms **New Forms** Incident Complaint Submit a Service Form SERVICE DETAILS My Details Service Trading Name: Service Approval Number: Service Status: test case day care SE-50001031 Approved Select relevant Application or Notification **MPORTANT INFORMATION BEFORE YOU BEGIN** Service ID: SE-50001031 Service Name: test case day care State: 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 Status Approved National Regulations (National Regulations) Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your regulatory authority for Form # Form Name Description in formation Use this form to apply to · Change the name of your education and care service Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees Increase or decrease the maximum number of children that may be paid where applicable Application for Amendment of Service Approval S403 educated and cared for at any one time at a centre-based service Change or remove conditions on your service approval The regulatory authority will make a decision on your application within 30 days subject to your application being deemed complete · Add venue for family day care service Under the National Law, you must notify parents of children enrolled at the service and any associated children's service of the intention to voluntarily surrender the service approval, at least 14 days prior to making this application Application for Voluntary Suspension of Service Approval Apply to suspend your service approval for up to 12 Notification of Surrender of Service Approva Surrender your service approval to the regulatory author Begin Cancel 2. On the Submit a Service Form page, click Apply corresponding to the Form # : 2. To start entering the details in the Voluntary Suspension of Service Approval SA06 and Form Name : Application for Voluntary Suspension of Service Approval form. application, click Begin.



Fill Details in Application for Voluntary Suspension of Service Approval Form

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

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

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.

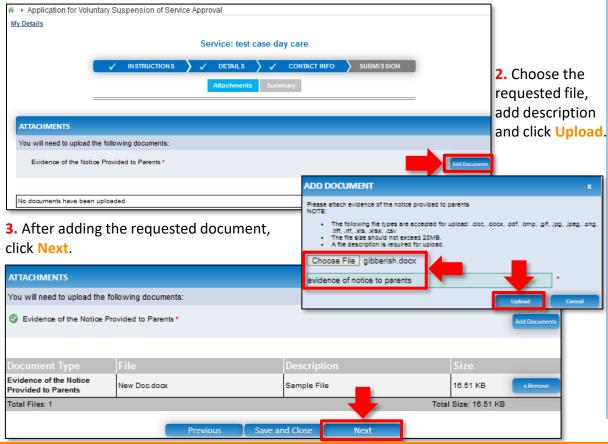
 Application for Voluntary Suspension My Details 	Service Approval
	Service: test case day care
V IN ST	TIONS V DETAILS CONTACT INFO SUBMISSION
NAME AND CONTACT DETAILS FOR THIS Note: The contact for this Application must b	PLICATION In individual who is authorised by the Applicant to act on their behalf with regards to the details on this for
Name:*	Test User
Phone Number: *	042111111
Email Address:*	testuser2102@gmail.com
	Please fill in all fields
	Save as application/notification default contact

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



Submit Application for Voluntary Suspension of Service Approval Form

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



Submit Application for Voluntary Suspension of Service Approval Form

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

achments Summary

SUMMARY

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

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

VOLUNTARY SUSPENSION OF SERVICE APPROVAL DETAILS

	PROVIDER DETAIL \$		
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:	dafa		
Proposed start date of the suspension:	31/01/2018		
Proposed end date of the suspension:	31/01/2019		
Arrangements you have made for this education and care service during the proposed suspension period:	bfgdydzxcz		
I have notified the parents of children enrolled at the education and care service(s) (and any associated children's service(s)) operated under this Provider Approval:	8		



Submit Application for Voluntary Suspension of Service Print or Close Application for Voluntary Suspension of Service **Approval Form Approval Form** 1. Application is submitted and the Thank you for your submission message is displayed 5. Continue reviewing and editing (if needed) the provided information. with Application Reference Number and Service Number details. Click OK to close the application or **Print** to print the application. NOTIFIER'S DETAILS Edit Application Submitted Name Phone Numbe Email Address Test User 0421111111 testuser2102@gmail.com My Detalls ATTACHMENT DETAILS Thank you for your submission Document Type Description File Name Application Reference Number: APP-50006969 Evidence of the Notice Provided to Sample File New Doc.docx Service Number: SE-50001031 Parents DECLARATION For any enquiries regarding the progress of your application, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA website. I declare that . The information provided in this application form (including any attachments) is true, complete and correct OK Print 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 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 7. I am aware that I may be subject to penalties under the Education and Care Services National Law If I provide faise 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 Submi Submission in progress... 6. Read the DECLARATION text carefully and select I declare that. To finalise and submit

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



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.

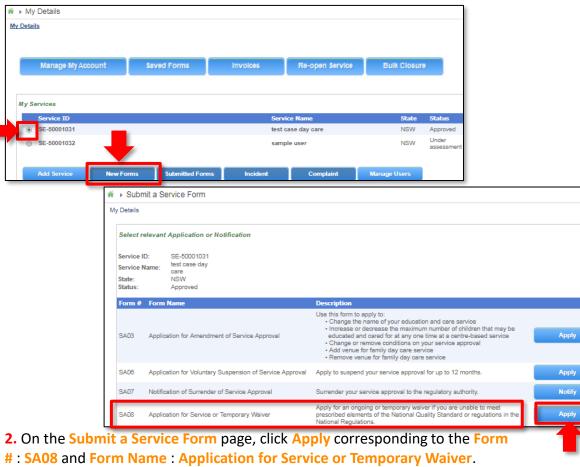
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- Access Application for Service or Temporary Waiver Form
 - Steps to request a service or temporary waiver by accessing the Application for Service or Temporary Waiver form.
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- Fill Details in Application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



Access Application for Service or Temporary Waiver Form

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



Begin Application for Service or Temporary Waiver Form

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

Detalls			
	Service: test case day c	are	
		IFO SUBMISSION	
ROVIDER DETAILS			
Provider Name: lest entity		Provider Approval Number: PR-50000691	Provider Status: Approved
ERVICE DETAILS			
ERVICE DETAILS Service Trading Name: lest case day care		Service Approval Number: SE-50001031	Service Status: Approved
Service Trading Name: test case day care MPORTANT INFORMATION You must ensure you are famil	iar with your obligations under the Education and Care Services Nat	SE-50001031	Approved
Service Trading Name: test case day care MPORTANT INFORMATION You must ensure you are famil National Regulations (National	iar with your obligations under the Education and Care Services Nat Regulations).	SE-50001031	Approved
Service Trading Name: test case day care MPORTANT INFORMATION You must ensure you are famil National Regulations (National Regulatory authorities in each	iar with your obligations under the Education and Care Services Nat	SE-50001031 onal Law (National Law) and and the id notifications. Contact your regulat	Approved Education and Care Services
Service Trading Name: test case day care MPORTANT INFORMATION You must ensure you are famil National Regulations (National Regulatory authorities in each Your application will not be pro where applicable.	iar with your obligations under the Education and Care Services Nat Regulations). state and territory are responsible for assessing most applications ar	SE-50001031 onal Law (National Law) and and the ed notifications. Contact your regulat supporting documents supplied, as w	Approved Education and Care Services
Service Trading Name: test case day care MPORTANT INFORMATION You must ensure you are famil National Regulations (National Regulatory authorities in each Your application will not be pro where applicable.	iar with your obligations under the Education and Care Services Nat Regulations). state and territory are responsible for assessing most applications ar cessed unless all sections are deemed satisfactorily completed and	SE-50001031 onal Law (National Law) and and the ed notifications. Contact your regulat supporting documents supplied, as w	Approved Education and Care Services
Service Trading Name: test case day care MPORTANT INFORMATION You must ensure you are famil National Regulations (National Regulatory authorities in each Your application will not be pro- where applicable. The regulatory authority will me Privacy Statement ACECQA and the regulatory a	iar with your obligations under the Education and Care Services Nat Regulations). state and territory are responsible for assessing most applications ar cessed unless all sections are deemed satisfactorily completed and	SE-50001031 onal Law (National Law) and and the ed notifications. Contact your regulat supporting documents supplied, as v plication being deemed complete.	Approved Education and Care Services ory authority for information. vell as any prescribed fees paid
Service Trading Name: test case day care MPORTANT INFORMATION You must ensure you are famil National Regulations (National Regulatory authorities in each Your application will not be pro where applicable. The regulatory authority will ma Privacy Statement ACECQA and the regulatory are contained in the Privacy Amen	iar with your obligations under the Education and Care Services Nat Regulations). state and territory are responsible for assessing most applications ar cessed unless all sections are deemed satisfactorily completed and ake a decision on your application WithIn 60 days subject to your ap uthorities are committed to protecting personal information in accord	SE-50001031 onal Law (National Law) and and the ed notifications. Contact your regulat supporting documents supplied, as w plication being deemed complete. ance with the Privacy Act 1988 and th	Approved Education and Care Services ory authority for information. rell as any prescribed fees paid the Australian Privacy Principles

01



	Ation for Service or Temporary Waiver Form he WAIVER DETAILS section, select Service or Temporary (not	3. Provide the requested details.	0	Note: For assistance in filling in
	n the Type of waiver sought drop-down list. Also, select		ies No	waiver
relevant option(s) from NQ	S Element list and Regulations list. FIONS DETAILS CONTACT INFO SUBMISSION	Please provide the reason(s) that the education and care service seeks the waiver: *	ample reason	details related to an emergency
WAIVER DETAILS				management
Type of waiver sought: * Please specify the element/s of the National Quality S elements of the National Quality Standard and regulat	Temporary (not more than 12 months) ▼ tandard and the regulations in relation to which a waiver is sought (For further information about which ions you can seek a waiver for see Regulation 41 and 44 of the National Regulations): *	to protect the wellbeing of children being cared for by	ample measures	situation, refer to the
NQS Element:	 ✓ Physical environment, 3.1.1 ✓ Physical environment, 3.1.3 ✓ Physical environment, 3.2.1 ✓ Staffing, 4.1.1 	the service while the service or temporary waiver is in force: *		Emergency Managemen <u>t Help Guide</u>
Regulations:	 № 104 - Fencing requirements № 107 - Indoor space requirements № 108 - Outdoor space requirements № 110 - Ventilation and Natural Light № 117 - Glass № 1124 - Number of children who can be educated and cared for № 127 - Family day care educator qualifications № 128 - Family day care coordinator qualifications 	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: *	ist of local government areas	
s this emergency building works?*	138 - First Aid qualifications 72A - Location of family day care offices Yes	Please provide details of any attempts made to comply with the specified elements or regulations: *	attempts made to comply	
The start date for which the waiver is sought:* The end date for which the waiver is sought (not than 12 months from the start date):*	31/01/2019 31/01/2019			
 Select whether this is an 	emergency building works, and select the waiver start and end			
dates.	n the form in the DETAILS stage may slightly differ based on the	Previous	Save and Close Next	

INFO stage, click **Next**.

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 *.

4. To finalise the information provided in the DETAILS stage and to move to the CONTACT

02



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

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

2. Click Next to move to the SUBMISSION stage.

Details							
		Servi	ice: test ca	se day care			
-		> ✓	DETAILS	CONTACT INFO	\rangle	SUBMISSION	
NAME AND CONTACT DETAIL	S FOR THIS APPLICATION	ON					
Note: The contact for this Application	n must be an individual who	is authoris	ed by the Appli	cant to act on their beha	lf with	regards to the details on thi	s for
Name: *		Samp	le User				
Phone Number: *		04111	11111				
Filone Number."		_					
		sampl	etestuser210	2@gmail.com			
			etestuser210				
Email Address: *		* Plea	se fill in all field		ntact		

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 ATTACHMENTS You will need to upload the Supporting documents for v	INSTRUCTIONS DETAILS Attachments following documents:		TRE SUBMISSION		Note: You may click the <i>i</i> to view information about the supporting documents.
No documents have been uploa	sded.		ADD DOCUMENT		×
description and		, add	elements or regulations NOTE:	s are accepted for upload: .do v guired for upload.	ots made to comply with the specified
documents, clic	all the requested ck <mark>Next</mark> .		supporting documents for	or waiver	Upload Cancel
ATTACHMENTS					
You will need to upload the	following documents:				
Supporting documents for the second secon	waiver 🗿			6	dd Documents
Document Type	File	Descri	iption	Size	
Supporting documents for waiver	gibberish.docx	supportin	ng document for waiver	11.20 KB	x Remove
Total Files: 1				Total Size: 11.20 KB	
	Previous S	ave and Close			
			0.2		



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Submit Application	n for Service or Tempo	nary Maiver	Form	is this emergency building w	orke:	Yes	
	i loi service or rempt		FUTTI	The start date for which the	alver is sought:	31/01/2018	
1 In the Summary section	n, review the information sub	mittad If you not	d to modify any of	The end date for which the w	alver la sought:	31/01/2019	
-	you need to add more inform	•	eu to mouny any or	Please provide the reason(s) service seeks the walver:	that the education and care	sample reason	
			M	Please identify the measures protect the wellbeing of child service while the service of the	ren being cared for by the	sample measures	
	Attachmenta Summary Payr			Please list the local governm	ent areas in which educators a ed in, and the local governmen		
				Please provide details of any the specified elements or reg	attempts made to comply with ulations:	attempts made to comply	
SUMMARY							
	about to submit. If you need to make changes, please clic	ok on the Edit link of the correspon	ding section you want to amend.	NOTIFIER'S DETAILS			
Note: You cannot make further changes beyon Warning: Forms not submitted within 90 days f	from the start date will be deleted from the system.			Name Sample User		ne Number 111111	Email Address sampletestuser2102@gmail.com
SERVICE WAIVER DETAILS			Edit	ATTACHMENT DETAILS			
	PROVIDER DETAIL \$			Document Type	Description	File Name	
Provider Approval Name: test entity		Provider Approval Number: PR-50000691	Provider Approval Status: Approved	Supporting documents for w	Iver supporting document for	walver glbberish.docx	
	SERVICE DETAILS			DECLARATION			
Service Trading Name: test case day care		Service Approval Number: SE-50001031	Service Approval Status: Approved	I declare that ↑			
	WAIVER DETAILS			1. The information provide 2. I have read and unders	d in this application form (includin ood and the Applicant agrees to t	g any attachments) is true, complete and correct the conditions and the associated material contain	; ned in this form;
Type of walver sought:	Temporary Walver				ids that the Regulatory Authority		e obliged) to act in reliance upon the contents of the
NQS Element:	Physical environment, 3.1.1 Physical environment, 3.1.3 Physical environment, 3.2.1 Staffing, 4.1.1			 I have read and unders The Regulatory Authorition Some of the Information other persons/authoritie I am aware that I may be 	ood a Provider's legal obligations y is authorised to verify any inforr provided in this application may s where authorised by the Eclucal e subject to penalties under the E	tion and Care Services National Law or other leg ducation and Care Services National Law If I pro	of the Family Assistance Law and may be disclosed to islation; and vide false or misleading information in this form.
Regulations:	104 - Fencing requirements 107 - Indoor space requirements 108 - Outdoor space requirement	5			ry authority may serve a notice u nber (in accordance with section		rovided in this application, including the postal, street
	110 - Ventilation and Natural Ligh 117 - Glass 124 - Number of children who car				Previo	us Save and Close Final	
	127 - Family day care educator qu 128 - Family day care coordinator	ualifications		5. Read the DEC	ARATION text ca	refully and select I declar	
	136 - First Ald qualifications 72A - Location of family day care						Q Finalising in progress



Submit Application for Service or Temporary Waiver Form

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

		Attachmente	Summary Payment	
=				
AYMENT DETAILS				
Identifier: INV-14993-H9K9S8			Fee Description: Service Temporary Walver	
Type: Provider			Amount: \$120.00	
Due Date: 16/02/2018				
Credit Card Type: * • VISA •	and and			
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 confirmatio	n:			
sampletestuser2102@gm				
	irmation of your payment. the address in the above l		yment confirmation to be sent to	an email address other than your registered e-
			ay Now	

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.

My Detalls	
	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 the entertainty of the entertainty of the second second second second second second second second second se	anglesian places control VCM Securities Adhedia Control debits can be found as the ACEOOA was
For any enquiries regarding the progress of your	application, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA we
For any enquiries regarding the progress of your	application, please contact NSW Regulatory Authority. Contact details can be found on the <u>ACECQA</u> we
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Introduction

This Quick Reference Guide (QRG) provides details about the Application for CCS Approval (Provider and Service) (CCS01) 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 must have registered for a **PRODA Organisation ID**.
- Each PMC must have registered for a **PRODA ID** and provided their details to be added to the application.
- You should have the **PA02 Declaration of fitness and propriety** document ready for each PMC 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 organisation type, such as Company, Sole proprietor, Partnership, etc.).
- The Provider must NOT already hold CCS approval.

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- Begin Application for CCS Approval (Provider and Service)
- Provider and Service Eligibility
- Fill in Provider Details:
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 - PMC for out of scope providers
 - **o** Partnership or Unincorporated Body
 - Banking
- Fill in Service Details
- Fill in Trustee, Governance and Finance Details
- Fill in External Management Details
- Fill in Operational Details
- Fill in Operating Hours
- Fill in Australian Government Website Details
- Fill in Fees and Inclusions Details
- Fill in Service Personnel Details
- Provide Contact Details
- Upload Attachments
- Review a Summary
- Submit the application
- Print or Close Application for CCS Approval (Provider and Service) Form



Access Application for CCS Approval (Provider and Service)

From the **My Details** page, in the **My Services** section, click the correct **Service ID**, then click **New Forms**.



To start the application, click Apply.

Form #	Form Name	Description	
CCS01	Application for CCS Provider and Service Approval	An application to become an approved provider to administer Child Care Subsidy (CCS) in respect of one service.	Apply
		Note: National Law (NL) provider and service approvals are required to make this application, unless this service operates out of scope of the NL.	

Begin Application for CCS Approval (Provider and Service)

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

PROVIDER DETAILS			IV.
Provider Name: Al Zahra College Limited		Provider Approval Number: PR0004807	Provider Status: Approved
SERVICE DETAILS			
Service Trading Name: Al Zahra Kingdom		Service Approval Number: SE-00006388	Service Status: Approved
You must ensure you are familiar with your obligation The Australian Government is responsible for assess	N under A New Tax System (Family Assistance) Act 1999 (ing applications relating to CCS. Contact the <u>Australian (</u> ons are deemed satisfactorily completed and supporting of	Government for information.	egislation, regulations and rules.
The Australian Government is responsible for assess	under A New Tax System (Family Assistance) Act 1999 (Government for information.	egislation, regulations and rules.
You must ensure you are familiar with your obligation The Australian Government is responsible for assess Your application will not be processed unless all sect Privacy statement	under A New Tax System (Family Assistance) Act 1999 (Sovernment for information. locuments supplied.	
You must ensure you are familiar with your obligation The Australian Government is responsible for assess Your application will not be processed unless all sect Privacy statement ACECQA, the regulatory authorities and the Australia	under A New Tax System (Family Assistance) Act 1999 (ng applications relating to CCS. Contact the <u>Australian (</u> ns are deemed satisfactorily completed and supporting o	Sovernment for information. locuments supplied. nation in accordance with the Privacy	Act 1988.

2. To start entering the details in the **Application for CCS Approval (Provider and Service)** application, click **Begin**.



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Provider and Service Eligibility

1. Answer the questions about Provider and Service Eligibility. All questions are mandatory. Click Next.

PROVIDER ELIGIBILITY

As the provider applying under the Family Assistance Law do you confirm that.

For each childcare Service in respect of which you are seeking CCS approval you hold (or have applied for) any approvals or licences required to operate a childcare Service under the law of the State or Territory in which the Service is situated?

Yes O No

You are a fit and proper person to be involved in the administration of Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS)?

Yes O No Any person identified as having Provider Management or Control is a fit and proper person to be involved in the administration of CCS and ACCS?

● Yes ○ No

Any person identified as having Provider Management or Control on the day your Provider approval takes effect, or the day your childcare Service approval takes effect, is a fit and roper person to be involved in the administration of CCS and ACCS?

Yes ()

Any person with Provider Management or Control understands their obligations under the Family Assistance Law including the Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Bill 2016 Minister's and Secretary's Rules?

● Yes ○ No

You will be a large centre-based day care Provider? * Yes O No

As a large centre-based day care Provider do you confirm that your entity is financially viable and likely to remain so? ● Yes ○ No

SERVICE ELIGIBILITY

As the approved Provider, will this child care Service provider any of the following types of care:

Informal care provided through personal arrangements? *

Yes No

A Service primarily conducted to provide instruction in an activity (such as sport or music)? *

O Yes 🔘 N

A Service primarily conducted to provide a disability or early intervention Service? *

🔿 Yes 🔘 N

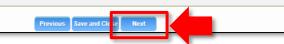
A Service where a parent primarily provides care or is readily available and retains responsibility for the child while the service is provided (such as a play group)?*

O Yes O !

A Service primar ily providing short-term irregular care at premises where the parent is a visitor or guest and the parent is readily available (such as a Service provided by a gym)?

O Yes O No

A Service that primarily provides an early educational program to children in the year that is two (2) years before Grade 1 of school (such as preschool or kindergarten)? O Yes 💿 No



Fill in Provider Details

1. PLEASE FILL IN THE APPLICANT ENTITY DET		
Provider Name: *	A&R Test Provider A	
What is your Legal Entity Type?*	Company	
Company: *	Public 🗸	
ABR Entity Name: *	DEPARTMENT OF EDUCATION	
ABN :*	76337613647	Velidete ABN
ACN (if applicable):		Check ACN
PRODA Organization ID: *	6851597498	Clear PRODA Org 10
Are you a Tructee? *	⊖ Yiax ⊛ No	
Phone Number:	000000000	
Mobile Number:	0000000001	
	* Piesse enter Phone Number or Mobile Number or both	
Fax Number:	e.g 0212345678, 1800000000	
Email:*	vecrauat+providerA@gmail.com	
s the provider for profit or not-for-profit?*	□ Frank © Radose pould	
s the provider for profit or not-for-profit?*	 Nat-for-profit Yes: Na 	
s the provider for profit or not-for-profit?*	 Nat-for-profit Yes: Na 	
s the provider for profit or not-for-profit?* is the provider a ohanitable institution?* Does the Provider have an Ultimate Holding Entr	Shut-for profit Nix ● No hype Nix ● No	
s the provider for profit or not-for-profit?* is the provider a ohanitable institution?* Does the Provider have an Ultimate Holding Entr	Shut-for profit Nix ● No hype Nix ● No	
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	TexcAs-point TexcAs-point TexcAs-point TextAs Street Address at the Application (mission) Officer EXALS	
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s the provider for print or nol-for-print?* s the provider a chartfable institution?* Does the Provider have an Ultimate Holding Ent 1. PLANE FALLIN THE APPLICANT ADDRESS OF Address Line 1:* Address Line 2: StudioTown:* Hate Territory:* Postoods:* Country: 4. PERSONS WITH MANAGEMENT OR CONT	Address at the Appleant Instance	

1. Complete the available Provider Details. Some fields are prepopulated from previously supplied information.

2. This form will vary depending on the Legal Entity Type and whether the provider is in scope of the NQF or out of scope of the NQF.

3. You will need to validate the PRODA ID by clicking Verify PRODA ORG ID.

Note: If you are unable to validate your PRODA ID, please check you have entered the details correctly as detailed in PRODA and that the 'National Quality Agenda IT System' is a linked service provider in PRODA.



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<u>Fill in Pr</u>	rovider Deta	ils: PMC	
		3	
4. PERSONS WI	TH MANAGEMENT OR CONT	TROL	
Each individual wh with this applicatio		ment or control" of an education an WORKING WITH CHILDREN CHECK	d care service must also complete a Declaration of Fitness and Propriety and submit it
Mr Sergio Rus	sso DDS		
		Previous Save a	Ind Clo e Next

4. If the Provider is **in scope** of the NQF, Persons With Management or Control (PMCs) will be preloaded.

4a. If the **PMC ID** and **Working with Children Check** details are not displayed, you must click **Edit** to add those details.

4b. To add additional PMCs, please separately complete Notification of Change of Information About Approved Provider (PA08).

5. If the Provider is **out of scope** of the NQF, please add PMCs using the **Add PMC** button and complete the required details.



Fill in Provider Details: PMC for out of scope providers

6. Complete the details for PMCs.

ide: "	- Plaase súlact - 🛩	
rst Name:"		
iddle Name:		
est Name: *		
ate of Birth: "		
RODA ID: *		GLADORE VIDIO
lace of Birth: "		
hone Number:	4 (j 6212345678_1800XXXXXXX	
lobile Number:		
	* Places enter Phone Number or Mobile Number or hoth	
osition Description:	·	
aa Number:	a g 8212346678_1808000000	
mail Address: *		
	ADDRESS	
	Residential Address	
Address: *	123 Street, Saburb, State	
	Postal Address	
	Postal address same as above	

7. You will need to enter the PMC's Surname, Date of Birth and PRODA ID then click Verify PRODA ID.

Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.



Fill in Provider Details: F	PMC for out of scope providers	Fill in Provider Details: Partnership or Unincorporated Body
8. Complete the Working with Children Check details, selecting each state and territory in which the PMC hold a Working with Children Check.		 If the Provider Entity Type is Partnership or Unincorporated Body, enter the Partner or Member details by clicking the Add button.
9. Click Save to update the PMC.		UNINCORPORATED BODY Normalized by the unincorporated bady entry.
WORKING WITH CHILDREN CHECK		Add Unincot And Brindse Details
Note: Please provide details for all current Working Children cards Next to continue.	s (or equivalents) held by the individual. If the person does not have a Working with Children Card (or equivalent) select	
Is the person required to provide a Working with Children Card?*	● Yes ◯ No	Prestous Seve and Close Heat
Please select all States and Territories that you hold a Working with Children Check or state equivalent: *		
working with Children Check of state equivalent:		2. For an Unincorporated Body, add the PRODA ID, Surname and Date of Birth, and click
		PRODA ID Verification. Then click Save.
		PRODA ID Vernication. Then click Save.
		For Deuty and the ADN. Deuty on News and ACN, they aligh Course
	□ WA	For Partnerships , add the ABN, Partner Name and ACN, then click Save.
NSW Working with Children Card Number *	1232445654	ADD UNINCORPORATED BODY DETAILS
Working with Children Expiry Date*	12/06/2026	PRODA ID:*
		Sumane "
	Cancel	Date of Birth *
10. Once all PMCs have been add	ded, click Next to move to the Partnership or	
	g section. This will depend on information already	Contrast Generality Garage
supplied.		
		3. Once all members have been added, click Next to move to the Banking section.



Fill in Provider Details: Banking

1. Add the Bank BSB, Bank Account Number and Bank Account Name, and click Next.

BANKING INFO	
Bank BSB: *	012-004
Bank account number: *	1234567890
Bank account name: *	Josh Bollinger
	Previous Save and Clase Next

Fill in Service Details

In the SERVICE DETAILS stage, the applicant information is categorised into the following sub-sections: SERVICE NAME DETAILS, TRUSTEE, GOVERNANCE AND FINANCE, EXTERNAL MANAGEMENT, OPERATIONAL DETALS, OPERATING HOURS, AUSTRALIAN GOVERNMENT WEBSITE, FEES and SERVICE PERSONNEL.

Note: Much of this information will be prepopulated. To edit prepopulated information use the appropriate application or notification form available in the NQA ITS.

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

\checkmark instructions \rangle \checkmark e	LIGIBILITY >
and the second se	Trustee, Governance and Finance External Management Operational Details Operational Hours trailian Government Website Fees and Inclusions Service Personnel Overview
LEASE FILL IN THE SERVICE NAME DETA	ILS
vice Legal Entity Name:	
vice Trading Name: *	Al Zahra Kingdom
vice ABN:	
vice Type: *	Out of Scope
ASE PROVIDE THE PROPOSED SERVICE A	DDRESS DETAILS
ne Number:	02 9599 0161
vile Number:	



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Fill in Trustee, Governance and Finance Details

1. In the **Trustee, Governance and Finance** section, in the **TRUST/TRUSTEE** sub-section, click whether the provider is acting in the capacity of a trustee or not. If yes, add the **Trust ABN** and **Trust Name**. Click **Validate ABN**.

2. In the **GOVERNANCE** sub-section, outline the arrangements governing the day to day running of the service. You can either add information into the text box or upload a document later.

3. In the **SERVICE FINANCIAL DETAILS** sub-section, add the bank account details where CCS payments should be received.

Select Use Provider Bank Account to use the banking details previously entered for the Provider.

4. Click Next to move to the External Management section.

Is the provider acting in the capacity of a trustee in the operation of this service?*	● Yes ○ No	
Trust ABN: *	51824753556	Validate ABN
Trust Name: *	AUSTRALIAN TAXATION OFFICE]
GOVERNANCE		
Please outline the arrangement in place for managing day-to-day attached a document outlining the governance arrangements for y Do you wish to provide text to outline the governance arrangements? *	operations of the child care Service to ensure compliance with the Family Assis our Service. O Yes No	stance Law. Alternatively, please
Evidence Required *	Details of governance arrangements (mandatory if additional application	not added)
		not added)
ERVICE FINANCIAL DETAILS	Details of governance arrangements (mandatory if additional application Use Provider Bank Account	not added)
ERVICE FINANCIAL DETAILS coount details for payment(s) made under the Family ssistance Law to your child care Service		not added)
Evidence Required * ERVICE FINANCIAL DETAILS ccount details for payment(s) made under the Family ssistance Law to your child care Service SB * ccount Number *	Use Provider Bank Account	not added)



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Fill in External Management Details

1. In the External Management section, in the EXTERNAL MANAGEMENT AGREEMENT sub-section, click whether the provider has or will have an agreement with an external management company or not. If yes, add the Type of External Management, External Management ABN, External Management Name and External Management ACN. Click Validate ABN.

2. In the **EXTERNAL MANAGEMENT ADDRESS** sub-section, add the address of the External Management Company.

3. In the **ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT** subsection, outline the external management arrangements you have in place. You will be required to upload additional information later.

4. Click Next to move to the Operational Details section.

EXTERNAL MANAGEMENT AGREEMENT		
ssistance Law even if it appoints an external management entit	ecomes the Provider for the purposes of the Family Assistance Law. The Provide y or individual to undertake day to day administration and/or management of the nisations or individuals understand and administer their responsibilities under th	Service. All obligations to comply with the Family Assistance La
Does the Provider propose to enter into an agreement with anoth ● Yes ○ No	er entity to provide day to day administration or management of the service on it	s behalf?
What is the type of External Management?*	O External Individual O External Organisation	
ABN of External Management *		Validate ABN
lame of External Management *		
ACN of External Management		
EXTERNAL MANAGEMENT ADDRESS		
Address: *	123 Street, Suburb, State]
Phone Number:		
Mobile Number:		
	Please enter Phone Number or Mobile Number or both	
Email Address: *		
		1
ADDITIONAL INFORMATION ABOUT YOUR EXTERN	AL MANAGEMENT	
Please outline the arrangements you have in place wit he External Management to ensure compliance with he Family Assistance Law: *	h	
Evidence Required: *	Evidence of a signed agreement with the 'External Management' or attack Previous Save and Close Next	eo any aooioonal information (mandatory)



Back to Main Menu

Fill in Operational Details

1. In the **Operational Details** section, in the **PROPOSED COMMENCEMENT DATE** subsection, the date is prepopulated from information provided earlier. Select which type of service you want your CCS approved for.

If you are applying for Centre-Based Care, you must select **Centre-Based Care** OR **Outside School Hours Care**. Select the service type that you will primarily operate.

2. In the **NUMBER OF CHILD CARE PLACES OFFERED** sub-section, the number may be prepopulated from information provided earlier. If it is not, enter the number of places.

3. In the **NUMBER OF OPERATING WEEKS PER YEAR** sub-section, add the number of weeks per year the service will operate for.

4. The CHANGE OF OWNERHSIP OF EXISTING SERVICE sub-section is locked in this section.

5. Click Next to move to the Operating Hours section.

The Service for which the Provider is seeking CCS Approval under the Family Assistance Law is *	Please Select V
What is the proposed start date for your CCS Service Approval to take effect?*	24/08/2023
IMPORTANT	
You should be aware that approval of your application is subject to CCS.	o the service satisfying the relevant legislative requirements. You may advise families that you are seeking approval to operate for the purpose
However, you should be aware that families who use your service	while you are not CCS approved will not be able to receive CCS/ACCS during this time.
If you receive CCS Approval, families who were eligible for CCS/A	ACCS while your application was pending may be able to receive CCS/ACCS backdated to the date of your service's approval.
NUMBER OF CHILD CARE PLACES OFFERED	t 45
What is the number of child care places to be offered at the service?*	t 45
What is the number of child care places to be offered at the service?*	t 45
What is the number of child care places to be offered at the service? *	t 45
What is the number of child care places to be offered at the service?* NUMBER OF OPERATING WEEKS PER YEAR How many weeks per year will the service be open for	t 45



Fill in Operating Hours

1. In the **Operational Hours** section, provide details of the timings in which you intend to operate the education and care service.

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

To add or edit operating hours expand the a To remove/cancel operating hours clear the				ice.
E ANNUAL	cifically related to 'Ho	liday Care' and 'School	Terms'.	
HOLIDAY CARE Operating hours during school holidays in	-			
SCHOOL TERMS ONLY Operating hours when schools are open.				

2. The **START TIME** and **END TIME** details will be prepopulated. Click **Next** to move to the **Government Website** section.

STANDARD OPERATING HOURS

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

ANNUAL

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

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

HOLIDAY CARE

Operating hours during school holidays including public holidays.

Operating hours when schools are open.

Previous Save and Close

Next



Fill in Australian Government Website Details

1. In the **Display Details on Australian Government Website** section, provide details of the service that will be displayed on the Find Child Care section of the Starting Blocks website.

If you click **Yes** to the question I will place my Fees and Inclusions on my website, you must enter the website address where they will appear and you will not be required to complete the **FEES** section.

If you click **No** to the question I will place my Fees and Inclusions details on my website, you will be required to complete the **FEES** section.

DISPLAY DETAILS ON AUSTRALIAN GOVERNMENT W	BSITE
Please enter the details that you would like displayed on the Austri	alian Government Website
Phone Number: *	
Mobile Number:*	
Email Address: *	
Website *	
I will place my Fees and Inclusions details on my website *	Yes No
Fees and Inclusions Website *	
	Previous Save and Close Next

2. Click Next to move to the Fees section.

Fill in Fees and Inclusions Details

1. In the **Fees and Inclusions** section, provide details of the fees that will be charged and what is included in the fees. These will be displayed on the Find Child Care section of the Starting Blocks website.

You must enter a usual fee for at least one age group.

Age Group	0-12 Months	13-24 Months	25-35 Months	36 Months to Pre School	Over Pre-School Age
NO Inclusions		0			
All Inclusions					
All Meals					
Breakfast					
Morning Tea					
Lunch					
Afternoon Tea	0	0	0		
Other	0	0	0		
All Non-Meals					
Nappies					
Transport					0
Education Programs					
Excursions/ Incursions	0	0	0		
Usual Fee	SSS.cc	SSS.cc	SSS.cc	SSS.cc	\$\$\$.cc

2. Click Next to move to the Service Personnel section.



Is the person required to provide a Working with

Working with Children Check or state equiva

Working with Children Card Number Working with Children Expiry Date

Please select all States and Territories that you hold a

Children Card?

Back to Main Menu

Fill in Service Personnel Details

1. In the Service Personnel Details section, in the SERVICE PERSONNEL DETAILS subsection, click Add Service Personnel.

SERVICE PERSONNEL DETAILS				
Please provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service.				
The Provider is required to undertake reasonable steps to ensure that any person with Operational Responsibility (who is or will be responsible for undertaking the day-to-day operation of the service) is a 'fit and proper' person.				
Please provider details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT sytem transactions (Service Contact).				
Please provider details for any Family Day Care Educations (Family Day Care only)				
Add Service Personnel				
Previous Save and Close Next				

For a Person with operational responsibility provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service

For a Service contact provide details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT system transactions.

For Family Day Care only, provide details for any Family Day Care Educators.

2. Fill in the SERVICE PERSONNEL DETAILS and WORKING WITH CHILDREN CHECK subsections. Click Save.

Select the role(s) you want to add: *	Person with Operational Responsibility
	Service Contact
	Family Day Care Educator
First Name: *	
Middle Name:	
Last Name: *	
Email: *	
Phone Number: *	
Mobile Number: *	
DOB:*	
PRODA Id: *	Verify PRODA

lote: Please provide details for all current Working Children cards (or equivalents) held by the individual. If the person does not have a Working with Children Card (or e Yes O No

ACT

NSW **□**NT

SA

TAS ∩ wa

3. You will need to enter their Surname, Date of Birth and PRODA ID then click Verify PRODA ID.

Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.

4. Click Next to move to the Contact Info section.



Provide Contact Details

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**.

NAME AND CO	ONTACT DETAILS FOR TH	HIS APPLICATION

Note: The contact for this Application must be an in	ndMdual 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 *.

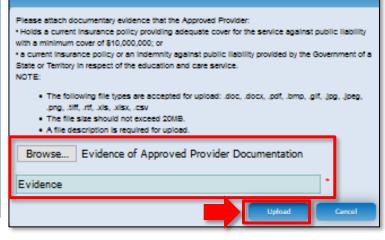
Upload Attachments

1. In the **SUBMISSION** stage, in the **Attachments** section, add all the requested documents. Click **Add Documents** to add the requested documents. Some requirements will appear multiple times, once for each PMC.

ATTACHMENTS	
You will need to upload the following documents:	
Historical and Current Company extract *	Add Documents
List of Directors or elected office bearers *	
	Add Documents
Annual general meeting minutes *	Add Documents

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

ADD DOCUMENT



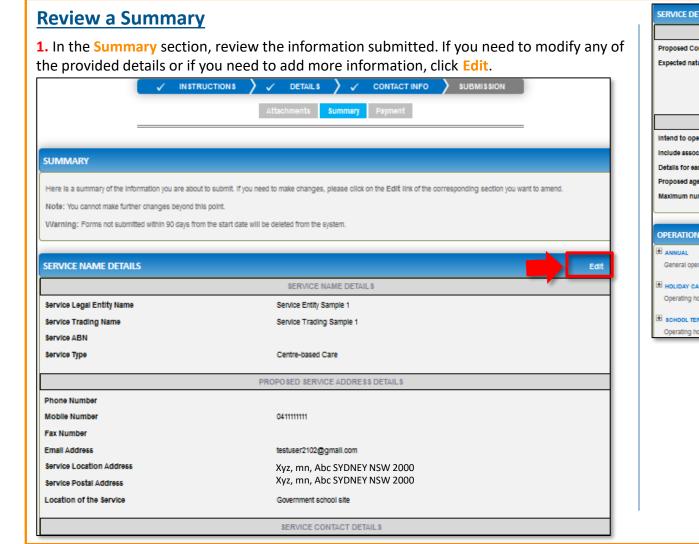
Note: The requested documents may change depending on what has been selected in previous steps of the form.

3. After adding all the requested documents, click Next to move to the Summary.



National Quality Agenda IT System (NQA IT System) Application for CCS Approval (Provider and Service) (CCS01)^{Author: ACECQA}

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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 - after school Outside school hours care - after school Outside school hours care - uscation care A\$\$OCIATED \$ERVICE\$	SERVICE DETAILS			Fat	
Proposed Commencement Date	SERVICE DETAILS				
Expected rature of Education and Care Upg Day Care Upg Da		NATUR	RE OF EDUCATION AND CARE DETAIL	\$	r
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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.				Incident, Injury, trauma and Illness procedures complying with Regulatio Dealing with infectious diseases, including procedures complying with J Dealing with metadoa conditions in children, including the matters set ou Emergency and execution, including the matters set out. In Regulations Delivery of children to, and collection of children from, education and car procedures complying with Regulation 99 Excursions, including procedures complying with Regulations 100 to 10 Providing a child sate 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 placem Interactions with children including the matters set out in Regulations 15 Enclorement and orientation Governance and management of the service, including confidentiality of The acceptance and retual of automisations	regulation 88 t in Regulation 90 Pre service premises, including 2 ents. 55 and 156 records
submitted service, specifying the natural environments that are or will be provided.			В	UILDING PREMISES INFORMATION	
					used by the education and care



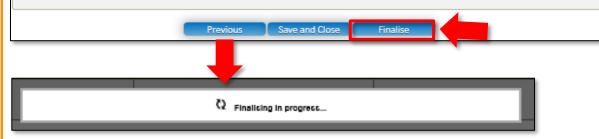
Submit the application

1. 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
- 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 faise 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).



Print or Close Application for CCS Approval (Provider and Service) 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-50006920
Service Number:	SE-50001032
Click <u>here</u> to view your Invoice.	
A copy of your submission will be emailed to you	u and the application / notification contact, if different.
For any enquiries regarding the progress of your	r 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 Child Care Subsidy (CCS) – Add Service (CCS02) 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.
- Each Service Personnel must have registered for a **PRODA ID** and provided their details to be added to the application.
- 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 organisation type, such as Company, Sole proprietor, Partnership, etc.).
- The Provider must already hold CCS approval.

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- Begin Application for Child Care Subsidy Add Service
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 - Fill in Trustee, Governance and Finance Details
 - Fill in External Management Details
 - Fill in Operational Details
 - Fill in Operating Hours
 - Fill in Australian Government Website Details
 - Fill in Fees and Inclusions Details
 - Fill in Service Personnel Details
- Provide Contact Details
- Upload Attachments
- Review a Summary
- Submit the Application for Child Care Subsidy Add Service
- Print or Close Application for Child Care Subsidy Add Service



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Access Application for Child Care Subsidy – Add Service

From the **My Details** page, in the **My Services** section, click the correct **Service ID**, then click **New Forms**.



To start the application, click Apply.

Form #	Form Name	Description	
CCS02	Application for CCS – Add Service	An application to apply to administer Child Care Subsidy (CCS) for an additional service. Note: This application may be used by an existing CCS approved provider, or a prospective CCS provider applying for an additional service who has also made an application for CCS Provider and Service approval (first service). National Law (NL) provider and service approval are required to make this application, unless this service operates out of scope of the NL.	Apply

Begin Application for Child Care Subsidy – Add Service

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

Zahra College Limited		Provider PR00048	Approval Number: 07	Provider Status: Approved
RVICE DETAILS				
ervice Trading Name: Zahra Kinodom		Service A	Approval Number:	Service Status: Approved
You must ensure you are familiar with your of	oligations under A New Tax System (Family Assistan	ce) Act 1999 (Family Assis	stance Law) and related	legislation, regulations and rules.
	assessing applications relating to CCS. Contact the all sections are deemed satisfactorily completed an			
Privacy statement				
	Justralian Covernment are committed to protecting r	personal information in acc	ordance with the Privac	y Act 1988.
ACECQA, the regulatory authorities and the A	Australian Government are committed to protecting p			
	g collected by ACECQA on behalf of the regulatory a		ian Government for the	purposes of assessing your

2. To start entering the details in the **Application for Child Care Subsidy – Add Service** application, click **Begin**.



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Service Eligibility

1. Answer the questions about the **Service Eligibility**. All questions are mandatory. Click **Next**.

SERVICE ELIGIBILITY

As the approved Provider, will this child care Service provider any of the following types of care:

Informal	care	provided
OYes		No

A Service primarily conducted to provide instruction in an activity (such as sport or music)? *

O Yes 💿 No

A Service primarily conducted to provide a disability or early intervention Service? *

I through personal arrangements? *

🔾 Yes 💿 No

A Service where a parent primarily provides care or is readily available and retains responsibility for the child while the service is provided (such as a play group)? *

🔿 Yes 💿 No

A Service primarily providing short-term irregular care at premises where the parent is a visitor or guest and the parent is readily available (such as a Service provided by a gym)? *

A Service that primarily provides an early educational program to children in the year that is two (2) years before Grade 1 of school (such as preschool or kindergarten)? *

Previous Save and Clo. e Next

Fill in Service Details

In the SERVICE DETAILS stage, the applicant information is categorised into the following sub-sections: SERVICE NAME DETAILS, TRUSTEE, GOVERNANCE AND FINANCE, EXTERNAL MANAGEMENT, OPERATIONAL DETALS, OPERATING HOURS, AUSTRALIAN GOVERNMENT WEBSITE, FEES and SERVICE PERSONNEL.

Note: Much of this information will be prepopulated. To edit prepopulated information use the appropriate application or notification form available in the NQA ITS.

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

✓ INSTRUCTIONS > ✓	ELIGIBILITY > V PROVIDER DETAILS > SERVICE DETAILS > CONTACT INFO > SUBMISSION
Service Name Details	Trustee, Governance and Finance External Management Operational Details Operational Hours ustralian Government Website Fees and Inclusions Service Personnel Overview
10 da	
PLEASE FILL IN THE SERVICE NAME DE	TAILS
ervice Legal Entity Name:	
rvice Trading Name: *	Al Zahra Kingdom
rvice ABN:	
rvice Type:*	Out of Scope
EASE PROVIDE THE PROPOSED SERVICE	ADDRESS DETAILS
one Number:	02 9599 0161
bile Number:	



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Fill in Trustee, Governance and Finance Details

1. In the **Trustee, Governance and Finance** section, in the **TRUST/TRUSTEE** sub-section, click whether the provider is acting in the capacity of a trustee or not. If yes, add the **Trust ABN** and **Trust Name**. Click **Validate ABN**.

2. In the **GOVERNANCE** sub-section, outline the arrangements governing the day to day running of the service. You can either add information into the text box or upload a document later.

3. In the **SERVICE FINANCIAL DETAILS** sub-section, add the bank account details where CCS payments should be received.

Select Use Provider Bank Account to use the banking details previously entered for the Provider.

4. Click Next to move to the External Management section.

operation of this service?*	Yes O No	
Trust ABN: *	51824753556	Validate ABN
Trust Name: *	AUSTRALIAN TAXATION OFFICE]
GOVERNANCE		
Please outline the arrangement in place for managing day-to-day a document outlining the governance arrangements for	operations of the child care Service to ensure compliance with the Family Assis rour Service.	ance Law. Alternatively, please
Do you wish to provide text to outline the governance arrangements? *	O Yes 💿 No	
Evidence Required *	Details of governance arrangements (mandatory if additional application r	iot added)
ERVICE FINANCIAL DETAILS		
ccount details for payment(s) made under the Family	Use Provider Bank Account	
ccount details for payment(s) made under the Family ssistance Law to your child care Service	Use Provider Bank Account 012-004	
ERVICE FINANCIAL DETAILS ccount details for payment(s) made under the Family ssistance Law to your child care Service SB * ccount Number *		



Fill in External Management Details

1. In the External Management section, in the EXTERNAL MANAGEMENT AGREEMENT sub-section, click whether the provider has or will have an agreement with an external management company or not. If yes, add the Type of External Management, External Management ABN, External Management Name and External Management ACN. Click Validate ABN.

2. In the **EXTERNAL MANAGEMENT ADDRESS** sub-section, add the address of the External Management Company.

3. In the **ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT** subsection, outline the external management arrangements you have in place. You will be required to upload additional information later.

4. Click Next to move to the Operational Details section.

EXTERNAL MANAGEMENT AGREEMENT				
The person whose application for Provider Approval is granted becomes the Provider for the purposes of the Family Assistance Law. The Provider remains responsible for all legal obligations under the Family Assistance Law even if it appoints an external management entity or individual to undertake day to day administration and/or management of the Service. All obligations to comply with the Family Assistance Law est with the Provider. The Provider must ensure all external organisations or individuals understand and administer their responsibilities under the Family Assistance Law.				
Ooes the Provider propose to enter into an agreement with and ● Yes ○ No	ther entity to provide day to day administration or management of the service on i	s behalf?		
What is the type of External Management?*	O External Individual O External Organisation			
ABN of External Management*		Validate ABN		
Name of External Management*				
ACN of External Management				
		4		
EXTERNAL MANAGEMENT ADDRESS				
Address: *	123 Street, Suburb, State]		
Phone Number:]		
Mobile Number:				
	Please enter Phone Number or Mobile Number or both			
Email Address: *				
ADDITIONAL INFORMATION ABOUT YOUR EXTERI	VAL MANAGEMENT			
Please outline the arrangements you have in place w the External Management to ensure compliance with				
the Family Assistance Law: *				
	/			
Evidence Required: *	Evidence of a signed agreement with the 'External Management' or attached any additional information (mandatory)			
	Previous Save and Close Next			



Fill in Operational Details

1. In the **Operational Details** section, in the **PROPOSED COMMENCEMENT DATE** subsection, the date is prepopulated from information provided earlier. Select which type of service you want your CCS approved for.

If you are applying for Centre-Based Care, you must select **Centre-Based Care** OR **Outside School Hours Care**. Select the service type that you will primarily operate.

2. In the **NUMBER OF CHILD CARE PLACES OFFERED** sub-section, the number may be prepopulated from information provided earlier. If it is not, enter the number of places.

3. In the **NUMBER OF OPERATING WEEKS PER YEAR** sub-section, add the number of weeks per year the service will operate for.

4. The CHANGE OF OWNERHSIP OF EXISTING SERVICE sub-section is locked in this section.

5. Click Next to move to the Operating Hours section.

The Service for which the Provider is seeking CCS Approval under the Family Assistance Law is *	Please Select V
What is the proposed start date for your CCS Service Approval to take effect? *	24/08/2023
IMPORTANT	
You should be aware that approval of your application is subject t CCS.	o the service satisfying the relevant legislative requirements. You may advise families that you are seeking approval to operate for the purpo
However, you should be aware that families who use your service	while you are not CCS approved will not be able to receive CCS/ACCS during this time.
If you receive CCS Approval, families who were eligible for CCS//	ACCS while your application was pending may be able to receive CCS/ACCS backdated to the date of your service's approval.
What is the number of child care places to be offered a	t 45
NUMBER OF CHILD CARE PLACES OFFERED What is the number of child care places to be offered a the service?* NUMBER OF OPERATING WEEKS PER YEAR	t 45
What is the number of child care places to be offered a the service?*	t 45
What is the number of child care places to be offered a the service?* NUMBER OF OPERATING WEEKS PER YEAR How many weeks per year will the service be open for	t 45



Fill in Operating Hours

1. In the **Operational Hours** section, provide details of the timings in which you intend to operate the education and care service.

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

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 spe	cifically related to 'Holiday Care' and 'School Terms'.			
HOLIDAY CARE Operating hours during school holidays in	ncluding public holidays.			
SCHOOL TERMS ONLY Operating hours when schools are open.				

2. The **START TIME** and **END TIME** details will be prepopulated. Click **Next** to move to the **Government Website** section.

STANDARD OPERATING HOURS

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

ANNUAL

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

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

HOLIDAY CARE

Operating hours during school holidays including public holidays.

Operating hours when schools are open.

Previous Save and Close

Next



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Fill in Australian Government Website Details

1. In the **Display Details on Australian Government Website** section, provide details of the service that will be displayed on the Find Child Care section of the Starting Blocks website.

If you click **Yes** to the question **I will place my Fees and Inclusions on my website**, you must enter the website address where they will appear and you will not be required to complete the **FEES** section.

If you click **No** to the question I will place my Fees and Inclusions details on my website, you will be required to complete the **FEES** section.

DISPLAY DETAILS ON AUSTRALIAN GOVERNMENT WI	DISPLAY DETAILS ON AUSTRALIAN GOVERNMENT WEBSITE				
Please enter the details that you would like displayed on the Austra	lian Government Website				
Phone Number: *					
Mobile Number: *					
Email Address: *					
Website *					
I will place my Fees and Inclusions details on my website *	● Yes ○ No				
Fees and Inclusions Website *					
	Previous Save and Close Next				

2. Click Next to move to the Fees section.

Fill in Fees and Inclusions Details

1. In the **Fees and Inclusions** section, provide details of the fees that will be charged and what is included in the fees. These will be displayed on the Find Child Care section of the Starting Blocks website.

You must enter a usual fee for at least one age group.

Age Group	0-12 Months	13-24 Months	25-35 Months	36 Months to Pre School	Over Pre-School Age
NO Inclusions	0	0	0	0	0
All Inclusions					0
All Meals					0
Breakfast					0
Morning Tea					0
Lunch					0
Afternoon Tea	0	0	0	0	0
Other			0		0
All Non-Meals					0
Nappies					0
Transport					0
Education Programs					
Excursions/ Incursions			0		0
Usual Fee	SSS.cc	\$\$\$.cc	SSS.cc	\$\$\$.cc	\$\$\$.cc

2. Click Next to move to the Service Personnel section.



Fill in Service Personnel Details

1. In the Service Personnel Details section, in the SERVICE PERSONNEL DETAILS subsection, click Add Service Personnel.

SERVICE PERSONNEL DETAILS
Please provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service.
The Provider is required to undertake reasonable steps to ensure that any person with Operational Responsibility (who is or will be responsible for undertaking the day-to-day operation of the service) is a 'fit and proper' person.
Please provider details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT sytem transactions (Service Contact).
Please provider details for any Family Day Care Educations (Family Day Care only)
Add Service Personnel
Previous Save and Close Next

For a Person with operational responsibility provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service

For a Service contact provide details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT system transactions.

For Family Day Care only, provide details for any Family Day Care Educators.

2. Fill in the SERVICE PERSONNEL DETAILS and WORKING WITH CHILDREN CHECK subsections. Click Save.

Select the role(s) you want to add: *	Person with Operational Responsibility
	Service Contact
	Family Day Care Educator
First Name: *	
Middle Name:	
Last Name: *	
Email: *	
Phone Number: *	
Mobile Number: *	
DOB: *	
PRODA Id: *	Verify_PRODA

lote: Please provide details for all current Working Children cards (or equivalents) held by the individual. If the person does not have a Working with Children Card (or e

ACT

NSW **□**NT

SA

TAS ∩ wa

Is the person required to provide a Working with

Working with Children Check or state equiva

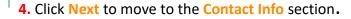
Working with Children Card Number Working with Children Expiry Date

Please select all States and Territories that you hold a

Children Card?

3. You will need to enter their Surname, Date of Birth and PRODA ID then click Verify PRODA ID.

Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.





Provide Contact Details

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.

LARGE AND COM	TACT DETAILS FO	R THIS APPLICATION
SAME AND UUN	TAULT DETAILS FU	K THIS APPLICATION

Note: The contact for this Application must be	e 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
	* Piease 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 *.

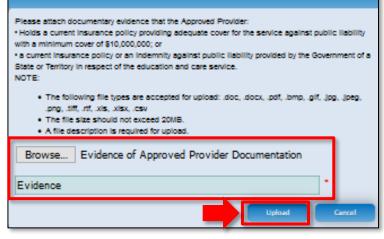
Upload Attachments

1. In the **SUBMISSION** stage, in the **Attachments** section, add all the requested documents. Click **Add Documents** to add the requested documents. Some requirements will appear multiple times, once for each PMC.

ATTACHMENTS	
You will need to upload the following documents:	
Historical and Current Company extract *	Add Documents
List of Directors or elected office bearers *	Add Documents
Annual general meeting minutes *	Add Documents

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

ADD DOCUMENT



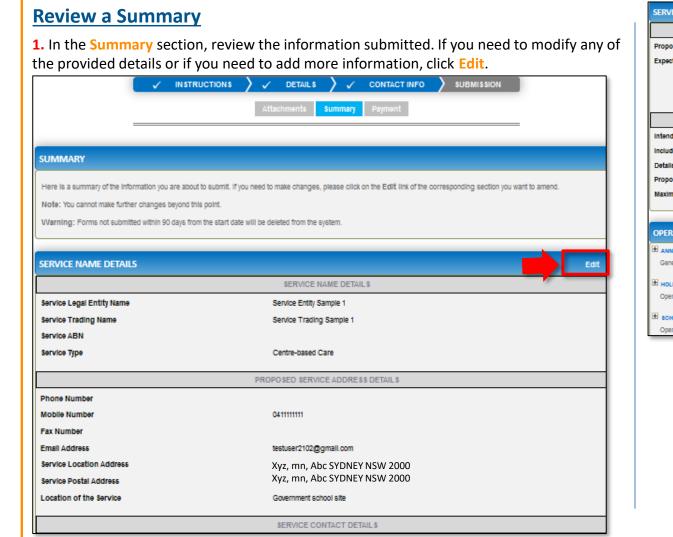
Note: The requested documents may change depending on what has been selected in previous steps of the form.

3. After adding all the requested documents, click Next to move to the Summary.



National Quality Agenda IT System (NQA IT System) Application for Child Care Subsidy – Add Service (CCS02)

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NATURE OF EDUCATION AND CLIFE DETAIL 5 Proposed Commensement Date 210/2016 Expected nature of Education and Care Using Date Care Outside scrool Nour care - sterie scrool Outside scrool Nour care - sterie scrool Proposed ages of children Description Nour Care - scrool Proposed ages of children Description Nour Care - scrool Proposed ages of children Extension Nour Care - scrool Proposed scrool Proposed Age Extension Nour Care - scrool Proposed Scrool	SERVICE DETAILS	Eat
Epected nature of Education and Care Long Day Care Outside school hours care - administration Outside school hours care - administration care Internet to operate associated children's service Yes Internet associated children's service Yes Internet associated children's service Yes Internet associated children's service Pail OPERATIONAL HOURS Exercise Operating hours that are not specified Exercise Internet associated children's service Internet i	UTAN	JRE OF EDUCATION AND CARE DETAILS
Intend to operate associated children's service in the Service Approval 'res Defails for each associated children's service in the Service Approval 'res Defails for each associated children's service in the Service Approval 'res Defails for each associated children's service in the Service Approval 'res Defails for each associated children 's service in the Service Approval 'res OPERATIONAL HOURS East OPERATIONAL HOURS East Operating hours but are not specifies BUILDING INFORMATION East Operating hours ouring school holicitys inclus The following policies and procedures have been prepared Policies AND PROCEDURES The following policies and procedures have been prepared - untrot, not abserges, citary requirements: - untrot, notary states reade scholes, and Bi school, terms Operating hours when schools are open. The following policies and procedures have NOT been prepared - untrot, notary states reade scholes, and i untrot and and asset on protection: - untrot, notary states reade scholes, and i untrot and and asset on protection: - untrot, notary states and states on prepared in the schole prepared in the schole prepared in the schole prepared by a building practition of untrot is an outpend, including and the section prepared in the schole prepared by a building practition of untrot is an outpend, including and the section of addition of untrot is an outpend, including and the section prepared by a building practition of untrot is an outpend, including and		Long Day Care Outside school hours care - before school Outside school hours care - after school
Include service in the service paper will be exactly paper will be exactly and be exactly and be exactly and be exactly and be exactly be exactly and be exactly be e		A\$SOCIATED SERVICES
Defails for each associated childrens service proposed ages of children School Age Maximum number of children to be educated and cared for 15 OPERATIONAL HOURS Eath If Annual General operating hours that are not specificat INLINING INFORMATION Eath If Annual General operating hours that are not specificat INLINING INFORMATION Eath If Annual General operating hours that are not specificat INLINING INFORMATION Eath If Annual General operating hours that are not specificat Interformation of an adeption to the state in the specification of the state in t	intend to operate associated children's service	Yes
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Maximum number of children to be educated and cared for 15 OPERATIONAL HOURS Education Image: Contraining the participation of the state of specification BULDING INFORMATION Education Image: Contraining the participation of the state of specification BULDING INFORMATION Education Image: Contraining the participation of the state of specification BULDING INFORMATION Education Image: Contraining the participation of the state of the sta	Details for each associated childrens service	play school
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General operating hours that are not specified BULDING INFORMATION POLICIES AND PROCEDURES Image: Proceeding hours during school holidays includ The following policies and procedures have been prepared Health and safety, including matters relating to:	OPERATIONAL HOURS	Eat
Following plans prepared by a building practitioner will be The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care	General operating hours that are not specifical BUILDING INFORM HOLIDAY CARE Operating hours during school holidays includi The following policies SCHOOL TERMS	POLICIES AND PROCEDURES and procedures have been prepared s and procedures have NOT been prepared Health and safety, including matters relating to:
	Following plans prepar submitted	



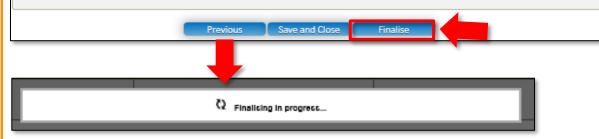
Submit the application

1. 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
- 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 faise 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).



Print or Close Application for Child Care Subsidy – Add Service 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-50006920
Service Number:	SE-50001032
Click <u>here</u> 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 app	lication, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA website.
	OK Print



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Introduction

This Quick Reference Guide (QRG) provides details about the Application for Child Care Subsidy (CCS) Provider and Service Approval (Transferred National Law (NL) Service) (CCS03) 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 must have submitted an SA04/05 Notification of Transfer of Service Approval for the Service you wish to include in your application
- You must have registered for a **PRODA Organisation ID**.
- Each PMC must have registered for a **PRODA ID** and provided their details to be added to the application.
- You should have the **PA02 Declaration of fitness and propriety** document ready for each PMC 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 organisation type, such as Company, Sole proprietor, Partnership, etc.).
- The Provider must **NOT** already hold CCS approval.

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- Begin Application for CCS Provider and Service Approval (Transferred NL Service)
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 - Person with Management or Control (PMC)
 - Partnership or Unincorporated Body
 - Banking
- Fill in Service Details
 - Fill in Trustee, Governance and Finance Details
 - Fill in External Management Details
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 - Fill in Operating Hours
 - Fill in Australian Government Website Details
 - Fill in Fees and Inclusions Details
 - Fill in Service Personnel Details
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- Upload Attachments
- Review a Summary
- Submit the application
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Access Application for CCS Provider and Service Approval (Transferred NL Service)

From the **My Details** page, in the **My Providers** section, click the correct **Provider ID**, then click **New Forms**.

Provider ID	Provider Name	State	Provider Type	Status	CCS Status
O PR-QLD00044	AEIOU Foundation	QLD	Out of Scope	Approved	CURRENT
O PR-50010985	Lee Bowyer	NSW	In Scope	Approved	
O PR-50011207	Wayne Bennett	NSW	In Scope	Approved	
O PR-50010910	Funtastic	NSW	In Scope	Approved	CURRENT
O PR-40013202	123 4 567	NSW	In Scope	Approved	
O PR-50011245	Test	NSW	In Scope	Invalid	
PR-50011181	Phil's Kids Club	NSW	In Scope	Surrendered	
O PR-50011949	Big Kids PLC	NSW	In Scope	Under Assessment	
O PR-50011892	P <mark>hil Ke</mark> nt	NSW	In Scope	Under Assessment	
O PR-50011778	N Child Care	NSW	In Scope	Under Assessment	
		<u>1</u> <u>2</u>			
Add Provider	New Forms Submitted Forms	Manage Users			

To submit an application for CCS Provider and Service Approval (Transferred NL Service) (CCS03) you must have already submitted a **Notification of Transfer of Service Approval**.

To start the application, click Apply.



Begin Application for CCS Provider and Service Approval (Transferred NL Service)

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

ROVIDER DETAILS			
OVIDER DETAILS		T. T	1
Provider Name: N Zahra College Limited		Provider Approval Number: PR0004807	Provider Status: Approved
RVICE DETAILS			
Service Trading Name: Al Zahra Kingdom		Service Approval Number: SE-00006388	Service Status: Approved
		k.	
The Australian Government is responsible Your application will not be processed unle Privacy statement	for assessing applications relating to C sss all sections are deemed satisfactori	amily Assistance) Act 1999 (Family Assistance Law) and rela SS. Contact the <u>Australian Government</u> for information. completed and supporting documents supplied. to protecting personal information in accordance with the Pri	
The Australian Government is responsible Your application will not be processed unle Privacy statement ACECQA, the regulatory authorities and th	for assessing applications relating to C ss all sections are deemed satisfactori ne Australian Government are committe	S. Contact the <u>Australian Government</u> for information. completed and supporting documents supplied.	vacy Act 1988.
The Australian Government is responsible Your application will not be processed unle Privacy statement ACECQA, the regulatory authorities and the The personal information you provide is be application or notification. Regulatory authorities, the Australian Gov	for assessing applications relating to C ess all sections are deemed satisfactori the Australian Government are committe eing collected by ACECQA on behalf of ernment and ACECQA may use and dis	S. Contact the <u>Australian Government</u> for information. completed and supporting documents supplied. to protecting personal information in accordance with the Pri	vacy Act 1988. he purposes of assessing your ation and Care Services National Law

2. To start entering the details in the **Application for CCS Provider and Service Approval** (Transferred NL Service) application, click **Begin**.



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Provider and Service Eligibility

1. Answer the questions about Provider Eligibility. All questions are mandatory.

PROVIDER ELIGIBILITY

As the provider applying under the Family Assistance Law do you confirm that. For each childcare Service in respect of which you are seeking CCS approval you hold (or have applied for) any approvals or licences required to operate a childcare Service under the law of the State or Territory in which the Service is situated? *

● Yes ○ No

You are a fit and proper person to be involved in the administration of Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS)?

Yes
 No

Any person identified as having Provider Management or Control on the day your Provider approval takes effect, or the day your childcare Service approval takes effect, is a fit and proper person to be involved in the administration of CCS and ACCS? *

⊙ Yes ⊖ N

Any person with Provider Management or Control understands their obligations under the Family Assistance Law including the Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Bill 2018 Minister's and Secretary's Rules?

● Yes ○ No

You will be a large centre-based day care Provider? *

● Yes ○ No

As a large centre-based day care Provider do you confirm that your entity is financially viable and likely to remain so?

💿 Yes 🔘 No

2. Answer the questions about Service Eligibility. All questions are mandatory. Click Next.

SERVICE ELIGIBILITY

As the approved Provider, will this child care Service provider any of the following types of care:

Informal care provided through personal arrangements? *

Yes
No
A Service primarily conducted to provide instruction in an activity (such as sport or music)? *

🔿 Yes 💿 No

A Service primarily conducted to provide a disability or early intervention Service? *

🔾 Yes 💿 No

A Service where a parent primarily provides care or is readily available and retains responsibility for the child while the service is provided (such as a play group)?

🔾 Yes 💿 No

A Service primarily providing short-term irregular care at premises where the parent is a visitor or guest and the parent is readily available (such as a Service provided by a gym)?
• O Yes
• No

A Service that primarily provides an early educational program to children in the year that is two (2) years before Grade 1 of school (such as preschool or kindergarten)?

Previous Save and Clo

🔾 Yes 💿 No



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Eligibility: Transfer Details

1. From the **TRANSFER DETAILS** page, in the **Eligibility** section, select the service. If no services are listed, you must submit a **Notification of Transfer of Service Approval**.

ease select the Transfer that	t you would like to submit an Application	n for Child Care Subs	sidy for:		
	TRANSFER ID	PROPOSED TRANSFER DATE	SERVICE ID	SERVICE NAME	
Select	TRAN-00000739	04/06/2023	SE-50000775	Shaz Service1	
TRANSFER DETAILS					
ervice ID:	SE-50000775				
ervice Name:	Shaz Service1				
Proposed Transfer Date:	04/06/2023				
New Legal Name:	Morning Rain Learning Center2	New Se	rvice Phone Number:		0897654432
New Trading Name:	Morning Rain Learning Center2	New Se	rvice Mobile Number:		0467890321
New ABN:	59372786746	New Se	rvice Fax Number:		
New Primary Contact:	Brendon Frasor	New Set	rvice After Hours Emerg	gency Number:	0823345656
New Service Email:	ramky8591@gmail.com				

2. Click Next to move to the Provider and Service Eligibility section.

Fill in Provider Details

A&R Test Provider A	
76337613647	Validate AbN
	Check ACN
6851597498	Clear PRODA Org ID
⊖ Yea ⊛ No	
000000000	
000000001	
* Please enter Phone Number or Mobile Number or both	_
e.g 0212345678, 1800XXXXXX	
vecrauat+providerA@gmail.com	
• O Yes 💌 No	
ou course or	
	Glass Address
Posfat address same as above	
t or control" of an education and care service must also complete a De	claration of Ednava and Provide
	Tree ⊕ Feo 000000000 000000000 * Phases enter Flores Number or Mobile Number or Mobile Number or Mobile Number or Mobile Number or Mobile et al. 4222145678, 1802000000 veccuust-sprovider Afggynull.com

 Complete the available Provider
 Details. Some fields are prepopulated from previously supplied information.

2. This form will vary depending on the Legal Entity Type.

3. You will need to validate the PRODA ID by clicking Verify PRODA ORG ID.

Note: If you are unable to validate your PRODA ID, please check you have entered the details correctly as detailed in PRODA and that the 'National Quality Agenda IT System' is a linked service provider in PRODA.



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Fill in Provider Details: PMC

4. PERSONS WITH I	MANAGEMENT OR CON	ITROL	
Each individual who wi with this application.		ement or control" of an education and	d care service must also complete a Declaration of Fitness and Propriety and submit it
NAME	PRODA ID	WORKING WITH CHILDREN CHECK	
Mr Sergio Russo D	DS		
		Previous Save a	and Clo e Next

4. If the **PRODA ID** and **Working with Children Check** details are not displayed, you must click **Edit** to add those details.

4a. To add additional PMCs, please separately complete Notification of Change of Information About Approved Provider (PA08).

5. Complete the details for PMCs.

Title: '	- Plaze salect - *	
First Name:*		
Middle Name:		
Last Name: *		
Date of Birth: "	1	
PRODA ID: *		WORLESSOR .VID
Place of Birth: "		
Phone Number:	# g 6212345678_1800XXXXX	
Mobile Number:		
	* Please enter Phane Humber or Mobile Humber or hoth	
Position Description:	•	
Fax Number:	a g 6212346678, 1808000000	
Email Address: *		
	ADDRESS	
	Residential Address	
Address: *	123 Street, Suburb, State	
	Postal Address	
	Postal address same as above	

6. You will need to enter the PMC's Surname, Date of Birth and PRODA ID then click Verify PRODA ID.

Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.



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Fill in Provider Details: Partnership or Unincorporated Body

1. If the Provider Entity Type is Partnership or Unincorporated Body, enter the Partner or Member details by clicking the Add button.

UNINCORPORATED BODY	
Add Uninces	
Previous Save and Close Next	

2. For an **Unincorporated Body**, add the **PRODA ID**, **Surname** and **Date of Birth**, and click **PRODA ID Verification**. Then click **Save**.

For **Partnerships**, add the **ABN**, **Partner Name** and **ACN**, then click **Save**.

RODAID: *		PROBA ID settleation
Sumame: "		
Date of Birth *		
	Carrol Section	

3. Once all members have been added, click Next to move to the Banking section.



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Fill in Provider Details: Banking

1. Add the Bank BSB, Bank Account Number and Bank Account Name, and click Next.

BANKING INFO	
Bank B\$B: *	012-004
Bank account number: *	1234567890
Bank account name: *	Josh Bollinger
Bank account name:	Josh bollinger
	Previous Save and Cl se Next

Fill in Service Details

In the SERVICE DETAILS stage, the applicant information is categorised into the following sub-sections: SERVICE NAME DETAILS, TRUSTEE, GOVERNANCE AND FINANCE, EXTERNAL MANAGEMENT, OPERATIONAL DETALS, OPERATING HOURS, AUSTRALIAN GOVERNMENT WEBSITE, FEES and SERVICE PERSONNEL.

Note: Much of this information will be prepopulated. To edit prepopulated information use the appropriate application or notification form available in the NQA ITS.

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

✓ INSTRUCTIONS > ✓ E	LIGIBILITY >
and the second se	Trustee, Governance and Finance External Management Operational Details Operational Hours ratian Government Website Fees and Inclusions Service Personnel Overview
PLEASE FILL IN THE SERVICE NAME DETA	LS :
ervice Legal Entity Name:	
ervice Trading Name: *	Al Zahra Kingdom
rvice ABN:	
rvice Type: *	Out of Scope
EASE PROVIDE THE PROPOSED SERVICE A	DDRESS DETAILS
none Number:	02 9599 0161
obile Number:	



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Fill in Trustee, Governance and Finance Details

1. In the **Trustee, Governance and Finance** section, in the **TRUST/TRUSTEE** sub-section, click whether the provider is acting in the capacity of a trustee or not. If yes, add the **Trust ABN** and **Trust Name**. Click **Validate ABN**.

2. In the **GOVERNANCE** sub-section, outline the arrangements governing the day to day running of the service. You can either add information into the text box or upload a document later.

3. In the **SERVICE FINANCIAL DETAILS** sub-section, add the bank account details where CCS payments should be received.

Select Use Provider Bank Account to use the banking details previously entered for the Provider.

4. Click Next to move to the External Management section.

s the provider acting in the capacity of a trustee in the operation of this service?*	● Yes ○ No	_
Trust ABN: *	51824753556	Validate ABN
Trust Name: *	AUSTRALIAN TAXATION OFFICE]
GOVERNANCE		
Please outline the arrangement in place for managing day-to-day ttached a document outlining the governance arrangements for y	operations of the child care Service to ensure compliance with the Family Assis our Service.	tance Law. Alternatively, please
Do you wish to provide text to outline the governance arrangements? *	⊖ Yes ● No	
Evidence Required *	Details of governance arrangements (mandatory if additional application)	not added)
Evidence Required *	Details of governance arrangements (mandatory if additional application)	not added)
	Details of governance arrangements (mandatory if additional application in a second	rot added)
ERVICE FINANCIAL DETAILS	Details of governance arrangements (mandatory if additional application i Use Provider Bank Account	rot added)
ERVICE FINANCIAL DETAILS coount details for payment(s) made under the Family ssistance Law to your child care Service		not added)
Evidence Required * ERVICE FINANCIAL DETAILS ECOUNT details for payment(s) made under the Family ssistance Law to your child care Service SB * ECOUNT Number *	Use Provider Bank Account	not added)



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Fill in External Management Details

1. In the External Management section, in the EXTERNAL MANAGEMENT AGREEMENT sub-section, click whether the provider has or will have an agreement with an external management company or not. If yes, add the Type of External Management, External Management ABN, External Management Name and External Management ACN. Click Validate ABN.

2. In the **EXTERNAL MANAGEMENT ADDRESS** sub-section, add the address of the External Management Company.

3. In the **ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT** subsection, outline the external management arrangements you have in place. You will be required to upload additional information later.

4. Click Next to move to the Operational Details section.

The beginned is benefit is provide and provide Aground is grated becomes the Browled refer by purposes of the Funity Assistance Law. Does the Provider rung tension in an agreement with another entity to provide day to day administration or management of the service and adjustance Law. Does the Provider rung tension is a service and external organisations or individuals understand and administration or management of the service on its behalt? Provider must ensure all external Management? Des the Provider must ensure all external organisations or individuals understand and administration or management of the service on its behalt? Des the Provider must ensure all external Management? Des the type of External Management? Des type of External	EXTERNAL MANAGEMENT AGREEMENT				
* Yes _ No * Yes _	Assistance Law even if it appoints an external management er	tity or individual to undertake day to day administration and/or management of the	Service. All obligations to comply with the Family Assistance La		
With of by Op Or Opportunit BRN of External Management* LARM of External Management* LARM of External Management* LARM of External Management EXTERNAL MANAGEMENT ADDRESS EXTERNAL MANAGEMENT ADDRESS EXTERNAL MANAGEMENT ADDRESS Address:*					
Aame of External Management *	Vhat is the type of External Management?*	O External Individual O External Organisation			
CN of External Management CN of External Man	BN of External Management *		Validate ABN		
EXTERNAL MANAGEMENT ADDRESS Address: * those Number: those Number: those number: those enter Phone Number or Mobile Number or both timali Address: * ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT Please outline the arrangements you have in place with the External Management to ensure compliance with the Family Assistance Law: * Evidence Required: * Evidence of a signed agreement with the External Management or attached any additional information (mandatory)	lame of External Management *				
EXTERNAL MANAGEMENT ADDRESS Address: * those Number: those Number: those number: those enter Phone Number or Mobile Number or both timali Address: * ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT Please outline the arrangements you have in place with the External Management to ensure compliance with the Family Assistance Law: * Evidence Required: * Evidence of a signed agreement with the External Management or attached any additional information (mandatory)	CN of External Management				
uddress:* 123 Street, Suburb, State uhone Number:					
Phone Number: Phone Number: Wobile Number: Please enter Phone Number or Mobile Number or both Email Address: * ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT Please outline the arrangements you have in place with the External Management to ensure compliance with the External Management to ensure compliance with the Family Assistance Law: * Evidence of a signed agreement with the "External Management" or attached any additional information (mandatory)	EXTERNAL MANAGEMENT ADDRESS				
Phone Number: Mobile Number: * Please enter Phone Number or Mobile Number or both Email Address: * ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT Please outline the arrangements you have in place with the External Management to ensure compliance with the Family Assistance Law: * Evidence Required: *	•	422 Obriel Culture Chain	1		
Mobile Number:	Address: "	125 Street, Suburb, State			
	Phone Number:				
Email Address: * ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT Please outline the arrangements you have in place with the External Management to ensure compliance with the Family Assistance Law: * Evidence Required: * Evidence of a signed agreement with the "External Management" or attached any additional information (mandatory)	Mobile Number:				
ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT Please outline the arrangements you have in place with the External Management to ensure compliance with the Family Assistance Law: * Evidence Required: * Evidence of a signed agreement with the "External Management" or attached any additional information (mandatory)		* Please enter Phone Number or Mobile Number or both	-		
Please outline the arrangements you have in place with the External Management to ensure compliance with the Family Assistance Law: *	Email Address: *				
Please outline the arrangements you have in place with the External Management to ensure compliance with the Family Assistance Law: *					
the External Management to ensure compliance with the Family Assistance Law: * Evidence Required: * Evidence of a signed agreement with the 'External Management' or attached any additional information (mandatory)	ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT				
the External Management to ensure compliance with the Family Assistance Law: * Evidence Required: * Evidence of a signed agreement with the 'External Management' or attached any additional information (mandatory)					
Evidence Required: * Evidence of a signed agreement with the 'External Management' or attached any additional information (mandatory)	the External Management to ensure compliance with				
Lviuence Required.	me Family Assistance Law: "				
Evidence Required.					
Evidence Required.	Evidence Dequirad: *	Evidence of a signed agreement with the 'External Management' or attac	ned any additional information (mandatory)		
Previous Save and Close Next	Lyndende Neduneu:				



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Fill in Operational Details

1. In the **Operational Details** section, in the **PROPOSED COMMENCEMENT DATE** subsection, the date is prepopulated from information provided earlier. Select which type of service you want your CCS approved for.

If you are applying for Centre-Based Care, you must select **Centre-Based Care** OR **Outside School Hours Care**. Select the service type that you will primarily operate.

2. In the **NUMBER OF CHILD CARE PLACES OFFERED** sub-section, the number may be prepopulated from information provided earlier. If it is not, enter the number of places.

3. In the **NUMBER OF OPERATING WEEKS PER YEAR** sub-section, add the number of weeks per year the service will operate for.

4. The CHANGE OF OWNERHSIP OF EXISTING SERVICE sub-section is locked in this section.

5. Click Next to move to the Operating Hours section.

The Service for which the Provider is seeking CCS Approval under the Family Assistance Law is *	Please Select V
What is the proposed start date for your CCS Service Approval to take effect? *	24/08/2023
IMPORTANT	
You should be aware that approval of your application is subject to CCS.	o the service satisfying the relevant legislative requirements. You may advise families that you are seeking approval to operate for the purpose
However, you should be aware that families who use your service v	while you are not CCS approved will not be able to receive CCS/ACCS during this time.
	CCS while your application was pending may be able to receive CCS/ACCS backdated to the date of your service's approval.
It you receive CCS Approval, tamilies who were eligible for CCS/AC	
IT you redeive CCS Approval, tamilies who were eligible for CCS/A(
NUMBER OF CHILD CARE PLACES OFFERED	
NUMBER OF CHILD CARE PLACES OFFERED What is the number of child care places to be offered at	t 45
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NUMBER OF CHILD CARE PLACES OFFERED What is the number of child care places to be offered at	t 45
NUMBER OF CHILD CARE PLACES OFFERED What is the number of child care places to be offered at the service?* NUMBER OF OPERATING WEEKS PER YEAR How many weeks per year will the service be open for	t 45
NUMBER OF CHILD CARE PLACES OFFERED What is the number of child care places to be offered at the service?* NUMBER OF OPERATING WEEKS PER YEAR How many weeks per year will the service be open for	t 45
NUMBER OF CHILD CARE PLACES OFFERED What is the number of child care places to be offered at the service?*	t 45
NUMBER OF CHILD CARE PLACES OFFERED What is the number of child care places to be offered at the service?* NUMBER OF OPERATING WEEKS PER YEAR How many weeks per year will the service be open for	t 45



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Fill in Operating Hours

1. In the **Operational Hours** section, provide details of the timings in which you intend to operate the education and care service.

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

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.				
Operating hours during school holidays including public holidays. SCHOOL TERMS ONLY Operating hours when schools are open.				
Previous Save and Close Next				

2. The **START TIME** and **END TIME** details will be prepopulated. Click **Next** to move to the **Government Website** section.

STANDARD OPERATING HOURS

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

ANNUAL

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

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

HOLIDAY CARE

Operating hours during school holidays including public holidays.

SCHOOL TERMS ONLY

Operating hours when schools are open.

Previous Save and Close

Next



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Fill in Australian Government Website Details

1. In the **Display Details on Australian Government Website** section, provide details of the service that will be displayed on the Find Child Care section of the Starting Blocks website.

If you click **Yes** to the question **I will place my Fees and Inclusions on my website**, you must enter the website address where they will appear and you will not be required to complete the **FEES** section.

If you click **No** to the question I will place my Fees and Inclusions details on my website, you will be required to complete the **FEES** section.

DISPLAY DETAILS ON AUSTRALIAN GOVERNMENT WEBSITE				
Please enter the details that you would like displayed on the Austra	lian Government Website			
Phone Number: *				
Mobile Number:*				
Email Address: *				
Website *				
I will place my Fees and Inclusions details on my website *	● Yes ○ No			
Fees and Inclusions Website *				
·	Previous Save and Close Next			

2. Click Next to move to the Fees section.

Fill in Fees and Inclusions Details

1. In the **Fees and Inclusions** section, provide details of the fees that will be charged and what is included in the fees. These will be displayed on the Find Child Care section of the Starting Blocks website.

You must enter a usual fee for at least one age group.

Age Group	0-12 Months	13-24 Months	25-35 Months	36 Months to Pre School	Over Pre-School Age
NO Inclusions	0	0			
All Inclusions					
All Meals					0
Breakfast					
Morning Tea					
Lunch					0
Afternoon Tea	0	0	0	0	
Other	0	0	0		
All Non-Meals					
Nappies					0
Transport					0
Education Programs					0
Excursions/ Incursions	0	0	0	0	0
Usual Fee	SSS.cc	SSS.cc	SSS.cc	SSS.cc	\$\$\$.cc

2. Click Next to move to the Service Personnel section.



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Fill in Service Personnel Details

1. In the Service Personnel Details section, in the SERVICE PERSONNEL DETAILS subsection, click Add Service Personnel.

SERVICE PERSONNEL DETAILS					
lease provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service.					
The Provider is required to undertake reasonable steps to ensure that any person with Operational Responsibility (who is or will be responsible for undertaking the day-to-day operation of the service) is a 'fit and proper' person.					
Please provider details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT sytem transactions (Service Contact).					
Please provider details for any Family Day Care Educations (Family Day Care only)					
Add Service Personnel					
Previous Save and Close Next					

For a Person with operational responsibility provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service

For a Service contact provide details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT system transactions.

For Family Day Care only, provide details for any Family Day Care Educators.

2. Fill in the SERVICE PERSONNEL DETAILS and WORKING WITH CHILDREN CHECK subsections. Click Save.

Select the role(s) you want to add: *	Person with Operational Responsibility Service Contact
	Family Day Care Educator
First Name: *	
Middle Name:	
Last Name: *	
Email: *	
Phone Number: *	
Mobile Number: *	
DOB: "	
PRODA Id: *	Verify PRODA

Note: Please provide details for all current Working Children cards (or equivalents) held by the individual. If the person does not have a Working with Children Card (or e Yes O No

ACT

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RKING WITH CHILDREN CHECK

Children Card?

Is the person required to provide a Working with

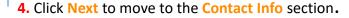
Working with Children Check or state equivale

Working with Children Card Number Working with Children Expiry Date

Please select all States and Territories that you hold a

3. You will need to enter their Surname, Date of Birth and PRODA ID then click Verify PRODA ID.

Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.





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Provide Contact Details

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.

NIABAE AN	ID CONTACT DE	TAILS FOR TH	IS APPLICATION
INAME AP	ID CONTACT DE	TAILS FUR TE	115 APPLICATION

Note: The contact for this Application must be an Individual who is auth	horised 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
Previou	us Save and Close Next

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

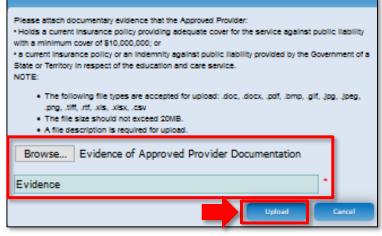
Upload Attachments

1. In the **SUBMISSION** stage, in the **Attachments** section, add all the requested documents. Click **Add Documents** to add the requested documents. Some requirements will appear multiple times, once for each PMC.

		l
ATTACHMENTS		
You will need to upload the following documents:		l
Ø Historical and Current Company extract *	Add Documents	
Vist of Directors or elected office bearers *	Add Documents	
Annual general meeting minutes *	Add Documents	

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

ADD DOCUMENT



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 to move to the Summary.



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Review a Summary 1. 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. SUBMISSION ✓ INSTRUCTIONS ✓ DETAILS) CONTACT INFO 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 NAME DETAILS Edit SERVICE NAME DETAILS Service Legal Entity Name Service Entity Sample 1 Service Trading Name Service Trading Sample Service ABN Service Type Centre-based Care PROPOSED SERVICE ADDRESS DETAILS Phone Number Mobile Number 0411111111 Fax Number Email Address testuser2102@gmail.com Service Location Address Xyz, mn, Abc SYDNEY NSW 2000 Xyz, mn, Abc SYDNEY NSW 2000 Service Postal Address Location of the Service Government school site SERVICE CONTACT DETAILS

SERVICE DETAILS		Edit
NATU	RE OF EDUCATION AND CARE DETAI	LS
Proposed Commencement Date	21/02/2018	
Expected nature of Education and Care	Long Day Care Outside school hours care - before scho Outside school hours care - after school Outside school hours care - vacation car	
	A\$SOCIATED SERVICES	
Intend to operate associated children's service	Yes	
Include associated children's service in the Service Approval	Yes	
Details for each associated childrens service	play school	
Proposed ages of children	School Age	
Maximum number of children to be educated and cared for	15	
OPERATIONAL HOURS		Edit
ANNUAL BUILDING INFORM	ATION	Ed
General operating hours that are not specificall		POLICIES AND PROCEDURES
HOLIDAY CARE	and procedures have been prepared	
Operating hours during school holidays includin	and procedures have NOT been prepared	Health and safety, including matters relating to:
B SCHOOL TERMS		 nutrition, food and beverages, dietary requirements; sun protection:
Operating hours when schools are open.		 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 80 Dealing with infectious diseases, including promatine set out in Regulation 90 Emergency and execution, including the matters set out in Regulation 90 Dealing with medical conditions in children, including the matters set out in Regulation 97 Dealineyr of children to, and collection of children from, education and care service premises, 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 reination Payment of frees and provision of a statement of frees charged by the education and care service Dealing with complaints
		BUILDING PREMISES INFORMATION
Following plans prepar submitted	ed by a building practitioner will be	The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided.
		137



Australian Children's Education & Care Quality Authority National Quality Agenda IT System (NQA IT System) Application for CCS Provider and Service Approval (Transferred NL Service) (CCS03)

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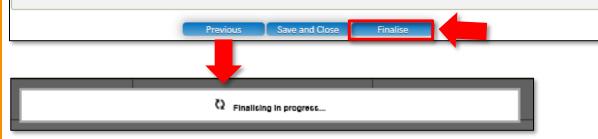
Submit the application

1. 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
- 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 faise 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).



Print or Close Application for CCS Provider and Service Approval (Transferred NL Service) Form

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

My Details	
	Thank you for your submission
Application Reference Number:	APP-50006920
Service Number:	SE-50001032
Click <u>here</u> to view your Invoice.	
A copy of your submission will be emailed to yo	u and the application / notification contact, if different.
For any enquiries regarding the progress of you	r application, please contact NSW Regulatory Authority. Contact details can be found on the ACECOA website
	OK Print



Introduction

This Quick Reference Guide (QRG) provides details about the Transfer Application for Child Care Subsidy (CCS) – Add Service (CCS04) 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 must have submitted an SA04/05 Notification of Transfer of Service Approval for the Service you wish to include in your application
- Each Service Personnel must have registered for a **PRODA ID** and provided their details to be added to the application.
- 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 organisation type, such as Company, Sole proprietor, Partnership, etc.).
- The Provider must already hold CCS approval.

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- Access Transfer Application for Child Care Subsidy Add Service
- Begin Transfer Application for Child Care Subsidy Add Service
- Service Eligibility
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 - Fill in Trustee, Governance and Finance Details
 - Fill in External Management Details
 - Fill in Operational Details
 - Fill in Operating Hours
 - Fill in Australian Government Website Details
 - Fill in Fees and Inclusions Details
 - Fill in Service Personnel Details
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- Review a Summary
- Submit the Transfer Application for Child Care Subsidy Add Service
- Print or Close Transfer Application for Child Care Subsidy Add Service



Access Transfer Application for CCS – Add Service

From the **My Details** page, in the **My Providers** section, click the correct **Provider ID**, then click **New Forms**.

	Provider ID	Provider Name	State	Provider Type	Status	CCS Status
С	PR-QLD00044	AEIOU Foundation	QLD	Out of Scope	Approved	CURRENT
С	PR-50010985	Lee Bowyer	NSW	In Scope	Approved	
С	PR-50011207	Wayne Bennett	NSW	In Scope	Approved	
С	PR-50010910	Funtastic	NSW	In Scope	Approved	CURRENT
С	PR-40013202	123 4 567	NSW	In Scope	Approved	
С	PR-50011245	Test	NSW	In Scope	Invalid	
	PR-50011181	Phil's Kids Club	NSW	In Scope	Surrendered	
С	PR-50011949	Big Kids PLC	NSW	In Scope	Under Assessment	
С	PR-50011892	Philippent	NSW	In Scope	Under Assessment	
С	PR-50011778	M Child Care	NSW	In Scope	Under Assessment	
	_		1 <u>2</u>			
	Add Provider	New Forms Submitted Forms	Manage Users			

To start the application, click Apply.



Begin Transfer Application for CCS – Add Service

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

ROVIDER DETAILS				
rovider Name: I Zahra College Limited			Provider Approval Number: PR0004807	Provider Status: Approved
RVICE DETAILS				
ervice Trading Name:			Service Approval Number: SE-00006388	Service Status: Approved
J Zahra Kingdom IPORTANT INFORMATION BEFORE 1 You must ensure you are familiar with your		stance) Act 1999 (F	amily Assistance Law) and related	legislation regulations and rules
IPORTANT INFORMATION BEFORE 1	bligations under A New Tax System (Family Assis			legislation, regulations and rules.
APORTANT INFORMATION BEFORE Y You must ensure you are familiar with your The Australian Government is responsible 1		t the Australian Go	overnment for information.	legislation, regulations and rules.
APORTANT INFORMATION BEFORE You must ensure you are familiar with your The Australian Government is responsible Your application will not be processed unler Privacy statement	bligations under A New Tax System (Family Assis r assessing applications relating to CCS. Contact all sections are deemed satisfactorily completed	t the <u>Australian Gc</u> d and supporting do	overnment for information. cuments supplied.	
APORTANT INFORMATION BEFORE You must ensure you are familiar with your The Australian Government is responsible Your application will not be processed unler Privacy statement	bligations under A New Tax System (Family Assis r assessing applications relating to CCS. Contact	t the <u>Australian Gc</u> d and supporting do	overnment for information. cuments supplied.	
APORTANT INFORMATION BEFORE Y You must ensure you are familiar with your The Australian Government is responsible I Your application will not be processed unler Privacy statement ACECQA, the regulatory authorities and the	bligations under A New Tax System (Family Assis r assessing applications relating to CCS. Contact all sections are deemed satisfactorily completed	t the <u>Australian Gc</u> d and supporting do ing personal informa	overnment for information. cuments supplied. ation in accordance with the Privac	y Act 1988.

2. To start entering the details in the **Transfer Application for CCS – Add Service** application, click **Begin**.



Service Eligibility

1. Answer the questions about **Service Eligibility**. All questions are mandatory. Click **Next**.

SERVICE ELIGIBILITY
As the approved Provider, will this child care Service provider any of the following types of care:
Informal care provided through personal arrangements? *
O Yes 💿 No
A Service primarily conducted to provide instruction in an activity (such as sport or music)? *
O Yes 💿 No
A Service primarily conducted to provide a disability or early intervention Service? *
⊖ Yes ● No
A Service where a parent primarily provides care or is readily available and retains responsibility for the child while the service is provided (such as a play group)? *
O Yes 🖲 No
A Service primarily providing short-term irregular care at premises where the parent is a visitor or guest and the parent is readily available (such as a Service provided by a gym)?
O Yes 💿 No
Source that primary provides an early educational program to children in the year that is two (2) years before Grade 1 of school (such as preschool or kindergarten)? Yes No
Previous Save and Cl se Next

Eligibility: Transfer Details

1. From the **TRANSFER DETAILS** page, in the **Eligibility** section, select the service to be transferred. Only services which have been included in a **Notification of Transfer of Service Approval** that has already been lodged will appear here.

TRANSFER DETAILS

TRANSFERS

Please select the Transfer that you would like to submit an Application for Child Care Subsidy for:

	TRANSFER ID	PROPOSED TRANSFER DATE	SERVICE ID	SERVICE NAME
Select	TRAN-00000739	04/06/2023	SE-50000775	Shaz Service1

TRANSFER DETAILS			
Service ID:	SE-50000775		
Service Name:	Shaz Service1		
Proposed Transfer Date:	04/06/2023		
New Legal Name:	Morning Rain Learning Center2	New Service Phone Number:	0897654432
New Trading Name:	Morning Rain Learning Center2	New Service Mobile Number:	0467890321
New ABN:	59372786746	New Service Fax Number:	
New Primary Contact:	Brendon Frasor	New Service After Hours Emergency Number:	0823345656
New Service Email:	ramky8591@gmail.com		



2. Click Next to move to the Provider and Service Eligibility section.



Fill in Service Details

In the SERVICE DETAILS stage, the applicant information is categorised into the following sub-sections: SERVICE NAME DETAILS, TRUSTEE, GOVERNANCE AND FINANCE, EXTERNAL MANAGEMENT, OPERATIONAL DETALS, OPERATING HOURS, AUSTRALIAN GOVERNMENT WEBSITE, FEES and SERVICE PERSONNEL.

Note: Much of this information will be prepopulated. To edit prepopulated information use the appropriate application or notification form available in the NQA ITS.

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

Service Name Details	Trustee, Governance and Finance External Management Operational Details Operational Hours stralian Government Website Fees and Inclusions Service Personnel Overview		
PLEASE FILL IN THE SERVICE NAME D	TAILS		
Service Legal Entity Name:			
ervice Trading Name: *	Al Zahra Kingdom		
ervice ABN:			
ervice Type: *	Out of Scope		
LEASE PROVIDE THE PROPOSED SERVIC	ADDRESS DETAILS		
hone Number:	02 9599 0161		



National Quality Agenda IT System (NQA IT System) Transfer Application for CCS – Add Service (CCS04)

Quick Reference Guide Author: ACECQA

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Fill in Trustee, Governance and Finance Details

1. In the **Trustee, Governance and Finance** section, in the **TRUST/TRUSTEE** sub-section, click whether the provider is acting in the capacity of a trustee or not. If yes, add the **Trust ABN** and **Trust Name**. Click **Validate ABN**.

2. In the **GOVERNANCE** sub-section, outline the arrangements governing the day to day running of the service. You can either add information into the text box or upload a document later.

3. In the **SERVICE FINANCIAL DETAILS** sub-section, add the bank account details where CCS payments should be received.

Select Use Provider Bank Account to use the banking details previously entered for the Provider.

4. Click Next to move to the External Management section.

Is the provider acting in the capacity of a trustee in the operation of this service?*	(e)Yes ○No	_		
Trust ABN: *	51824753556	Validate ABN		
Trust Name: *	AUSTRALIAN TAXATION OFFICE]		
GOVERNANCE				
Please outline the arrangement in place for managing day-to-day o attached a document outlining the governance arrangements for y	operations of the child care Service to ensure compliance with the Family Assis our Service.	stance Law. Alternatively, please		
Do you wish to provide text to outline the governance arrangements? *	⊖Yes ⑧No			
Evidence Required *	quired * Z Details of governance arrangements (mandatory if additional application not added)			
ERVICE FINANCIAL DETAILS				
ccount details for payment(s) made under the Family ssistance Law to your child care Service	Use Provider Bank Account			
SB*	012-004			
	12234567			
ccount Number *				



Fill in External Management Details

1. In the External Management section, in the EXTERNAL MANAGEMENT AGREEMENT sub-section, click whether the provider has or will have an agreement with an external management company or not. If yes, add the Type of External Management, External Management ABN, External Management Name and External Management ACN. Click Validate ABN.

2. In the **EXTERNAL MANAGEMENT ADDRESS** sub-section, add the address of the External Management Company.

3. In the **ADDITIONAL INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT** subsection, outline the external management arrangements you have in place. You will be required to upload additional information later.

4. Click Next to move to the Operational Details section.

EXTERNAL MANAGEMENT AGREEMENT		
Assistance Law even if it appoints an external management en	becomes the Provider for the purposes of the Family Assistance Law. The Provid tity or individual to undertake day to day administration and/or management of the ganisations or individuals understand and administer their responsibilities under th	Service. All obligations to comply with the Family Assistance Li
loes the Provider propose to enter into an agreement with and ● Yes ◯ No	other entity to provide day to day administration or management of the service on i	is behalf?
What is the type of External Management?*	○ External Individual ○ External Organisation	
ABN of External Management*		Validate ABN
Name of External Management*		
ACN of External Management		-
		1
EXTERNAL MANAGEMENT ADDRESS		
Address: *	123 Street, Suburb, State]
Phone Number:]
Mobile Number:		-
	Please enter Phone Number or Mobile Number or both	1
		1
Email Address: *		
ADDITIONAL INFORMATION ABOUT YOUR EXTERI	NAL MANAGEMENT	
Please outline the arrangements you have in place w the External Management to ensure compliance with		
the Family Assistance Law: *		
	1	
	Evidence of a signed agreement with the 'External Management' or attac	hed any additional information (mandatory)
Evidence Required: *		



National Quality Agenda IT System (NQA IT System) Transfer Application for CCS – Add Service (CCS04)

Quick Reference Guide Author: ACECQA

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Fill in Operational Details

1. In the **Operational Details** section, in the **PROPOSED COMMENCEMENT DATE** subsection, the date is prepopulated from information provided earlier. Select which type of service you want your CCS approved for.

If you are applying for Centre-Based Care, you must select **Centre-Based Care** OR **Outside School Hours Care**. Select the service type that you will primarily operate.

2. In the **NUMBER OF CHILD CARE PLACES OFFERED** sub-section, the number may be prepopulated from information provided earlier. If it is not, enter the number of places.

3. In the **NUMBER OF OPERATING WEEKS PER YEAR** sub-section, add the number of weeks per year the service will operate for.

4. The CHANGE OF OWNERHSIP OF EXISTING SERVICE sub-section is locked in this section.

5. Click Next to move to the Operating Hours section.

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perate for the purpose
proval.
proval.



Fill in Operating Hours

1. In the **Operational Hours** section, provide details of the timings in which you intend to operate the education and care service.

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

	applicable period type/s and enter the start and end times for that service. start and end times for the specific day/s as appropriate.
ANNUAL General operating hours that are not spe	cifically related to 'Holiday Care' and 'School Terms'.
HOLIDAY CARE Operating hours during school holidays in	
SCHOOL TERMS ONLY Operating hours when schools are open.	

2. The **START TIME** and **END TIME** details will be prepopulated. Click **Next** to move to the **Government Website** section.

STANDARD OPERATING HOURS

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

ANNUAL

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

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

HOLIDAY CARE

Operating hours during school holidays including public holidays.

Operating hours when schools are open.

Previous Save and Close

Next



Fill in Australian Government Website Details

1. In the **Display Details on Australian Government Website** section, provide details of the service that will be displayed on the Find Child Care section of the Starting Blocks website.

If you click **Yes** to the question **I will place my Fees and Inclusions on my website**, you must enter the website address where they will appear and you will not be required to complete the **FEES** section.

If you click **No** to the question I will place my Fees and Inclusions details on my website, you will be required to complete the **FEES** section.

DISPLAY DETAILS ON AUSTRALIAN GOVERNMENT WEBSITE			
Please enter the details that you would like displayed on the Australian Government Website			
Phone Number: *			
Mobile Number: *			
Email Address: *			
Website *			
I will place my Fees and Inclusions details on my website *	● Yes ○ No		
Fees and Inclusions Website *			
	Previous Save and Close Next		

2. Click Next to move to the Fees section.

Fill in Fees and Inclusions Details

1. In the **Fees and Inclusions** section, provide details of the fees that will be charged and what is included in the fees. These will be displayed on the Find Child Care section of the Starting Blocks website.

You must enter a usual fee for at least one age group.

Age Group	0-12 Months	13-24 Months	25-35 Months	36 Months to Pre School	Over Pre-School Age
NO Inclusions	0	0	0		0
All Inclusions					0
All Meals					0
Breakfast					0
Morning Tea					0
Lunch					0
Afternoon Tea	0	0	0	0	0
Other	0	0	0		0
All Non-Meals					0
Nappies					0
Transport					0
Education Programs					
Excursions/ Incursions	0	0	0		
Usual Fee	SSS.cc	SSS.cc	SSS.cc	\$\$\$.cc	\$\$\$.cc

2. Click Next to move to the Service Personnel section.



Fill in Service Personnel Details

1. In the Service Personnel Details section, in the SERVICE PERSONNEL DETAILS subsection, click Add Service Personnel.

SERVICE PERSONNEL DETAILS			
Please provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service.			
The Provider is required to undertake reasonable steps to ensure that any person with Operational Responsibility (who is or will be responsible for undertaking the day-to-day operation of the service) is a 'fit and proper' person.			
Please provider details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT sytem transactions (Service Contact).			
Please provider details for any Family Day Care Educations (Family Day Care only)			
Add Service Personnel			
Previous Save and Close Next			

For a Person with operational responsibility provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service

For a Service contact provide details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT system transactions.

For Family Day Care only, provide details for any Family Day Care Educators.

2. Fill in the SERVICE PERSONNEL DETAILS and WORKING WITH CHILDREN CHECK subsections. Click Save.

Person with Operational Responsibility
Service Contact
Family Day Care Educator
Verify PRODA

lote: Please provide details for all current Working Children cards (or equivalents) held by the individual. If the person does not have a Working with Children Card (or e Yes ○ No

ACT

NSW **□**NT

SA

TAS ∩ wa

Is the person required to provide a Working with

Working with Children Check or state equiva

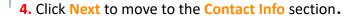
Working with Children Card Number Working with Children Expiry Date

Please select all States and Territories that you hold a

Children Card?

3. You will need to enter their Surname, Date of Birth and PRODA ID then click Verify PRODA ID.

Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.





Provide Contact Details

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.

NAME AND CON	TACT DETAILS FOR T	HIS ADDITICATION
MAINE AND CON	INCI DE INILO I ON I	IIIS AFFLICATION

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		
Previo	us Save and Close Next	

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

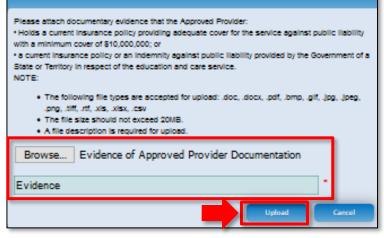
Upload Attachments

1. In the **SUBMISSION** stage, in the **Attachments** section, add all the requested documents. Click **Add Documents** to add the requested documents. Some requirements will appear multiple times, once for each PMC.

ATTACHMENTS	
You will need to upload the following documents:	
Historical and Current Company extract *	Add Documents
List of Directors or elected office bearers *	Add Documents
Annual general meeting minutes *	Add Documents

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

ADD DOCUMENT



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

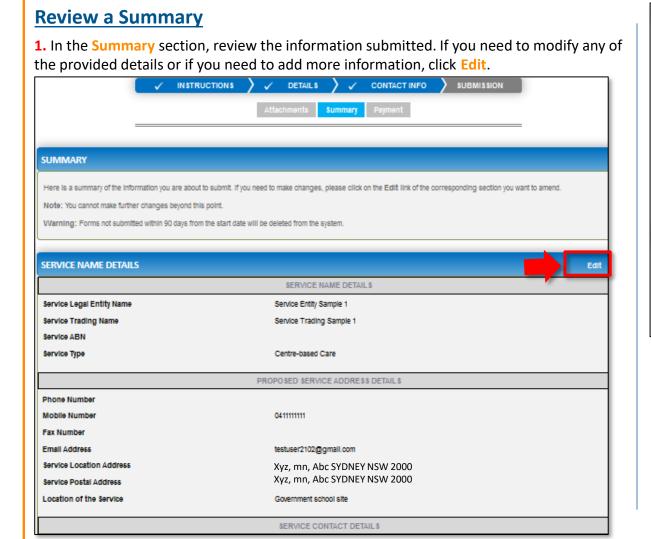
3. After adding all the requested documents, click Next to move to the Summary.



National Quality Agenda IT System (NQA IT System) Transfer Application for CCS – Add Service (CCS04)

Quick Reference Guide Author: ACECQA

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SERVICE DETAILS	Eat
	NATURE OF EDUCATION AND CARE DETAILS
Proposed Commencement Date Expected nature of Education and Care	21/02/2018 Long Day Care Outside school hours care - before school Outside school hours care - after school Outside school hours care - vacation care
	A\$\$OCIATED \$ERVICE\$
intend to operate associated children's service	Yes
Include associated children's service in the Service Ap	pproval Yes
Details for each associated childrens service	play school
Proposed ages of children	School Age
Maximum number of children to be educated and car	red for 15
OPERATIONAL HOURS	Edt
ANNUAL General operating hours that are not specifical	NG INFORMATION Edit POLICIES AND PROCEDURES
	owing policies and procedures have been prepared
Operating hours during school holidays include B SCHOOL TERMS Operating hours when schools are open.	wing policies and procedures have NOT been prepared Health and safety, including matters relating to:
	BUILDING PREMISES INFORMATION
Followin submitte	ng plans prepared by a building practitioner will be ad The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided.



Submit the application	Print or Close Application for Child Care Subsidy – Add Service Form
 DECLARATION I declare that: • • • I 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 if i provide failse or misleading information in this form. I are ware that I may be subject to penalties under the Education and Care Services National Law if i provide failse 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 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 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 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 using the contact details provided in this application, includi	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.
Previous Save and Close Finalise	Click <u>here</u> to view your Invoice.
	A copy of your submission will be emailed to you and the application / notification contact, if different.
Q Finalising in progress	For any enquiries regarding the progress of your application, please contact NSW Regulatory Authority. Contact details can be found on the <u>ACECQA</u> website.



Application for Provider and Service Approval (JUA02) or: ACECQA

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Introduction

This Quick Reference Guide (QRG) provides details about the Application for Provider and Service Approval (JUA02) 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.
- Each PMC must have registered for a **PRODA ID** and provided their details to be added to the application.
- You should have the **PA02 Declaration of fitness and propriety** document ready for each PMC 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.)
- The **NS01 Nominated supervisor** consent form available to be scanned and then attached to the form on the portal.

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- <u>Access Application for Provider and Service Approval Form</u>
 - Steps to access the Application for Provider and Service Approval form.
- Begin Application for Provider and Service Approval Form
 - Steps to start the Application for Provider and Service Approval form.
- Fill Details in Application for Provider and Service Approval Form
 - Steps to add the following requested information in the form:
 - o Entity details
 - Address details
 - o Financial declaration
 - o Persons with management or control
 - Steps to add the following requested information in the form:
 - o <u>Service name details</u>
 - o Service details
 - o **Operational hours**
 - o Building information
 - Supervisor details
- <u>Provide Contact Details in Application for Provider Approval Form</u>
 - Steps to add requested contact information.
- Submit Application for Provider Approval Form
 - Steps to submit and finalise the form by completing the following:
 - o Adding attachments
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 - o Making payment and submitting the form
- <u>Print or Close Application for Provider Approval Form</u>
 - Steps to print and close the form.



Application for Provider and Service Approval (JUA02)^{or: ACECQA}

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Access Application for Provider and Service Approval Form Begin Application for Provider and Service Approval Form 1. From the My Details page, in the My Providers section, click Add Provider. 1. In the INSTRUCTIONS stage, carefully read the information provided in the IMPORTANT **INFORMATION BEFORE YOU BEGIN** section. My Services MyDetails Helt Phil Kent - | Log Out Service ID Service Name State Status SE-50001031 test case day care Under assessmen INSTRUCTIONS PROVIDER DETAILS SERVICE DETAILS CONTACT INFO SUBMISSION Submitted Forms Add Service New Forms Incident Complaint Manage Users PORTANT INFORMATION BEFORE YOU BEGI My Providers For provider and/or service approval under the National Law, you must ensure that 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) Provider ID Provider Na Regulatory authorities in each state and territory are responsible for assessing most applications and polifications. Contact your regulatory authority for informatio PR-50000694 example Approved 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 PR-50000691 test entity applicable Approved The regulatory authority will make a decision on an application for provider approval under the National Law within 60 days, or an application for service approval under the National Law within 90 days, subject to your application being deemed complete. These timeframes may be extended if further information is requested or with the agreement of the applicant. Note - these assessment timeframes are not concurrent. Any service approval sought will not be granted until a provider approval has been New Forms Submitted Forms Manage Users Add Provider For approval to administer Child Care Subsidy (CCS) under the Family Assistance Law, you must also ensure that you are familiar with your obligations under A New Tax System (Family Assistance) Act 1999 (Family Assistance Law) and related laws, regulations, and rules UPPORTING DOCUMENTATION CIVIC COO PIOTINGI ANA SCIFICE APPIOTAIS MAY DE GIA PA02 Declaration of fitness and propriety (Compulsory for individual provider applicants and persons with management or control of a This form is to be completed by an individual provider applicant and in the case of an entity pl pplicant, all persons with management or control of a service. A joined-up application for: · Provider approval under the National Law (NL) NS01 Nominated Supervisor Consent Form · Centre-based and/or Family Day Care service approval under the NL The approved provider must designate a nominated supervisor for each service they open perate and the nominated supervisor must give their writter JUA02 Application for Provider and Service Approval under NL consent. (This one page form should be included with an application for service approval ation of change to nominated supervisor Note: Provider approval must be granted before any service approval may be granted. This is not an application to administer Child Care Subsidy (CCS). A CCS application must be made separately using the relevant application 2. Click Apply next to the Application for Provider and Service Approval (JUA02) form

2. Click **Apply** next to the **Application for Provider and Service Approval (JUA02)** form opens. This form has the following stages: **INSTRUCTIONS, PROVIDER DETAILS, SERVICE DETAILS, CONTACT INFO, and SUBMISSION**.

2. To start entering the details in the **Provider and Service Approval** application, click **Next**.



National Quality Agenda IT System (NQA IT System)

Quick Reference Guide

Application for Provider and Service Approval (JUA02)^{or: ACECQA}

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Fill Details in Application for Provider and Service Approval Form

In the **PROVIDER 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 *.

	VER DETAILS SERVICE DETAILS CONTACT INFO S	UBMISSION
APPLICANT DETAILS		
Enter Applicant details here.		
1. PLEASE FILL IN THE APPLICANT ENTITY DETAILS		
What is your Legal Entity Type?*	Please Select 🗸	
What best describes your Management Type?*	Please Select 🗸 😮	
What type of service do you intend to operate?*	Centre-based Care	
Legal Entity Name: *]
ABN:		Validate ABN
Are you a Trustee?*	⊖ Yes ⊖ No	
Phone Number:	e.g 0212345678, 1800XXXXXX	
Mobile Number:]
	* Please enter Phone Number or Mobile Number or both	
Fax Number:	e.g 0212345678, 1800XXXXXX	
Email:*]



Application for Provider and Service Approval (JUA02)^{or: ACECQA}

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Fill Details in Application for Provider and Service Approval Form

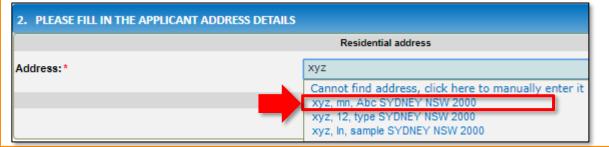
2. In the **PLEASE FILL IN THE APPLICANT ADDRESS DETAILS** section fill your entity's address and postal address (if different). Ensure you provide complete address with street, suburb, state, and post code information.

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.



	Residential address
Address Line 1:*	хуz
Address Line 2:	mn
Suburb/Town: *	Abc
State/Territory: *	NSW 🔻
Postcode:*	2000
Country:	AUSTRALIA
	Reset Address
	Postal address
	✓ Postal address same as above

Notes:

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

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



Quick Reference Guide

Application for Provider and Service Approval (JUA02) or: ACECOA

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Fill Details in Application for Provider and Service 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.

	IAGEMENT OR CONTROL	
Each individual who will be "a submit it with this application		vice must also complete a Declaration of Fitness and Propriety and
Add PMC		
APPLICANT DETAILS		
Enter Applicant details here. If there is more th	an one applicant, additional applicants can be added in the next Step.	5. You will need to enter the
ADD PERSON WITH MANAGEMENT C	IR CONTROL	PMC's Surname, Date of Birt
Title: *	- Please select - 🗸	and PRODA ID then click
First Name: *		Verify PRODA ID.
Middle Name:		
Last Name: *		Note: If you are unable to
Date of Birth: *		
PRODA ID: *	Verify I	validate the PRODA ID, pleas
Place of Birth: *		check you have entered the
Phone Number:	e.g 0212345678, 1800XXXXXX	details correctly as detailed in
Mobile Number:		PRODA.
	* Please enter Phone Number or Mobile Number or both	INODA.
Position Description:	~	Note: Francischet
Fax Number:	e.g 0212345678, 1800XXXXXX	Note: Ensure that you fill all
Email Address: *		the mandatory fields that are
		marked with a Red Asterisk '

6. Complete the residential address details of the management person and the postal address (if different). Click Save.

	ADDRE\$\$	
	Residential Address	
Address Line 1: *	хуz	
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	

te: For filling in the lress, follow tructions provided step 2 on the evious slide.

7. After adding all PMCs, Click Next to move onto the Service Details section.

. PERSONS WITH MANAGEMENT OR CONTROL
ach 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 ubmit it with this application. 0
NAME
Edit Remove Sample User
Add PMC
Previous Save and Close Next



Application for Provider and Service Approval (JUA02) or: ACECQA

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Fill Details in Application for Provider and Service Approval Form

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

✓ INSTRUCTIONS	✓ PROVIDER DETAILS > SERVICE DETAILS > CONTACT INFO	
Service Name Details	Service Details Operational Hours Building Information Super	visor Details
PLEASE FILL IN THE SERVICE NAME DETAI	ue.	
ervice Legal Entity Name:		
Service Trading Name: *		
Service ABN:		Check ABN
Service Type: *	Please Select 🗸	
. PLEASE PROVIDE THE PROPOSED SERVIC	E ADDRESS DETAILS	
Phone Number:	e.g 0212345678, 1800XXXXXX	
lobile Number:		
	* Please enter Phone Number or Mobile Number or both	
Fax Number:	e.g 0212345678, 1800XXXXXX	

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** *.



National Quality Agenda IT System (NQA IT System)

Quick Reference Guide

Application for Provider and Service Approval (JUA02)^{or: ACECQA}

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Fill Details in Application for Service Approval Form

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

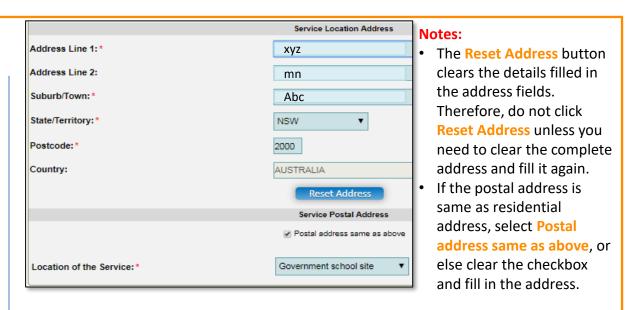
2.a. When you start filling the address, if you do not see the address in the auto-fill list of addresses, click **Cannot find address, click here to manually enter it** and then fill the address manually.



OR

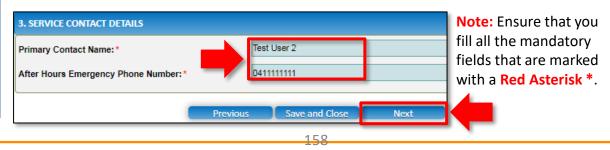
2.b. When you start filling the address, if the address is available in the auto-fill list of addresses, select the correct address and the address will be auto-populated in the fields.





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.





intend to provide.

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Application for Provider and Service Approval (JUA02)^{or: ACECQA}

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Fill Details in Application for Provider and 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.

	ervice Name Details	Service Details Operational Hours Building Information Supervisor Details
ATURE OF EDUCATION A	ND CARE TO BE PROVIE	DED
roposed Commencement	Date:*	
Vhat is the expected natur e provided? * 1	e of Education and care	to Long day care Preschool / Kindergarlen - stand-alone Preschool / Kindergarlen - part of school Outside school hours care - before school Outside school hours care - after school Outside school hours care - vacation care Other
Other - Please specify:		
SSOCIATED SERVICES		
	n associated children's	Please Select 🗸
o you intend to operate a ervice? * 🛈		
	ON PROVIDED BY A SER	VICE

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

PROPOSED AGES TO BE CATERED FOR	
Proposed ages of children to be educated and cared for: *(Please select all that apply)	 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? *	15
Previous	Save and Close Next

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

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



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

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

	Service Name Details	Service Details	Operational Hours	Building Information	Supervisor Details
STANDARD OP	ERATING HOURS				
To remove/canor	perating hours expand the a al operating hours clear the ating hours that are not spece ating bours that are not spece ating bours during school holidays in	start and end times for	or the specific day/s as a oliday Care' and 'School	ppropriate.	58.
		Previous	Save and Close	Next	

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

STANDARD OPERATING HOURS

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

ANNUAL

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

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

HOLIDAY CARE

Operating hours during school holidays including public holidays.

SCHOOL TERMS ONLY

Operating hours when schools are open.

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

Save and Close

Next



National Quality Agenda IT System (NQA IT System)

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Quick Reference Guide

- Centre-based Care Service Application -

Fill Details in Application for Provider and Service Approval Form 12. In the BUILDING PREMISES INFORMATION sub-section, select at least one option in 11. In the Building Information section, select the relevant options in the POLICIES AND BUILDING PREMISES INFORMATION **PROCEDURES** sub-section (optional). The location of all buildings, structures, outdoor play areas and shaded areas. Please supply plans prepared by a building practitioner which shows all of the following Service Name Details Service Details Operational Hours Building Information e location of all entries and exits information: * e location of all fences and gates, specifying the type of fence or gate used or to be used. e location of tollet and washing facilities, nappy changing areas and any food preparation areas. POLICIES AND PROCEDURES e boundaries of the premises Policies and procedures are required in relation to the following By selecting the boxes you confirm that the he landscape of, or landscaping plans for, outdoor spaces that will be used by the education and Health and safety, including matters relating to: following policies and procedures have been re service, specifying the natural environments that are or will be provided. 12. Click Next prepared in accordance with Regulation 168 for the nutrition, food and beverages, dietary requirements; plan. Indicating unencumbered indoor and outdoor spaces suitable for children proposed education and care service and that these to move to sun protection; will be available upon request by the Regulatory · water safety, including safety during any water based activities location of any associated children's service the Authority: · the administration of first aid; and Note: you DO NOT need to provide copies with this Sleep and rest for children ions carried out by a building practitioner of the areas referred to in Regulations 107 and 10 Supervisor application. For further information on the policies 👘 Incident, Injury, trauma and Illness procedures complying with Regulation 85. ting to unencumbered indoor and outdoor space and procedures required for your service, please **Details** e elevation plans of the premises refer to Regulation 168 of the Education and Care Dealing with infectious diseases, including procedures complying with Regulation 88. Services National Regulations. section. Dealing with medical conditions in children, including the matters set out in Regulation 90. soll assessment for the site of the proposed education and care service premises Please provide at least one of the following: * Emergency and evacuation, including the matters set out in Regulation 97. soil assessment for the site of the proposed education and care service premises has previously Note: In the Delivery of children to, and collection of children from, education and care service premises, including rtaken, a statement to that effect, specifying when the soil assessment was undertaken. procedures complying with Regulation 99. Submission nt made by the Applicant that states that, to the best of the Applicant's knowledge the site ry does not indicate that the site is likely to be contaminated in a way that poses an unacceptabl Excursions, including procedures complying with Regulations 100 to 102. stage you will k to the health of children be asked to viding a child safe environmen attach Staffing, Including Is a planning permit required under the planning a code of conduct for staff members and development law of your jurisdiction? * documents determining the responsible person present at the service; and · the participation of volunteers and students on practicum placements. Yes \sim Is there a swimming pool or other water hazard based on the Interactions with children including the matters set out in Regulations 155 and 156. Note: As stated on the screen situated on the proposed premises? * Note: restrictions on swimming pools apply in options itself, there is no need to Enrolment and orientation New South Wales and Tasmania) Yes selected in Do you have the right to occupy the premises?: 3 \sim supply documents for the Governance and management of the service, including confidentiality of records. the **Building** policies and procedures The acceptance and refusal of authorisations Yes Is the education and care service premises a Information Government or registered school? * related to Regulation 168 that Payment of fees and provision of a statement of fees charged by the education and care service. section. are implemented. Dealing with complaints. Previous Save and Close

the first and the second questions and select the right option from all other questions.



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- Family Day Care Service Application -

Fill Details in Application for Provider and Service Approval Form

11. In the Building Information section, select the relevant options in the POLICIES AND PROCEDURES sub-section (optional). Service Name Details Gervice Details Gervice Details Gervice Name Details Service Details Gervice Name Details Gervice Name Details Gervice Name Details Gervice Details Gervice Details Gervice Details Gervice Details Gervice Name Details Gervice	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. Engagement or registration of family day care educators. Choice and procedures please refer to the Regulation 169. 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 residences, including how the service will manage educators in remote locations. Visitors to family day care residences and venues while educator assistants and persons residing at 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.	Note: In this lower part of the screen, for policies and procedures related to Regulation 169 that have been implemented, documentation
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. 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. Dealing with redical conditions of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 90.	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).	must be provided at the submission stage.
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 150. Enrolment and orientation. Countracted and orientation.	 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? * 	

Is service located in multi-storey building? * 0

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.

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V

No



Application for Provider and Service Approval (JUA02^t)^{or: ACECQA}

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Fill Details in Application for Provider and Service Approval Form

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

	Service Name Details	Service Details	Operational Hours	Building Information	Supervisor Details
NOMINATED SUPER	VISOR DETAILS				
Add Nominated Su	pervisor				
		NEV	V NOMINATED SUPER	/ISOR(S)	
Note: Adding the Nomin	ated Supervisor will only be e	flective after this form	n is submitted.		
		Previous	Save and Close	Next	1

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**.

OMINATED SUPERVISOR DETAILS	
irst Name: *	Test
ast Name: *	User 2
imail: *	testuser2102@gmail.com
lobile Number: *	041111111
Phone Number (Day Time): *	024111111
00B: *	18/12/1997
his person is the approved provider *	Yes No



Application for Provider and Service Approval (JUA02) or: ACECQA

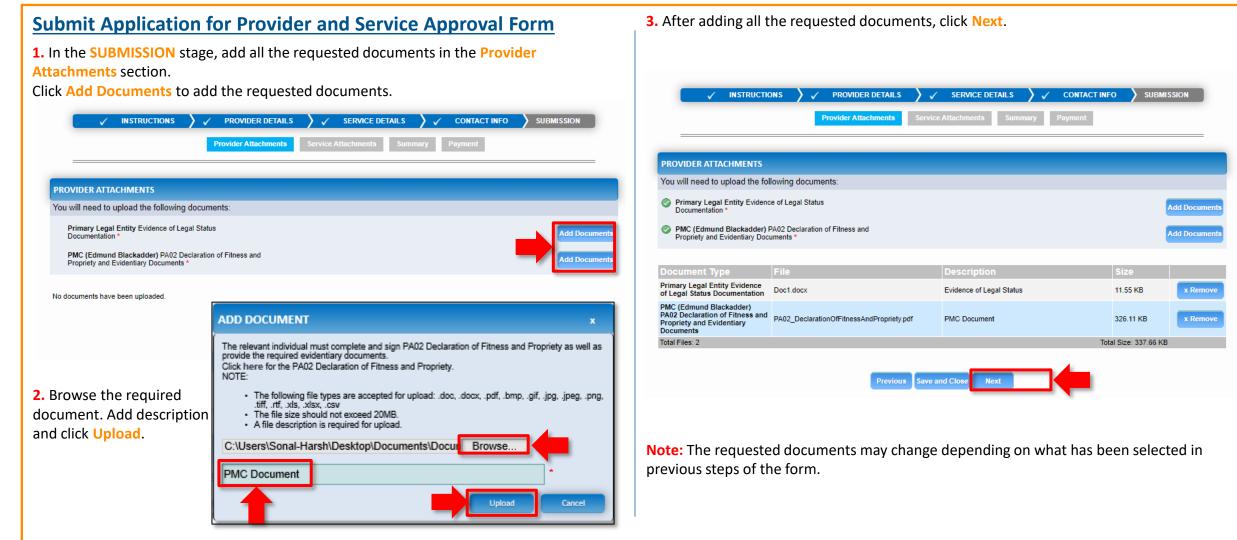
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Fill Details in Application for Prov 15. Click Next to move to the CONTACT INFO		Provide Contact Deta Approval Form	ails in Application for Provider and Service
NOMINATED SUPERVISOR DETAILS Add Nominated Supervisor		Fill name, phone number, an	of the form is available. Enter the contact information. Ind email address of the contact person for the provider and Inotification default contact (if required). Click Next.
NEV	/ NOMINATED SUPERVISOR(S) Is submitted.		INSTRUCTIONS ->
Test User 2	APPROVED PROVIDER Yes	NAME AND CONTACT DETAILS FOR T	THIS APPLICATION In Individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.
Previous	Save and Close Next	Name: * Phone Number: *	Test User 2 0423458789
	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	Email Address: *	* Please fill in all fields
	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.	Note: Ensure that you fill all	Save as application notification default contact



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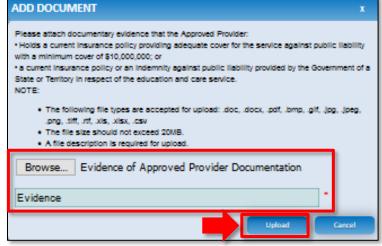


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Submit Application for Provider and Service Approval Form 1. In the SUBMISSION stage, in the Attachments section, add all the requested documents. Click Add Documents to add the requested documents. ADD DOCUMENT INSTRUCTIONS PROVIDER DETAILS SERVICE DETAILS CONTACT INFO Service Attachments NOTE: SERVICE ATTACHMENTS You will need to upload the following documents .png, .tiff, .rti, .xis, .xisx, .csv Evidence of approved provider documentation Building premises information Add Docum Soil information ¹ Evidence Add Docum Education and care premises documentation Add Docume Supporting documents Add Docum No documents have been uploaded Previous Save and Close Next

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.



National Quality Agenda IT System (NQA IT System)

Application for Provider and Service Approval (JUA02) or: ACECQA

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Submit Application for Prov					er and Service A	pproval Form		Back to Mai	in Menu
C	epending on whether you a		sed Care	or Family [Day Care Service you			ient stage.	
	Centre-based Care S	Service Application				Family Day Care S	Service Application		
	Attachments	Summary Payment				Attachments	Summary Payment		
ATTACHMENTS					ATTACHMENTS				
You will need to upload the fo	llowing documents:				You will need to upload the fol	lowing documents:			
Evidence of approved provider d	ocumentation *		1	Add Documents	Evidence of approved provider do	ocumentation *			Add Documents
Building premises information •			1	Add Documents	Policies and Procedures Docum	ientation *			Add Documents
Soli Information *			I	Add Documents	Nominated Supervisor Consent	Form (SLIM Nom Super) *			Add Documents
Planning permit under the Plann	ning and Development Law *		I	Add Documents	Right to occupy and use the prop office *	posed premises as a principal			Add Documents
Swimming pool / water hazards	•		1	Add Documents	Right to occupy and use propose	ed venue *			Add Documents
Right to occupy *			I	Add Documents	Venue assessment (Incl. risk as	sessment) *			Add Documents
Nominated Supervisor Consent	Form (Norma Nomm) *		I	Add Documents	Supporting documents				Add Documents
Supporting documents			I	Add Documents					Add Documents
Document Type	File	Description	Size		Document Type	File	Description	Size	
Evidence of Approved Provider Documentation	Evidence of Approved Provider Documentation.docx	Evidence	12.01 KB	x Remove	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	Building Premises Information	Building Premises Information.docx	Information	12.05 KB	x Remove
Soli Information	Soli Information.docx	Soli info	12.05 KB	x Remove	Soli Information	Soli information.docx	Soli 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	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	Swimming Pool / Water Hazards	Swimming Pool - Water Hazards.docx	Swimming Pool / Water Hazards	12.16 KB	* Remove
Right To Occupy	Right To Occupydocx	Right	12.19 KB	x Remove	Right To Occupy	Right To Occupy.docx	Right	12.19 KB	x Remove
Total Files: 6	•		Total Size: 72.44 KB	3	Total Files: 6			Total Size: 72.44 K8	3
	Previous Save a	nd Close Next					nd Close Next		



Application for Provider Approval (PA01)

Quick Reference Guide Author: ACECQA

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Submit Application for Provider and 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**. You will see both the Provider and Service sections of the form.

 ✓ 	INSTRUCTIONS	> V PROVIDER DETAILS	SERVICE DETAILS	🗸 CONTACT INFO	
		Provider Attachments	Service Attachments Summ	ary Payment	
JMMARY					
lere is a summar	ry of the information you	are about to submit. If you need to n	nake changes, please click on the Edit	link of the corresponding section	on you want to amend.
lote: You cannot	make further changes t	beyond this point.			
Marning, Earma	not submitted within 00	days from the start date will be delete	d from the quatern		

PRIMARY ENTITY DETAILS	Edit
	APPLICANT DETAILS
Legal Entity Type	Company
Management Type	Private not for profit - community managed
Service Type(s) Intended	Centre-Based Care
Legal Entity Name	Big Kids
Business Trading Name	
ABN	76337613647
ACN	
Phone Number	0212345678
Mobile Number	0412345678
Fax Number	0212345678
Email Address	phil.kent@acecqa.gov.au
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

		PER 80N 8 WITH	MANAGEMENT OR	CONTROL		
NAME			DATE OF BIRTH	PLACE OF 6	SIKTH	
Mrs Sample Name			21/02/1985	Sydney		
ADDITIONAL ENTITIES DETAILS						Edit
		APPL	LICANT DETAIL 8			
Legal Entity Type		Incorporat	ted entity/body			
Management Type		Private for				
Legal Entity Name		Try Entity				
Business Trading Name						
ABN						
Phone Number						
Mobile Number Fax Number		04222222	22			
Email Address		both source	102@gmail.com			
Applicant is a Trustee		No	na gynaitain			
Street address of the Applicant's principal office			n, Abc SYDNEY N	SW 2000		
Postal address of the Applicant		Xyz, mr	n, Abc SYDNEY N	SW 2000		
		FINANC	IAL DECLARATION			
Has the Applicant ever been decla	ad incolvent?	No				
Has the Applicant ever been place		No				
administration?						
APPLICATION CONTACT DETAI	LS					Edit
Name		Phone Number			Email Address	
Sample User		041111111			sampletestuser2102@gmail.com	
					·	
						-
ATTACHMENT DETAILS						Edit
Dooument Type	Description		File Name			
PMC(Sample Name) PA02 Declaration of Fitness and Propriety and Evidentiary Documents	PMC Document		Document.doc	к		
Additional Legal Entity(Try Entity) Evidence of Legal Status Documentation	Evidence of Legal	Status Document	Document.doc	к		
				168		_



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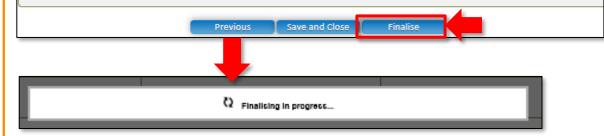
Submit Application for Provider and Service Approval Form

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;
- 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;
- 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.
- 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).



6. In the **PAYMENT DETAILS** section, click **Pay Now**. You will be shown two Payment screens, one for the Provider Application and a second for the Service. You will need to complete payment for both.

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.

\checkmark instructions $ angle \checkmark$ provider details $ angle$,	SERVICE DETAILS	✓ CONTACT INFO	
PAYMENT DETAILS			
Identifier: INV-21432-H7H1V7	Fee Description: Provider Approval	Australian Children's Education & Care Quality Authority	
Type: Provider	Amount: \$241.00	Quality Authority	DoE NSW
ue Date: 8/07/2023	1	Purchase Details	
mail payment confirmation:		Email	
phil.kent@accecqa.gov.au ou will be alled a confirmation of your payment. If you would like the paymen ddressy center the address in the above box.	t confirmation to be sent to		1432-H7H1V7 der Approval
Pay now		Purchase Amount	\$241.00 (\$AUD
		Credit Card Details	
		Card Number	
		Name on Card	
		Expiry Date	Month 2023 🗸
		ccv 🖌	Last 3 digits on back of your credit card
		Cancel	Pay Now

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



Application for Provider and Service Approval (JUA02) or: ACECQA

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Print or Close Application for Provider and Service Approval Form

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

	Thank you for your submission
Application Reference Number:	APP-50006935
Provider Number:	PR-50000696
Payment Status:	\$216.00 PAID
Click <u>here</u> to view your Invoice.	nd the application / notification contact, if different.
	pplication, please contact NSW Regulatory Authority. Contact details can be found on the <u>ACECQA</u> 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 National Law (NL) Service and Child Care Subsidy (CCS) Service Approval (JUA03) 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.
- The **NS01 Nominated supervisor** consent form available to be scanned and then attached to the form on the portal.
- Each Service Personnel must have registered for a **PRODA ID** and provided their details to be added to the application.
- 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 organisation type, such as Company, Sole proprietor, Partnership, etc.).
- The Provider must already hold CCS approval.

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- Begin Application for NL Service and CCS Service Approval Form
- Eligibility
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 - **o** Fill in Operational Details
 - Fill in Operating Hours
 - **o** Fill in Australian Government Website Details
 - **o** Fill in Fees and Inclusions Details
 - Fill in Policies and Procedures (incl Building Information) Details
 - **o** Fill in Nominated Supervisor Details
 - **o** Fill in Service Personnel Details
- Provide Contact Details
- Upload Attachments
- Review a Summary
- Submit the application
- Make payment
- Print or Close Application for NL Service and CCS Service Approval Form



Access Application for NL Service and CCS Service Approval Form

From the **My Details** page, in the **My Providers** section, click the correct **Provider ID**, then click **New Forms**.

	Provider ID	Provider Name	State	Provider Type	Status	CCS Status
0	PR-QLD00044	AEIOU Foundation	QLD	Out of Scope	Approved	CURRENT
\circ	PR-50010985	Lee Bowyer	NSW	In Scope	Approved	
\circ	PR-50011207	Wayne Bennett	NSW	In Scope	Approved	
\circ	PR-50010910	Funtastic	NSW	In Scope	Approved	CURRENT
0	PR-40013202	123 4 567	NSW	In Scope	Approved	
0	PR-50011245	Test	NSW	In Scope	Invalid	
0	PR-50011181	Phil's Kids Club	NSW	In Scope	Surrendered	
\circ	PR-50011949	Big Kids PLC	NSW	In Scope	Under Assessment	
0	PR-50011892	P <mark>hil Ke</mark> nt	NSW	In Scope	Under Assessment	
\circ	PR-50011778	M Child Care	NSW	In Scope	Under Assessment	
	_		<u>1</u> 2			
	Add Provider	New Forms Submitted Forms	Manage Users			

To start the application, click Apply.

	A joined-up application for: • Centre-based and/or Family Day Care service approval under the National Law (NL) • Approval to administer CCS in respect of one or more of the services applied for in this application.	Apply
r C g	Note: Components of this application will be assessed separately by the regulatory authority in the relevant jurisdiction and by the Australian Government. NL service approval is required before CCS approval may be granted. Provider approval must be granted before any service approval may be granted.	

Access Application for NL Service and CCS Service Approval Form

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

Provider Name: Funtastic				Provider Approval Nu PR-50010910	mber:	Provider Status: Approved
MPORTANT INFORMATION	BEFORE YOU BEGIN					
For provider and/or service app Education and Care Services N			u are familiar with your obligations	under the Education and Ca	re Services Natio	nal Law (National Law) and the
Regulatory authorities in each s	tate and territory are resp	onsible for assessing most a	pplications and notifications. Cont	act your regulatory authorit	y for information.	
	deemed complete. This	imeframe may be extended	if further information is requested			der the National Law within 90 days, these assessment timeframes are not
For approval to administer Child 1999 (Family Assistance Law) a			w, you must also ensure that you a	are familiar with your obligation	ns under A New '	Tax System (Family Assistance) Act
The Australian Government is r	esponsible for assessing a	pplications relating to CCS.	Contact the Australian Governm	ent for information.		
There are no timeframes for a c	ecision on your applicatio	n for CCS. An estimate canr	not be provided.			
UPPORTING DOCUMENTAT	ION					
NS01 Nominated Supervi	sor Consent Form					

2. To start entering the details in the **Application for NL Service and CCS Service Approval** application, click **Begin**.



Service Eligibility

1. Answer the questions about **Service Eligibility**. All questions are mandatory. Click **Next** to move to the **Service Details** section.

			Provi	der: Funtastic			
✓	INSTRUCTIONS	ELIGIBILITY QUESTIONS	SERVICE DETAILS	SERVICE PERSONNEL	CONTACT INFO	SUMMARY	\rangle
ERVICE E							
s the appro	oved Provider, will this	child care Service provider any of the	e following types of care:				
nformal ca	re provided through (personal arrangements? *					
⊖Yes ⊖) No						
	-	o provide instruction in an activity	(such as sport or music)? *				
⊖Yes ⊖	~						
		o provide a disability or early interv	vention Service? *				
⊖Yes ⊖	~						
Yes (rily provides care or is readily avail	able and retains responsibil	ty for the child while the se	rvice is provided (such a	s a play group)? *	
	r	ort-term irregular care at premises	whore the parent is a visite	or quest and the parent is	roadily available (such a	a Service provided	by a gym)2 *
Yes (on-term megular care at premises	where the parent is a visito	or guest and the parent is	readily available (such as	s a service provided	i by a gym):
		s an early educational program to (children in the year that is tw	o (2) years before Grade 1 o	of school (such as prescl	hool or kindergarten)? *
⊖Yes ⊖							
			Previous	ve and Clc se Next			

Fill Details in Application for NL Service and CCS Service Approval Form

In the SERVICE DETAILS stage, the applicant information is categorised into the following sub-sections: SERVICE NAME DETAILS, SERVICE DETAILS, TRUSTEE, GOVERNANCE AND FINANCE, EXTERNAL MANAGEMENT, OPERATIONAL DETALS, OPERATING HOURS, AUSTRALIAN GOVERNMENT WEBSITE, FEES, POLICIES AND PROCEDURES (INCL BUILDING INFORMATION), and SUPERVISOR DETAILS.

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** *.

Provider: Funtastic				
INSTRUCTIONS / ELIGIBILITY QUE:	STIONS SERVICE DETAILS SERVICE PERSONNEL	CONTACT INFO SUMMARY		
Service Name Details Service Details Service Details				
1. PLEASE FILL IN THE SERVICE NAME DETAILS				
Service Legal Entity Name:				
Service Trading Name: *				
Service ABN:	Check ABN			
Service Type: *	Please Select 🗸			
2. PLEASE PROVIDE THE PROPOSED SERVICE ADDR	ESS DETAILS			
Phone Number:	e.g 0212345678, 1800XXXXXX			



National Quality Agenda IT System (NQA IT System) Application for NL Service and CCS Service Approval (JUA03)^{author: ACECQA}

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Fill in Service Details

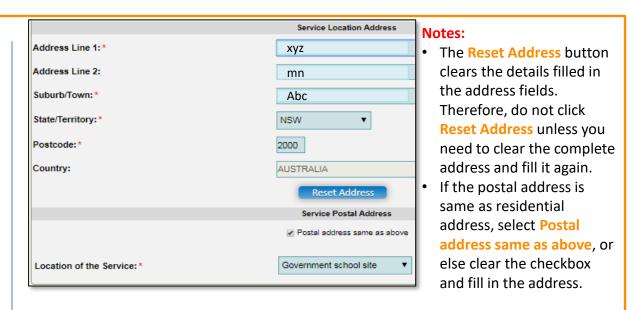
2. Fill details in the **PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS** subsection. Details include contact details, such as, mobile/phone number and email address, along with the service location address and postal address (if different).

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



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

	Service Location Address
Address:*	хуг
	Cannot find address, click here to manually enter it
	xyz, mn, Abc SYDNEY NSW 2000
	xyz, mn, Abd SYDNEY NSW 2000
	xyz, mn, 12d SYDNEY NSW 2000
	xyz, mn, town SYDNEY NSW 2000
Location of the Service: *	Government school site



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.





Fill in Service Details

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

	Service Name Details	Service Details	Operational Hours	Building Information
NATURE OF EDUC	ATION AND CARE TO BE F	PROVIDED		
Proposed Commer	ncement Date:*	21	/02/2018	
What is the expect be provided? * 🗿	ed nature of Education an) Long day care) Preschool / Kindergarter) Preschool / Kindergarter) Outside school hours ca) Outside school hours ca) Outside school hours ca) Other	n - part of school re - before school re - after school
If Other - Please sp	pecify:			
ASSOCIATED SERV	/ICES			
Do you intend to o service? * 🕄	perate an associated child	Iren's Ye	es 🔻	
service in the Serv (Note: you should	elude the associated childr vice Approval? * check whether you are rec ervice under State/Territory	uired to be y or local	55 ▼	
Please provide det children's service:	tails (if available) for each a	associated ^{pla}	ay school	

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

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

PROPOSED AGES TO BE CATERED FOR		
Proposed ages of children to be educated and cared for: *(Please select all that apply)	 0 - 24 Months 25 - 35 Months 38 Months - Preschool School Age 	
What is the proposed maximum number of children to be educated and cared for by the centre based service? *	15	•
Previous	s Save and Close	Next

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

8. Click Next to move to the Trustee, Governance and Finance section.



National Quality Agenda IT System (NQA IT System) Application for NL Service and CCS Service Approval (JUA03)^{Author: ACECQA}

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Fill in Trustee, Governance and Finance Details

1. In the **Trustee, Governance and Finance** section, in the **TRUST/TRUSTEE** sub-section, click whether the provider is acting in the capacity of a trustee or not. If yes, add the **Trust ABN** and **Trust Name**. Click **Validate ABN**.

2. In the **GOVERNANCE** sub-section, outline if there are any arrangements governing the day to day running of the service. You can either add information into the text box or upload a document later.

3. In the **SERVICE FINANCIAL DETAILS** sub-section, add the bank account details where CCS payments should be received.

4. Click Next to move to the External Management section.

s the provider acting in the capacity of a trustee in the operation of this service?*	● Yes 🔿 No	
rust ABN: *		Validate ABN
rust Name: *		
GOVERNANCE		
GOVERNANCE		
lease outline the arrangement in place for managing day-to-day o overnance arrangements for your Service.	perations of the child care Service to ensure compliance with the Family Assis	stance Law. Alternatively, please attached a document outlining th
to you wish to provide text to outline the governance rrangements?	● Yes ○ No	
etails of Governance*		
vidence Required *	Details of governance arrangements (mandatory if additional application	not added)
ERVICE FINANCIAL DETAILS		
count details for payment(s) made under the Family sistance Law to your child care Service		
B*	e.g 021-XXX, XXX-XXX	
count Number *		
count Name*		



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Fill in Trustee, Governance and Finance Details

1. In the External Management section, in the EXTERNAL MANAGEMENT AGREEMENT sub-section, click whether the provider has or will have an agreement with an external management company or not. If yes, add the Type of External Management, External Management ABN, External Management Name and External Management ACN. Click Validate ABN.

2. In the **EXTERNAL MANAGEMENT ADDRESS** sub-section, add the address of the External Management Company.

3. In the **ADDITIONAL INFROMATION ABOUT YOUR EXTERNAL MANAGEMENT** subsection, outline the external management arrangements you have in place. You will be required to upload additional information later.

4. Click Next to move to the Operational Details section.

EXTERNAL MANAGEMENT AGREEMENT		
ssistance Law even if it appoints an external management en	becomes the Provider for the purposes of the Family Assistance Law. The Provide ity or individual to undertake day to day administration and/or management of the panisations or individuals understand and administer their responsibilities under th	Service. All obligations to comply with the Family Assistance La
oes the Provider propose to enter into an agreement with and ● Yes ○ No	ther entity to provide day to day administration or management of the service on it	s behalf?
/hat is the type of External Management?*	O External Individual O External Organisation	
BN of External Management*		Validate ABN
ame of External Management *		
CN of External Management		
		-
EXTERNAL MANAGEMENT ADDRESS		
ddress:*	123 Street, Suburb, State	
hone Number:		
lobile Number:		
	* Please enter Phone Number or Mobile Number or both	
mail Address: *		
		1
ADDITIONAL INFORMATION ABOUT YOUR EXTERN	IAL MANAGEMENT	
lease outline the arrangements you have in place w he External Management to ensure compliance with he Family Assistance Law: *		
	1.	
vidence Required: *	Evidence of a signed agreement with the 'External Management' or attack	ed any additional information (mandatory)
	Previous Save and Close Next	



Fill in Operational Details

1. In the **Operational Details** section, in the **PROPOSED COMMENCEMENT DATE** subsection, the date is prepopulated from information provided earlier. Select which type of service you want your CCS approved for.

If you are applying for Centre-Based Care, you must select **Centre-Based Care** OR **Outside School Hours Care**. Select the service type that you will primarily operate.

2. In the **NUMBER OF CHILD CARE PLACES OFFERED** sub-section, the number is prepopulated from information provided earlier.

3. In the **NUMBER OF OPERATING WEEKS PER YEAR** sub-section, add the number of weeks per year the service will operate for.

4. The CHANGE OF OWNERHSIP OF EXISTING SERVICE sub-section is locked in this section.

5. Click Next to move to the Operating Hours section.

PROPOSED COMMENCEMENT DATE	
The Service for which the Provider is seeking CCS Approval under the Family Assistance Law is *	Please Select V
/hat is the proposed start date for your CCS Service pproval to take effect? *	24/08/2023
IPORTANT	
ou should be aware that approval of your application is subject to CS.	the service satisfying the relevant legislative requirements. You may advise families that you are seeking approval to operate for the purposes of
owever, you should be aware that families who use your service	while you are not CCS approved will not be able to receive CCS/ACCS during this time.
you receive CCS Approval, families who were eligible for CCS/A	CCS while your application was pending may be able to receive CCS/ACCS backdated to the date of your service's approval.
<pre>/hat is the number of child care places to be offered at ne service?*</pre>	
NUMBER OF OPERATING WEEKS PER YEAR	
low many weeks per year will the service be open for he purpose of providing child care?*	
CHANGE OF OWNERSHIP OF AN EXISTING SERVICE	
s the applicant purchasing or taking over the operation of an existing child care Service approved under the amily Assistance Law? *	⊖ Yes ⊛ No
	Previous Save and Close Next



Fill in Operating Hours

1. In the **Operational Hours** section, provide details of the timings in which you intend to operate the education and care service.

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

	plicable period type/s and enter the start and end times for that service. art and end times for the specific day/s as appropriate.
HOLIDAY CARE Operating hours during school holidays incl	ically related to 'Holiday Care' and 'School Terms'. Iuding public holidays.
SCHOOL TERMS ONLY Operating hours when schools are open.	

2. 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 **Government Website** section.

STANDARD OPERATING HOURS

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

ANNUAL

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

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

HOLIDAY CARE

Operating hours during school holidays including public holidays.

Operating hours when schools are open.

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

Previous

Save and Close

Next



Fill in Australian Government Website Details

1. In the **Display Details on Australian Government Website** section, provide details of the service that will be displayed on the Find Child Care website.

If you click **Yes** to the question I will place my Fees and Inclusions on my website, you must enter the website address where they will appear and you will not be required to complete the **FEES** section.

If you click **No** to the question I will place my Fees and Inclusions on my website, you will be required to complete the **FEES** section.

ISPLAY DETAILS ON AUSTRALIAN GOVERNMENT WEBSITE				
Please enter the details that you would like displayed on the Aust	ralian Government Website			
Phone Number: *				
Mobile Number: *				
Email Address: *				
Nebsite *				
will place my Fees and Inclusions details on my website *	● Yes ○ No			
Fees and Inclusions Website *				
	Previous Save and Close Next			

2. Click Next to move to the Fees section.

Fill in Fees and Inclusions Details

1. In the Fees and Inclusions section, provide details of the fees that will be charged and what is included in the fees. These will be displayed on the Find Child Care website.

You must select at least one fee type or at least one age group.

Age Group	0-12 Months	13-24 Months	25-35 Months	36 Months to Pre School	Over Pre-School Age
NO Inclusions	0	0			0
All Inclusions					
All Meals					
Breakfast					
Morning Tea					
Lunch					
Afternoon Tea		0	0		
Other		0	0		
All Non-Meals					
Nappies					
Transport					
Education Programs					
Excursions/ Incursions	0	0	0	0	
Usual Fee	SSS.cc	SSS.cc	SSS.cc	\$\$\$.cc	SSS.cc

2. Click Next to move to the Policies and procedures (incl Building Information) section.



Fill in Policies and Procedures (incl Building Information) Details

1. In the **Policies and Procedures (incl Building Information)** section, select the relevant options in the **POLICIES AND PROCEDURES and BUILDING PREMISES INFORMATION** subsections.

2a. FDC and Centre-Based Services will see different versions of this form based on the different requirements. This is the Centre-Based Service version. Select the relevant options in the **POLICIES AND PROCEDURES** sub-section.

POLICIES AND PROCEDURES

By selecting the boxes you confirm that the following	Policies and procedures are required in relation to the following:
policies and procedures have been prepared in accordance with <i>Regulation 168</i> for the proposed education and care service and that these will be available upon request by the Regulatory Authority: <i>Note: you DO NOT need to provide copies with this</i> <i>application.</i> For further information on the policies and procedures required for your service, please refer to	 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 <i>Regulation 85</i>.
Regulation 168 of the Education and Care Services National Regulations.	Dealing with infectious diseases, including procedures complying with Regulation 88.
	Dealing with medical conditions in children, including the matters set out in <i>Regulation 90</i> .
	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.
	Safe transportation of children complying with Regulation 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 <i>Regulations 155 and 156</i>.
	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.

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.

2a. Select the relevant options in the **BUILDING PREMISES INFORMATION** sub-section.

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

Note: In the **Submission** stage you will be asked to attach documents based on the options selected in the **BUILDING PREMISES INFORMATION sub**-section.



	see the below version. Select the relevant op nd BUILDING PREMISES INFORMATION sub-s		3. Click Next to move to the Nominated Supervisor Details section.
POLICIES AND PROCEDURES]	
gulation 168 of the Education and Care Services lional Regulations.	Policies and procedures are required in relation to the following: Install and safely, including matters relating to: • nutilition, found bererges, differing requirements; • sup procedure; • water safely, including safely during any water based activities • water safely, including safely during any water based activities • water safely, including safely during any water based activities • water safely, including safely during any water based activities • water safely, including safely during any water based activities • basing with infectious diseases, including procedures complying with <i>Regulation</i> 95. • Dealing with infectious diseases, including the matters set out in <i>Regulation</i> 97. • Balievey of histers to, including the matters set out in <i>Regulation</i> 97. • Balievey of histers to, including the matters set out in <i>Regulation</i> 97. • Dealing until infectious diseases, including the matters set out in <i>Regulation</i> 97. • Balievey of histers to, including moreclures complying with <i>Regulation</i> 100 to 102. • Safe transportation of children complying with <i>Regulation</i> 102. • Staffing including • activities and staffer morecoment. • Staffing including procedures complying with <i>Regulation</i> 102. • Safe transportation of children complying with <i>Regulation</i> 102. • Staffing including • activities and staffer morecoment.<		
lease provide copies of the following proposed olicies and procedures relating to: " or further information on these policies and forcedures please refer to the <i>Regulation</i> 169.	Dealing with complaints. Dealing wit	Note: As stated on the screen itself, there is no need to	
BUILDING PREMISES INFORMATION Is service located in multi-storey building?* How many storeys does the building have?* What is the highest storey on which children are being educated and cared for?*	Yes Yes Provious Save and Close Next	supply documents for the policies and procedures related to Regulation 168 that are implemented.	



Fill in Nominated Supervisor Details

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

Add Nominated Supervisor	NE	// NOMINATED SUPERVIS	OR(\$)	
iote: Adding the Nominated Supervisor w				
	Previous	Save and Close	Next	

2. 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**.

NOMINATED SUPERVISOR DETAILS	
NOMINATED SUPERVISOR DETAILS	
First Name: *	
Last Name: *	
Email: *	
Mobile Number: *	e.g 0212345678, 1800XXXXXX
Phone Number (Day Time): *	e.g 0212345678, 1800XXXXXX
DOB:*	
This person is the approved provider *	⊖ Yes ⊖ No
	Cancel Save

3. Click Next to move to the Service Personnel section.



Is the person required to provide a Working with

Working with Children Check or state equiv

Working with Children Card Number Working with Children Expiry Date

Please select all States and Territories that you hold a

Children Card?

Back to Main Menu

Fill in Service Personnel Details

1. In the Service Personnel Details section, in the SERVICE PERSONNEL DETAILS subsection, click Add Service Personnel.

SERVICE PERSONNEL DETAILS			
Please provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service.			
The Provider is required to undertake reasonable steps to ensure that any person with Operational Responsibility (who is or will be responsible for undertaking the day-to-day operation of the service) is a 'fit and proper' person.			
Please provider details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT sytem transactions (Service Contact).			
Please provider details for any Family Day Care Educations (Family Day Care only)			
Add Service Personnel			
Previous Save and Close Next			

For a Person with operational responsibility provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service

For a Service contact provide details for any person who participates in the day-to-day operation of the child care service that has been granted permission to discuss family information and child care IT system transactions.

For Family Day Care only, provide details for any Family Day Care Educators.

2. Fill in the SERVICE PERSONNEL DETAILS and WORKING WITH CHILDREN CHECK subsections. Click Save.

Select the role(s) you want to add: *	Person with Operational Responsibility
	Service Contact
	Family Day Care Educator
First Name: *	
Middle Name:	
Last Name: *	
Email: *	
Phone Number: *	
Mobile Number:*	
DOB: "	
PRODA Id: *	Verify.PRODA

ote: Please provide details for all current Working Children cards (or equivalents) held by the individual. If the person does not have a Working with Children Card (or Yes O No

ACT

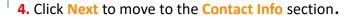
□NT

SA

TAS ∩ wa

3. You will need to enter their Surname, Date of Birth and PRODA ID then click Verify PRODA ID.

Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.





Provide Contact Details

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**.

NIABAE ANI	D COMPACT DET	ALL C DOD TH	IS APPLICATION
NAME AN	LI UUNIAU. LIFI	AILS FUR TH	IS APPLICATION

Note: The contact for this Application must be an individual who is aut	thorised 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
Previo	us Save and Close Next

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

Upload Attachments

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

		Attachments	Summary	Payment	
ATTACHMENTS					
You will need to upload t	he following documents:				
Evidence of Approved Pro	vider Documentation *				Add Documents
Building Premises inform	ation *				Add Documents
Soli Information *					Add Documents

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

ADD DOCUMENT

Please attach documentary evidence that the Approved Provider:

 Holds a current insurance policy providing adequate cover for the service against public liability with a minimum cover of \$10,000,000; or

 a current insurance policy or an indemnity against public liability provided by the Government of a State or Territory in respect of the education and care service.
 NOTE:

/1E:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .glf, .jpg, .jpeg, .png, .blf, .rtf, .xis, .xisx, .csv
- The file size should not exceed 20MB
- A file description is required for upload

Browse	Evidence of Approved Provider Documentation		
Evidence		•	
	Upfoad		

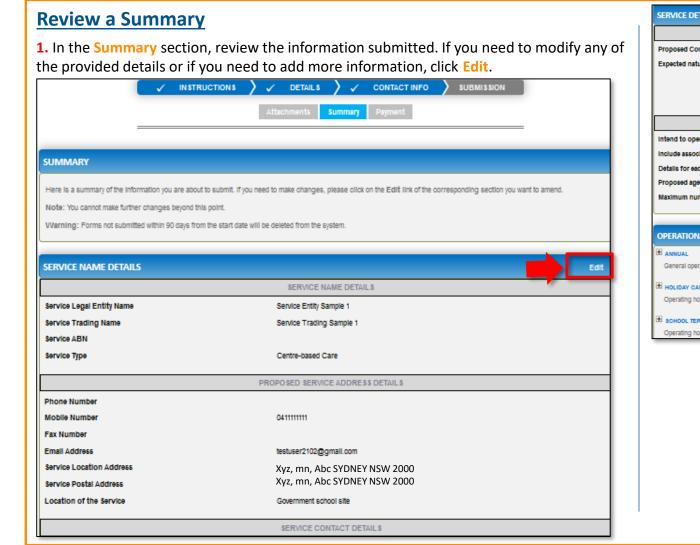
Note: The requested documents may change depending on what has been selected in previous steps of the form.

3. After adding all the requested documents, click Next to move to the Summary.



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NATURE OF EDUCATION AND CARE DETAIL S oposed Commencement Date 21/02/2018 pected nature of Education and Care Long Day Care Outside school hours care - before school Outside school hours care - before school Outside school hours care - before school Outside school hours care - vacation care ASSOCIATED SERVICES tent to operate associated children's service in the Service Approval in Yes tails for each associated children is service in the Service Approval in School Age School Age <th></th> <th></th> <th></th>			
popeed Commensement Date 10202015 2020 Care 2020 Car	ERVICE DETAILS		Edit
Peter detaution of Education and Cars Long Day Care Outlies social moust care - met social Outlies social moust care - met social Outlies social de different service New Company Social Control outlies care - metalion are A SIOCATED SERVICES A SIOCATED SERVICES Image: Control outlies care - metalion are Intel or ophastical different service Yes Image: Control outlies care - metalion are A SIOCATED SERVICES Image: Control outlies care - metalion are Image: Control outlies care - metalion are PERATIONAL HOURS Image: Control outlies care - metalion are Image: Control outlies care - metalion are PERATIONAL HOURS Image: Control outlies and procedures have been prepared scalar operating hours when schools are open. POLICES AND PROCEDURES Image: Control outlies and procedures have hour prepared - metalized metalized metalized and cared for Image: Control outlies and procedures have hour prepared - metalized metaliced metalized		NATURE OF EDUCATION AND CARE DETAIL	s
Consider a short of the service in the Service Approval AssociatED SERVICES AASSOCIATED SERVICES AA	Proposed Commencement Date	21/02/2018	
sind to operate associated children's service in the Service Approval is soluted exactly definitions service in the Service Approval is a School Age associated children's service in the Service Approval is a School Age associated children's service in the Service Approval is a School Age associated children to be educated and cared for is is intromated of children to be educated and cared for is is intromated of children to be educated and cared for is is intromated of children to be educated and cared for is is intromated of children to be educated and cared for is is intromated of children to be educated and cared for is is intromated of the service and procedures have been prepared is possible and procedures have NOT been prepared is the service and procedures have NOT been prepared is the service of t	Expected nature of Education and Care	Outside school hours care - before school Outside school hours care - after school	
subula seculated children's service in the Service Approval (p) is school posed ages of children service in the Service Approval (p) is school appeared ages of children (p) is school Age autimum number of children (p) is ducated and cared for (p) is FERTIONAL HOURS NINUAL Description (p) is that are not specified POLICIES AND PROCEDURES NINUAL Description (p) is that are not specified policies and procedures have NOT been prepared Description (p) is that are not specified policies and procedures have NOT been prepared Description (p) is that are not not policies and procedures have NOT been prepared Description (p) is the school policies and procedures have NOT been prepared Description (p) is the school policies and procedures have NOT been prepared Description (p) is the school policies and procedures have NOT been prepared Description (p) is the school policies and procedures have NOT been prepared Description (p) is the school policies and procedures in the school policies and procedures policies policies policies and procedures policies policies and procedures policies policies and procedures policies policies and procedures policies policies poli		A\$\$OCIATED \$ERVICE\$	
halis for each associated childrens service in pity school get school Age sch	ntend to operate associated children's service	Yes	
appeed age of children below:	nclude associated children's service in the Service	Approval Yes	
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operating hours when schools are open. water safety including safety during any water based activities; and the administration of first al. the administration of children from, selucation and care service premises, including procedures complying with Regulation s0 the addicated of output the administration of children from, selucation and care service and children including the matters set out in Regulation s155 and 156		onowing policies and procedures have not been prepared	 nutrition, food and beverages, dietary requirements;
			 water safety, including safety during any water based activities; and
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.			Incident, Injury, trauma and Illness procedures complying with Regulation 85 Dealing with infectious diseases, including procedures complying with Regulation 88 Dealing with metical conditions in children, including the matters set out in Regulation 90 Emergency and execution, 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 97 Excursions, including procedures complying with Regulations 100 to 102 Providing a child sate environment Staffing, including:
submitted service, specifying the natural environments that are or will be provided.		В	UILDING PREMISES INFORMATION
186		nitted	
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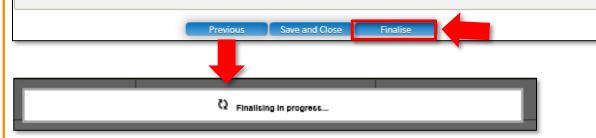
Submit the application

1. 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
- 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.
- 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).



Make payment

1. 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.

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: *	
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 pay mail address, please enter the address in the above box.	ment confirmation to be sent to an email address other than your registered e
	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 NL Service and CCS 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.

My Details	
	Thank you for your submission
Application Reference Number:	APP-50006920
Service Number:	SE-50001032
Payment Status:	\$432.00 PAID
Click <u>here</u> to view your Invoice.	
A copy of your submission will be emailed to you a	and the application / notification contact, if different.
For any enquiries regarding the progress of your a	application, please contact NSW Regulatory Authority. Contact details can be found on the ACECOA 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.

Notification Types

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 categorising notifications into different types of forms.



Provider related Notifications

Form	Name	Description	Guide
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.	
PA08	Notification of change to 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 	<u>Click here</u>
SA04/05	5 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	<u>Click here</u>

Service related Notifications

Form	Name	Description	Guide
SA07	Notification of surrender of service approval	Surrender your service approval to the regulatory authority.	
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 a centre-based service's premises	<u>Click here</u>
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 	<u>Click here</u>
RI01	RA Requested Information	Submit Regulatory Authority requested information example: Quality Improvement Plan, Emergency Management Plan, Response to RA correspondence, FDC Register.	<u>Click here</u>
L			



Services related Notifications (cont.)

m	Name	Description	Guide
I01 Notification of Incident		 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 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 	<u>Click he</u>
		 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) Any incident involving serious injury or trauma to, or illness of, a child (WA Only) 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 	Click he
C01	Notification of Complaints	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)	



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.
- If you are adding a PMC, they must have registered for a PRODA ID and provided their details to be added to the notification.
- The required supporting documents that you may be asked to attach.

Table of Contents

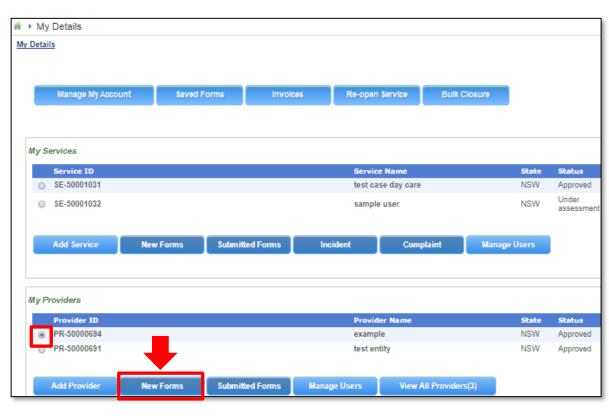
- <u>Access the Form</u>
 - Steps to access the Notification of Change of Information About an Approved Provider form.
- Begin the Form
 - Steps to start working on the Notification of Change of Information About an Approved Provider form.
- Fill Details in the Form
 - Steps to add the following requested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



<u>Back to Main Menu</u>

Access the Form

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



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

	Submit	a Provider Form		
My I	Details			
	Select re	levant Application or Notification		
	Provider I Provider I State: Status:	50000694		
	Form #	Form Name	Description	
	PA03	Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval	Apply
	PA04	Application for Voluntary Suspension of Provider Approval	Apply to suspend your provider approval for up to 12 months.	Apply
	PA05	Notification of Surrender of Provider Approval	Surrender your provider approval to the regulatory authority. Any service approval held by the provider is also taken to be surrendered.	Notify
	AR01	Application for Internal Review of Reviewable Decision	Use this form to apply to the regulatory authority for a review of a decision that falls within the list of reviewable decisions outlined in s190 of the National Law.	it
	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.

	Provider: exa	mple		
IN S	TRUCTIONS CON	TACT INFO SUBMISSIO		
VIDER DETAILS				
vider Name: mple		Provider Approval N PR-50000894	umber: Provider Stat Approved	tus:
ORTANT INFORMATION BEFORE YO	DU BEGIN			
ou must ensure you are familiar with your of ational Regulations (National Regulations).	oligations under the Education and Care Serv	ices National Law (National Law) a	nd the Education and Care	Services
egulatory authorities in each state and territ	ory are responsible for assessing most applic	ations and notifications. Contact ye	our regulatory authority fo	r information.
ivacy Statement				
			1988 and the Australian Priv	VICE
CECQA and the regulatory authorities are o	ommitted to protecting personal information i	n accordance with the Privacy Act	rood and the Australian I m	vacy
inciples contained in the Privacy Amendme	ent (Enhancing Privacy Protection) Act 2012.			·
inciples contained in the Privacy Amendme formation provided is being collected for the	ommitted to protecting personal information i nt (Enhancing Privacy Protection) Act 2012. a purposes of assessing this application or no			·
rinciples contained in the Privacy Amendme formation provided is being collected for the accordance with the National Law.	ent (Enhancing Privacy Protection) Act 2012.	fification and may be provided to o	her authorities or governme	·
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rinciples contained in the Privacy Amendme formation provided is being collected for the accordance with the National Law.	nt (Enhancing Privacy Protection) Act 2012. e purposes of assessing this application or no	fification and may be provided to o	her authorities or governme	·
inciples contained in the Privacy Amendme formation provided is being collected for the accordance with the National Law. CECQA, the regulatory authorities and the A PORTING DOCUMENTATION PA02 Declaration of fitness and proprin (Compulsory for individual provider applic	nt (Enhancing Privacy Protection) Act 2012. a purposes of assessing this application or no Australian Government may publish informati	tification and may be provided to o on about you in accordance with th	her authorities or governme e National Law. pplicants)	ent agencies

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.

	Dravidan avample
	Provider: example
	ONS 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 managem 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 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
rease describe the onlinge.	

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



Note: If you

are unable to

validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.

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

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**.

lease specify the type of notification: *	 A change to Approved Provider's fitness and propriety or fitness of person with manager and control (within 7 days of change) 	ment
	 Appointment or removal of a person with management or control of the service (within 1 days) 	4
	 Appointment or removal of receivers or liquidators or administrators, or matters that affer financial viability and ongoing operation of the service (within 7 days) 	ct the
	 Death of Approved Provider (within 7 days) 	
	O Change to Approved Provider contact details	
PPOINTMENT OR REMOVAL OF A PERSON W	ITH MANAGEMENT OR CONTROL OF THE SERVICE	
PPOINTMENT OR REMOVAL OF A PERSON W	ITH MANAGEMENT OR CONTROL OF THE SERVICE	
	ITH MANAGEMENT OR CONTROL OF THE SERVICE Sample User	
PPOINTMENT OR REMOVAL OF A PERSON W urrent Primary Contact: lick here to see what a person with management or	Sample User	
urrent Primary Contact:	Sample User	
urrent Primary Contact:	Sample User control means CURRENT PMC(S)	
urrent Primary Contact: lick here to see what a person with management or Note: Removing the PMC(s) will only be effective after t	Sample User control means CURRENT PMC(S) iis form is submitted	
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urrent Primary Contact: lick here to see what a person with management or Note: Removing the PMC(s) will only be effective after the NAME	Sample User control means CURRENT PMC(S) his form is submitted DATE OF PLACE OF PMC DATE REMOVED 21/07/1985 Startus DATE REMOVED	Ô

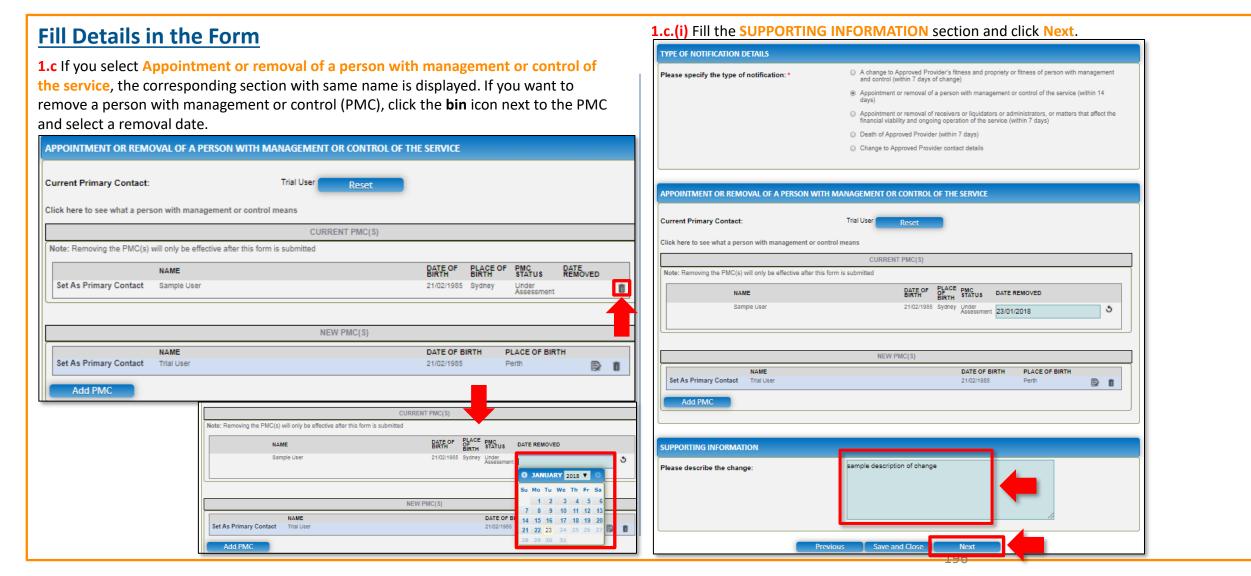
1.b.(i) In the ADD PERSON WITH MANAGEMENT OR CONTROL section, you will need to enter the PMC's Surname, Date of Birth and PRODA ID then click Verify PRODA ID.

ADD PERSON WITH MANAGEMENT OR	CONTROL	
ADD FERSON WITH MANAGEMENT OR		
Title: *	- Please select - 🗸	
First Name: *		
Middle Name:		
Last Name: *		
Date of Birth: *		
PRODA ID: *		Verify PRODA ID
Place of Birth: *		
Phone Number:	e.g 0212345678, 1800XXXXXX	
Mobile Number:		
	* Please enter Phone Number or Mobile Number or both	
Position Description:	~	
Fax Number:	e.g 0212345678, 1800XXXXXX	
Email Address: *		
	ADDRESS	
	Residential Address	
Address: *	123 Street, Suburb, State	
	Postal Address	
	Postal address same as above	

1.b.(ii) You will need to also enter their contact details, address and position etc. and click **Save** to save the information.

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Fill Details in the Form

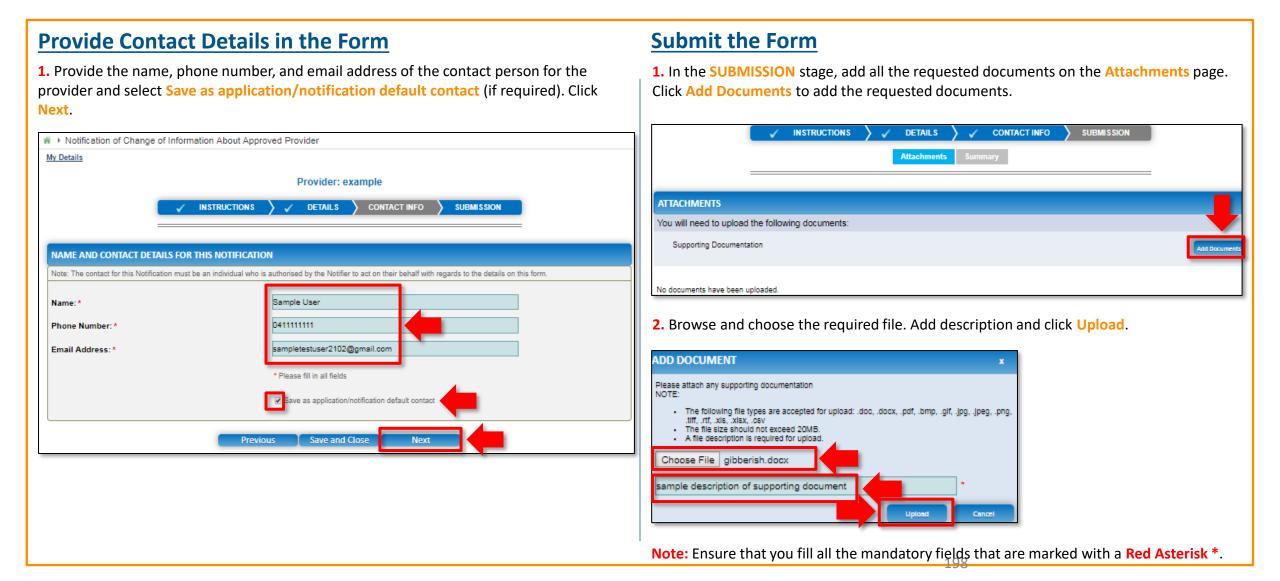
1.d If you select **Appointment or removal of receivers**... or **Death of Approved Provider** then no new section is displayed. Fill change description in the **SUPPORTING INFORMATION** section and click **Next**.

TYPE OF NOTIFICATION DETAILS	
Please specify the type of notification: *	 A change to Approved Provider's fitness and propriety or fitness of person with manager 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 financial viability and ongoing operation of the service (within 7 days)
	 Death of Approved Provider (within 7 days)
	 Change to Approved Provider contact details
UPPORTING INFORMATION	
	sample description of change
SUPPORTING INFORMATION Please describe the change:	sample description of change

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

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, 1800XXXXX	
New Mobile:	0455555555	
New Fax:	e.g 0212345678, 1800XXXXXX	
New Email:		
Please fill in the Address Details		
"Note: Change of Principal Office for a non-individual pro-	vider nust be submitted using the Application for Amendment of Provider Approval form New postal address	
Address:	123 Street, Suburb, State	
SUPPORTING INFORMATION		
Please describe the change:	sample description of change	Note: Ensure that
Please describe the change:		you fill all the
		mandatory field
		that are marked







Add Documen

x Remove

Back to Main Menu

Submit the Form 3. After adding all the requested documents, click Next. CONTACT INFO SUBMISSION **INSTRUCTIONS** DETAILS Attachments ATTACHMENTS You will need to upload the following documents: Supporting Documentation Document Type Supporting Documentation 11.20 KB aibberish.docx sample description of supporting document Total Files: 1 Total Size: 11.20 KB Save and Close Previous 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 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 amen 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 **PROVIDER DETAILS** Provider Approval Number: PR-50000694 Provider Approval Name: Provider Approval Status: example Approved NOTIFICATION DETAILS The type of notification: Change to Approved Provider contact details New phone number: 0455555555 New mobile number: New fax number: New E-mail: New postal address: Change Description: sample description of change CONTACT DETAILS Name Phone Number Email Address 0411111111 sampletestuser2102@gmail.com Sample User



Submit the Form

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

Document Type	Description	File Name	Application Submitted	
Supporting Documentation	sample description of supporting document	gibberish.docx	My Details	
DECLARATION				T
I declare that: ●			Notification Reference Number:	N 50
 I have read and understo The Applicant understand application form, includin I have read and understo 	g its attachments; od a Provider's legal obligations under the Educati	the associated material contained in this form; ill have the right (but will not be obliged) to act in reliance up on and Care Services National Law;	pon the contents of the	P
 Some of the information potential of the persons/authorities I am aware that I may be I agree that the regulator 	where authorised by the Education and Care Serv subject to penalties under the Education and Care	mmoniwealth for the purposes of the Family Assistance Law a loss National Law or other legislation; and Services National Law if I provide false or misleading inform aw using the contact details provided in this application, inclu	For any enquiries regarding the progress of your	notification
	Previous Save	and Close Submit		
		C Submissi	ion 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 		
ly Details		
	Thank you for your submission	
Notification Reference Number:	NOT- 50005971	
Provider Number:	PR-50000694	
	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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- Steps to access the Notification of Change to Nominated Supervisor form.
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 - Steps to start working on the Notification of Change to Nominated Supervisor form.

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- Steps to add requested contact information.
- Submit the Form
 - Steps to submit and finalise the form by completing the following:
 - o Add attachments.
 - o Review summary and finalising the form.
 - o <u>Make payment</u>.
- Print or Close the Form
 - Steps to print and close the form.



Access the Form

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

ñ÷≻M	y Details									
My Deta	ails									
	Manage My Acco	unt Save	d Forms	Involc	es Re	-open Ser	vice Bulk	Closure		
My	Services									
	Service ID					Service N			State	Status
C						test case			NSW	Approved
0						sample us	-		NSW	Under
	32-30001032					sample us	501		11011	assessmer
	Add Service	New Forms	Submi	tted Forms	Incident		Complaint	Manag	je Users	
Myl	Providers									
	Provider ID					Provider	Nama		State	Status
	1					example	HATTIN.		NSW	Approved
	PR-50000691					test entity			NSW	Approved
	Add Provider	New Forms	Submi	tted Forms	Manage Use		View All Provid	orc(2)		
	Add Frovider	New Pollins	Jupin	lied Politis	manage Use	11-	view All Provid	215(5)		

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

ŀ	Submit a Provider Form							
My	Details							
[Select re	levant Application or Notification						
	Provider I Provider I State: Status:	D: PR- 50000894 Name: example NSW 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				
	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					
	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 poth the transferring and receiving provider	Notify				



Begin the Form

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

tails			
	Provider: exa	mple	
IN	structions) details) con	ITACT INFO SUBMISSION	
DVIDER DETAILS			
ovider Name: ample		Provider Approval Number: PR-50000894	Provider Status: Approved
lational Regulations (National Regulations		vices National Law (National Law) and the Edu cations and notifications. Contact your regulat	
National Regulations (National Regulations Regulatory authorities in each state and ter The transfer of a service approval includes provider must jointly provide written notice date, unless otherwise agreed by the regul The regulatory authority may intervene in th authority will provide written notice at least notified intent to intervene the transfer of th Both the transferring and receiving provide takes effect, specifying the date of transfe). ritory are responsible for assessing most applic the transfer of the service approval for any ass- o the regulatory authority of the intention to tra- itory authority in exceptional circumstances. We transfer of the service approval and may refu 28 days before the proposed transfer date. The set of the service approval and may refu	cations and notifications. Contact your regulat ociated children's services. The transferring ar nsfer the service approval at least 42 days be use to consent to the proposed transfer. If this he regulatory authority is taken to consent to th hat the transfer has occurred within 2 days af	ory authority for information. Ind receiving approved efore the proposed transfer is the case, the regulatory he transfer if they have not iter the date the transfer
National Regulations (National Regulations Regulatory authorities in each state and ter The transfer of a service approval includes provider must jointly provide written notice date, unless otherwise agreed by the regul the regulatory authority may intervene in th authority will provide written notice at least notified intent to intervene the transfer of th Both the transferring and receiving provide takes effect, specifying the date of transfe provide to the receiving provider. PPORTING DOCUMENTATION • Notification of Transfer of Service A). ritory are responsible for assessing most applic the transfer of the service approval for any asse o the regulatory authority of the intention to tran tory authority in exceptional circumstances. We transfer of the service approval and may refu 28 days before the proposed transfer date. The service approval. s are required to provide written confirmation the	cations and notifications. Contact your regulat ociated children's services. The transferring ar nsfer the service approval at least 42 days be use to consent to the proposed transfer. If this he regulatory authority is taken to consent to the hat the transfer has occurred within 2 days af I Law. The regulatory authority will then amend be regulatory authority authority will then amend or submission online via NQA ITS only)	ory authority for information. Ind receiving approved fore the proposed transfer is the case, the regulatory the transfer if they have not ther the date the transfer d the service approval and

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.

	Provider: example	
) DETAILS CONTACT INFO SUBMISSION	
	Transfer Additional Information	
TRANSFER DETAILS		
The Receiving Provider will need to provide details of any propo- provided under <i>Regulations 24 and 25</i>). Please attach any supp	sed changes to the Service Approval (that is, any proposed changes to the information orting documentation.	required
Service Approval Number*	SE-50001036 Valid	ate
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?*	O Yes O No	
Will the contact details for the service change?*	○ Yes ○ No	
	○ Yes ○ No	
Will the hours of operation of the service change?*		
Will the hours of operation of the service change?* Will the Nominated Supervisor change?*	O Yes O No	



Do you intend to change the name of the service?*

Will the contact details for the service change?*

Will the hours of operation of the service change?*

Will the Nominated Supervisor change?*

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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

Yes O No

Yes ONO

Yes ONO

Yes O No

Previous

Save and Close

Next

operations, and nonlinated supervise	UIS. CIICK NEXT to continue.				
	DETAILS CONTACT INFO				
Transfer New Service Op	perational Hours Additional Information	Nominated Supervisor		Transfer New Service Op	perational Hours Additional Informa
TRANSFER DETAILS			NEW SERVICE DETA	ILS	
The Receiving Provider will need to provide details of any propos provided under Regulations 24 and 25). Please attach any suppo	ed changes to the Service Approval (that is, any orting documentation.	proposed changes to the information required to be	Service Legal Entity	Name *	xyz
			Trading Name *		abc
Service Approval Number*	SE-50001036	Validate	ABN		
	SERVICE DETAIL S				Validate ABN
Trading Name	уz				
Premises Address	52 Mount Street, WEST PERTH, WA 6005		Primary Contact Nan	ne: *	trial user
Provider Approval Number	PR-50000706				
Provider Approval Name	хуz		Service Phone Numb	per(BH):	e.g 0212345678, 1800XXXXXX
Specify the date on which the transfer is intended to take effect *	31/01/2018		Service Mobile Num	ber:*	045555555

Service Fax Number:

Emergency phone number

Service Email Address:*

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.

SUBMISSION

Note: Ensure that you fill all the mandatory	y fields that are marked with a Red Asterisk *.
1	204

Save and Close

Next

e.g 0212345678, 1800XXXXXX

rialuser2102@gmail.com

0455555555

Previous



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

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Fill Details in the Form

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

				CONTA	CT INFO	SUBMISSION
	Transfer	New Service	Operational Hours	Additional I	nformation	Nominated Superviso
PERATIONAL HOU	RS					
o add or edit operating o remove/cancel operat	hours expand the ing hours clear th	applicable period ty e start and end time	pe/s and enter the star s for the specific day/s	t and end times as appropriate.	for that servic	e.
ANNUAL						
	urs that are not sp	ecifically related to	Holiday Care' and 'Sch	ool Terms'.		
	START TIME	END TIME	24 HOUR CARE			
Monday	00:00	23:59				
Tuesday	00:00	23:59				
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
HOLIDAY CARE						
Operating hours durin	g school holidays	including public hol	idays.			
SCHOOL TERMS ONLY		-				
Operating hours when		n.				
		_				
		Prev	ious 🛛 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.

	DETAILS CONTACT IN		
Transfer New Service Op	rational Hours Additional Inform	nation Nominated Supervisor	
OLICIES AND PROCEDURES			
y selecting the boxes you confirm that the following olicies and procedures have been prepared in coordance with <i>Regulation</i> 168 for the proposed ducation and care service and that these will be valiable upon request by the Regulatory Authority. ode: you <i>DO NOT need to provide copies with this</i> <i>officasion</i> . or further information on the policies and procedures required for your service, please refer to <i>Regulation</i> 168.	the administration of first: Sleep and rest for children Indiant, injury, trauma and illness Dealing with infectious diseases, Dealing with medical conditions in Emergency and evacuation, inclu- Dealing with medical conditions is Emergency and evacuation, inclu- Dealing of children to, and colles Including procedures somphing Excursions, including procedures Forviding a child safe environmer Staffing, including:	ers relating to: ges, dietary requirements; tely during any water based activities add; and sproedures complying with Regulation 85. including procedures complying with Regulation 88. children, including the matters set out in Regulation 90. including the matters set out in Regulation 97. tion of children from, education and cars service premises, with Regulation 98. complying with Regulations 100 to 102. tt. Immembers; lie person resent at the service; and	
	Governance and management of The acceptance and refusal of au Payment of fees and provision of Dealing with complaints.	Is there a swimming pool or other water hazard situ on the proposed premises? * (Note: restrictions on swimming pools apply in Nev 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 servi	
		FURTHER PROPOSED CHANGES	
		Please describe any other proposed changes to the service approval:	e sample description of proposed changes
		Pre	vious 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 Provide Contact Details in the Form 3.d On the Nominated Supervisor page, enter the nominated supervisor's details. **1.** The **CONTACT INFO** stage of the form is available. Enter the contact information. Click Save. Fill name, phone number, and email address of the contact person for the provider and The Next button will be activated, click it to move to the next page. select Save as application/notification default contact (if required). Click Next. Nominated Supervisor CONTACT INFO DETAILS SUBMISSION INSTRUCTIONS NOMINATED SUPERVISOR NAME AND CONTACT DETAILS FOR THIS APPLICATION NOMINATED SUPERVISOR DETAILS Vote: 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 First Name: * Name: * Sample User Last Name: 1 D411111111 Phone Number: Email: * sampletestuser2102@gmail.com Email Address:* Mobile Number: * e.g 0212345678, 1800XXXXXX * Please fill in all fields Phone Number (Day Time): * e.g 0212345678, 1800XXXXXX Save as application/notification default contact DOB: * Yes No This person is the approved provider * Save and Close Next Previous Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk *.



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).

<u> </u>		/					
	V INSTRUC	ctions 🔪 🗸	DETAILS	CONTACT	NFO SUBMISS		
		Atta	chments Sum	mary Payment			
ATTACHMENTS							
You will need to upload the	following docur	ments:					
Swimming Pool / Water Ha	zards *						Add Docume
Nominated Supervisor Con	isent Form *						Add Docume
Right To Occupy *							Add Docume
Evidence of Approved Prov	vider Documentatio	on *					Add Docume
Further Proposed Changes			I will be posting o	r faxing instead			Add Docume
Notification of Transfer of S Provider *	Service Approval	ADD DOCUME		ces water safety p	olicy	x	Add Docume
No documents have been uploa		 The follow .jpg, .jpe The file si 	ving file types are gpngtiff, .rtf, ze should not ex cription is require	tixls, tixlsx, ticsv ceed 20MB.	oad: .doc, .docx, .pd	f, .bmp, .gif,	_
2. Browse and		Choose File	gibberish.docx				
choose the requir file. Add descripti		sample descrip	tion of documer	14		*	
and click Upload.					Uplosd	Cancel	

 After adding all the requested documents, click Nex 	3. After adding	g all the reque	ested documen ⁻	ts, click Next
---	-----------------	-----------------	----------------------------	----------------

	/ INSTRUCTIONS >	/ DETAILS	🔪 🗸 CONTACT INFO			
	A	ttachments Si	ummary Payment			
ATTACHMENTS						
You will need to upload the fo	llowing documents:					
🌍 Swimming Pool / Water Haza	rds *					Add Document
Nominated Supervisor Conse	nt Form *					Add Document
Right To Occupy *						Add Document
Evidence of Approved Provide	er Documentation *					Add Document
Further Proposed Changes		I will be postin	ig or faxing instead			Add Document
Notification of Transfer of Ser Provider *	vice Approval - Transferring					Add Documen
Document Type	File		Description	S	ize	
Swimming Pool / Water Hazards	gibberish.docx		sample description of documen	t 11	1.20 KB	x Remove
Nominated Supervisor Consent Form	gibberish.docx		sample description of documen	t 11	1.20 KB	x Remove
Right To Occupy	gibberish.docx		sample description of documen	t 11	1.20 KB	x Remove
Evidence of Approved Provider Documentation	gibberish.docx		sample description of documen	t 11	1.20 KB	x Remove
Notification of Transfer of Service Approval - Transferring Provider	gibberish.docx		sample description of documen	t 11	1.20 KB	x Remove
Total Files: 5				Total 3	Size: 56.02 KB	
	Previous	Save an	nd Close Next			

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



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

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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**.

	👌 🗸 details 🔪 🗸 coi	NTACT INFO SUBMISSIO	N
	Attachments Summary Pa	yment	
SUMMARY			
Here is a summary of the information you are about to submit.	. If you need to make changes, please cli	ck on the Edit link of the correspon	ding section you want to amend.
Note: You cannot make further changes beyond this point.			
Warning: Forms not submitted within 90 days from the start d	ate will be deleted from the system		
,-	,,		
SERVICE TRANSFER DETAILS			Edit
	RECEIVING PROVIDER DETAIL	S	
Provider Approval Name: example		Provider Approval Number: PR-50000894	Provider Approval Status: Approved
example		111100000004	Approved
	TRANSFER DETAILS		
Intended Date of Transfer:	31/01/2018		
Service Approval No:	SE-50001038		
Transferring Provider Name:	xyz		
Transferring Provider Number:	PR-50000708		
NEW SERVICE DETAILS			Edit
	NEW SERVICE DETAILS		
Intend to change the name of service:	Yes		
Service Legal Entity Name:	xyz		
Trading Name: ABN:			
ADI.	Not supplied NEW SERVICE CONTACT DETAIL	s	
Intend to change the contact details of service	Yes		
Primary Contact Name	res trial user		
Service Phone Number	unar user		
Service Phone Number	045555555		
Service Mobile Number	0.0000000		
After-hours Emergency Phone	045555555		
Service Email Address	trialuser2102@gmail.com		
Contract Entrain Producess	and over a new grind and office		

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

ERATIONAL HOURS				
the hours of operation of the service of	hange? Yes			
INUAL eneral operating hours that are not specifi	cally related to 'Holiday Care' and 'School	Terms'.		
LIDAY CARE erating hours during school holidays incl	uding public holidays.			
HOOL TERMS				
perating hours when schools are open.				
LICIES AND ADDITIONAL INFORM	ATION			Edit
following policies and procedures hav	nutrition, f sun protei	afety, including matters relating to: food and beverages, dietary require ction: ety, including safety during any wat		
ATTACHMENT DETAILS				Edit
Document Type	Description	File Name		
Pr Swimming Pool / Water Hazards	sample description of document	gibberish.docx		
ht Nominated Supervisor Consent ©a Form	sample description of document	gibberish.docx		
er Right To Occupy	sample description of document	gibberish.docx		
Evidence of Approved Provider Documentation	sample description of document	gibberish.docx		
M Further Proposed Changes	sample description of document	gibberish.docx		
Notification of Transfer of Service the Approval - Transferring Provider	sample description of document	gibberish.docx		
tif				
tif				
tif DECLARATION				
I declare that: ●				
 I have read and understood a The Application understands the application form, including its mm 4. I have read and understood a 5. The Regulatory Authority is a 6. Some of the information provi other persons?authorities with 7. I am aware that I may be subj 8. I agree that the regulatory authority submit and the s	Provider's legal obligations under the Ed uthorised to verify any information provide ded in this application may be disclosed to re authorised by the Education and Care ect to penalties under the Education and hority may serve a notice under the Natio	and the associated material contai DA will have the right (but will not b lucation and Care Services Nationa d in this application; o Commonwealth for the purposes Services National Law of the Care Services National Law if nal Law using the contact deta	ned in this form; e obliged) to act in reliance upon th I Law; of the Family Assistance Law and	may be disclosed to n in this form.
email address or tax humber	(in accordance with section 293 of the Nat	luonai LaW).		
	Previous S	Save and Close Final	ice	Final
	Previous 3	save and close Filla	ISC CONTRACTOR	- FIIIA



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	\rightarrow \checkmark	DETAILS	\rightarrow \checkmark	CONTACT I	NFO	SUB	MISSION		
			Attach	ments	Summary	Payment					
AYMENT DETAILS											
Identifier: INV-15002-P0C0R3					Fee Desc Transfer o	ription: f Service Appro	val				
Type: Provider					Amount: \$107.00						
Due Date: 22/02/2018											
Credit Card Type: * • VISA	MasterCard										
Name on Credit Card: * Trial User											
Credit Card Number: * 1111 1111 Card Expiry (mm/yy): * 12 18	1111										
Card Security Code: * 111 What is a CSC	?										
Email payment confirma sampletestuser2102@g											
You will be e-mailed a co mail address, please en				ke the payr	ment confirr	nation to be se	ent to an e	email ad	dress othe	r than you	r registered
Pay Later											
				Pa	ay Now				🕹 Paym	ent in pro	ogress

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



Author: ACECQA

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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.

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- **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.
 - o Fill notification related details.
- **Provide Contact Details in the Form**
 - Steps to add requested contact information.
- Submit the Form
 - Steps to submit and finalise the form by completing the following:
 - Adding attachments
 - Reviewing summary and finalising the form
- Print or Close the Form
 - Steps to print and close the form.



Access the Form

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

<u>Details</u>					
Manage My Account	Saved Forms	Involces	Re-open Service	Bulk Closure	
ly Services Service ID		c	ervice Name	State	Status
SEIVICE 10 SE-50001031			st case day care	NSW	Approved
SE-50001032	➡		ample user	NSW	Under assessment
Add Service N	lew Forms Submitted	Forms Incident	Complaint	Manage Users	

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

ñ	▶ Subm	nit a Service Form		
M	y Details			
	Select re	elevant Application or Notification		
	Service II Service N State: Status:	teet caee day		
	Form #	Form Name	Description	
			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	
	SA03	Application for Amendment of Service Approval	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
			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	
	SA12	Notification of Change of Information About an Approved Service	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



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Begin the Form

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

Details	Information About an Approved Service				TYPE OF NOTIFICATION DETAILS
	Service: test	case day care	SUBMISSION		Please specify the type of notifica
PROVIDER DETAILS					
Provider Name: test entity			ovider Approval Number: -50000691	Provider Status: Approved	
ERVICE DETAILS					
SERVICE DETAILS Service Trading Name: test case day care			rvice Approval Number: -50001031	Service Status: Approved	
Service Trading Name: test case day care	N BEFORE YOU BEGIN				
Service Trading Name: test case day care MPORTANT INFORMATIO	liar with your obligations under the Education and Ca	SE-	-50001031	Approved	SUPPORTING INFORMATION Note: Approved providers should notify
Service Trading Name: test case day care MPORTANT INFORMATION You must ensure you are fami National Regulations (National Regulatory authorities in each	liar with your obligations under the Education and Ca	re Services National Law	-50001031 w (National Law) and the Educ	Approved	
Service Trading Name: test case day care MPORTANT INFORMATIO You must ensure you are fami National Regulations (Nationa Regulatory authorities in each Privacy Statement ACECQA and the regulatory a	liar with your obligations under the Education and Ca I Regulations).	re Services National Law	-50001031 w (National Law) and the Educ ations. Contact your regulato	Approved	Note: Approved providers should notify
Service Trading Name: test case day care MPORTANT INFORMATION You must ensure you are fami National Regulations (National Regulatory authorities in each Privacy Statement ACECQA and the regulatory a contained in the Privacy Ameri	liar with your obligations under the Education and Ca I Regulations). state and territory are responsible for assessing mos authorities are committed to protecting personal inform adment (Enhancing Privacy Protection) Act 2012. collected for the purposes of assessing this applicatio	re Services National Law it applications and notifica nation in accordance with	-50001031 w (National Law) and the Educ ations. Contact your regulato h the Privacy Act 1988 and the	Approved ation and Care Services any authority for information.	Note: Approved providers should notify to Please describe the change: *

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	
	O Proposed change to the centre-based service or family day care venue premises	
	O Service has not commenced operation within 6 months of a grant of Service Approval	
	Change of Principal Office of the Family Day Care Service	
•	O Re-opening Service	
	Change to transportation provided by Service	
	Service Bulk Closure	
SUPPORTING INFORMATION		
Note: Approved providers should notify the regulatory author	ty of any change that could impact on the health, safety and wellbeing of children attending the service.	
Please describe the change: *		



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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

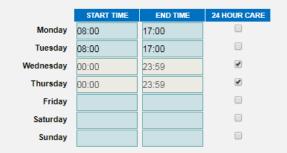
1.a If you select **Changes to hours and days of operation of service**, the **OPERATIONAL HOURS** section is displayed. You can update your service operating hours by editing the start and end times.

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.

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. Note: A question follows after this on Change of operational hours due to an emergency situation.

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

		CONTACT INFO SUBMISSION	
TYPE OF NOTIFICATION D	ETAILS		
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 prem Service has not commenced operation within 6 months of a grant of Service A Change of Principal Office of the Family Day Care Service 	
CHANGE TO APPROVED S	ERVICE CONTACT DETAILS		
New Phone:		0455555555	
New Mobile:			
New Fax:		e.g 0212345678, 1800XXXXXX	
New Email:			
New after hours emergenc (Required in the case of ar		e.g 0212345678, 1800XXXXX	
Please fill in the Address Deta	ails		
		New Postal Address	
Address:		123 Street, Suburb, State	

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Australian Children's Education & Care Quality Authority

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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.

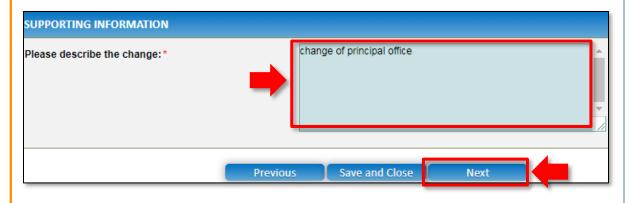
YPE OF NOTIFICATION DETAILS	
Please specify the type of notification:*	Changes to hours and days of operation of service
	Change to Approved Service contact details
	Proposed change to the centre-based service or family day care venue premises
	Service has not commenced operation within 6 months of a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

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 Changes to hours and days of operation of service se specify the type of notification: Change to Approved Service contact details Proposed change to the centre-based service or family day care venue premises Service has not commenced operation within 6 months of a grant of Service Approval Change of Principal Office of the Family Day Care Service PRINCIPAL OFFICE OF THE FAMILY DAY CARE SERVICE osed Commencement Date: * 123 Street, Suburb, State 'ess: ' I declare that I have the right to occupy and use the proposed premises as a principal office of the service W PRINCIPAL OFFICE OF THE FAMILY DAY CARE SERVICE 31/01/2018 oposed Commencement Date .(i) Select the I declare that Address Line 1: 125 Liverpool St ave the right to occupy and Address Line 2: the proposed premises as SYDNEY Suburb/Town: rincipal office of the tate/Territory NSW vice checkbox. 2000 ostcode: AUSTRALIA Country Reset Add I declare that I have the right to occupy and use the proposed pre



Fill Details in the Form

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



Provide Contact Details in the Form

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

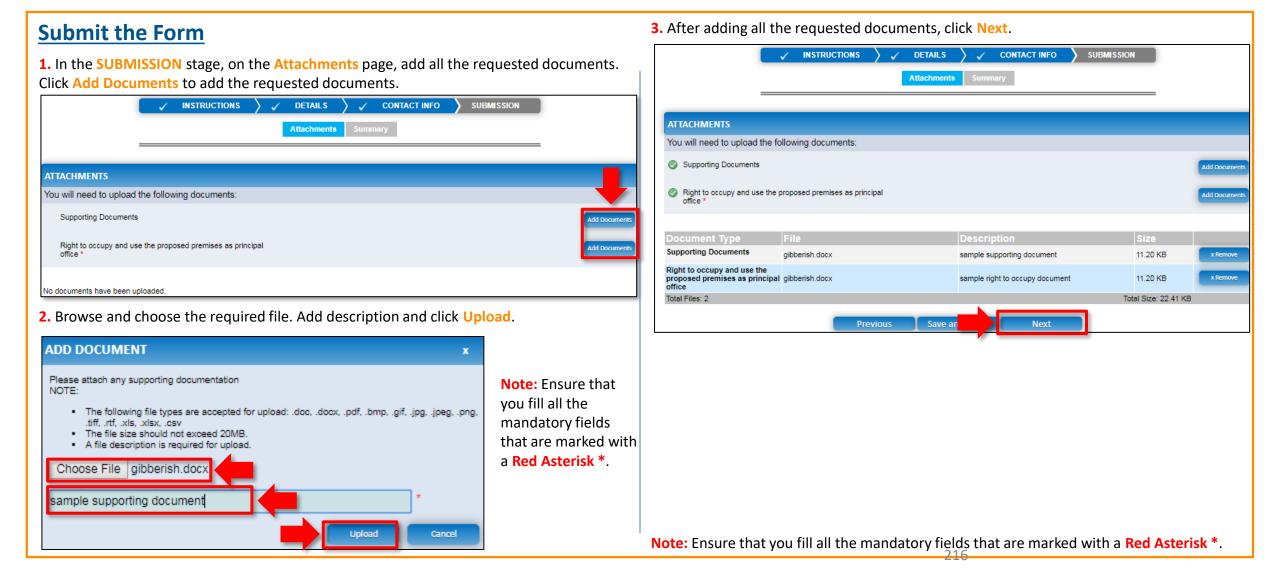
Details				
	Service: test case day care			
		NS 🔪 🗸 DETAILS	CONTACT INFO	SUBMISSION
NAME AND CONTACT D	ETAILS FOR THIS NOTIFI	CATION		
			otifier to act on their behalf wi	th regards to the details on this f
Name:*		Sample User		
Phone Number:*		041111111		
Email Address:*		sampletestuser2102@gmail.com		
		* Please fill in all fi	elds	
		Save as applica	ation/notification default conta	act
		Save as applica	ation/notification default conta	act

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



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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**.

			ACT INFO		N
	Attachments St	mmary			_
SUMMARY					
Here is a summary of the information you are ab	oout to submit. If you need to make changes,	please click	on the Edit	link of the correspon	ding section you want to ame
Note: You cannot make further changes beyond	I this point.				
Warning: Forms not submitted within 90 days fr	om the start date will be deleted from the sys	em.			
NOTIFICATION OF CHANGE TO APPROV	ED SERVICE DETAILS				
	PROVIDER DETAILS				
	PROVIDER DEI/	al S			
Provider Approval Name: test entity			Provider A PR-500006	pproval Number: 91	Provider Approval State Approved
	SERVICE DETA	LS			
Service Trading Name: test case day care			Service Ap SE-500010	proval Number: 31	Service Approval Status Approved
	NOTIFICATION DE	TAILS			1
The Type of Notification	Change of Principal Of	ice of the Fa	mily Day Ca	re Service	
Proposed Commencement Date:	31/01/2018				
Change of Principal Office Address:	125 Liverpool St, SYDI	EY, NSW 2	000		
Right To Occupy:	Yes				
Change Description:	change of principal offic	e			
NOTIFIER'S DETAILS					
Name Sample User	Phone Number 041111111			Email Address sampletestuser2102	@gmail.com

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

Document Type	Description	File Name
Right to occupy and use the proposed premises as principal office	sample right to occupy document	gibberish.docx
Supporting Documents	sample supporting document	gibberish.docx
DECLARATION		
I declare that: *		
 I have read and understood at 3. The Applicant understands th application form, including its 4. I have read and understood at 5. The Regulatory Authority is at 6. Some of the information prov- other persons/authorities why 7. I am aware that I may be sub 8. I agree that the regulatory au 	hat the Regulatory Authority and/or ACECC attachments; a Provider's legal obligations under the Edu uthorised to verify any information provide ided in this application may be disclosed there authorised by the Education and Care ject to penalties under the Education and thority may serve a notice under the Nation (in accordance with section 293 of the Nat	and the associated material contained in this form; IA will have the right (but will not be obliged) to act in reliance upon the contents of the vication and Care Services National Law; d in this application; Commonwealth for the purposes of the Family Assistance Law and may be disclose Services National Law or other legislation; and Care Services National Law if I provide false or misleading information in this form. Ial Law using the contact details provided in this application, including the postal, stre
	rienous	
	FICHOUS C	Q Submission in progress



Print or Close the Form

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

Application Submitted My Details Thank you for your submission Notification Reference Number: NOT-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. Print OK



Introduction

This Quick Reference Guide (QRG) provides details about the Notification of Change to Nominated Supervisor (NSO2) 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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• 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.

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 - <u>Select type of notification.</u>
 - o Add new nominated supervisor.
 - o <u>Cease/remove/withdraw nominated supervisor.</u>
 - o Change names or contact details of nominated supervisors.

Provide Contact Details in the Form

- Steps to add requested contact information.
- Submit the Form
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 - o <u>Review summary and finalising the form</u>.
- 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**.

Manage My Account	Saved Forms	Involces	Re-open Service	Bulk Closure	
y Services					
Service ID SE-50001031			Service Name test case day care	State NSW	Status Approved
SE-50001032	•		sample user	NSW	Under assessment
Add Service	New Forms Submitted	l Forms Inciden	t Complaint	Manage Users	

2. On the Submit a Service Form page, click Notify corresponding to the Form # : NSO2 and Form Name : Notification of Change to Nominated Supervisor.

Form #	Form Name	Description	
SAD3	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	Apply
AD6	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Apply
A07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notify
AD8	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
AD9	Application for Revocation of Service Waiver	An approved provider may apply to revoke their service waiver at any time.	Apply
A12	Notification of Change of Information About an Approved Service	Notify the regulatory authority about: • A change to the hours and days of operation of your service • A change to your service's contact details • Any proposed changes to service's premises • Service has not commenced operation within 6 months of a grant of Service Approval • Change of Principal Office of the Family Day Care Service	Notify
A10	Application for Re-Assessment and Re-Rating	Apply to have your service reassessed and re-rated. For more information refer to the Guide to the National Law and National Regulations.	Apply
A11	Application for Review of Ratings by Regulatory Authority	Request a review of your service's rating level for one or more quality areas. Please note that you may only apply for a review within 14 days of receiving the notification of the rating.	Apply
S02	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



Begin the Form

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

tails				
	Service: t	test case day care	e.	
	INSTRUCTIONS DETAILS	CONTACT INFO		
OVIDER DETAILS				
ovider Name: st entity			Provider Approval Number: PR-50000691	Provider Status: Approved
RVICE DETAILS				
rvice Trading Name: t case day care			Service Approval Number: SE-50001031	Service Status: Approved
PORTANT INFORMATION	BEFORE YOU BEGIN			
You must ensure you are familia National Regulations (National F Regulatory authorities in each st Privacy statement	ar with your obligations under the Education an Regulations). tate and territory are responsible for assessing) most applications and n	otifications. Contact your regulate	ory authority for information.
You must ensure you are familia National Regulations (National F Regulatory authorities in each st Privacy statement ACECQA and the regulatory aut contained in the Privacy Amendi	ar with your obligations under the Education an Regulations). tate and territory are responsible for assessing thorities are committed to protecting personal i ment (Enhancing Privacy Protection) Act 2012	i most applications and n information in accordance 2.	otifications. Contact your regulate	ory authority for information. e Australian Privacy Principles
National Regulations (National R Regulatory authorities in each st Privacy statement ACECQA and the regulatory aut contained in the Privacy Amendi	ar with your obligations under the Education an Regulations). tate and territory are responsible for assessing thorities are committed to protecting personal i ment (Enhancing Privacy Protection) Act 2012 plected for the purposes of assessing this appl	i most applications and n information in accordance 2.	otifications. Contact your regulate	ory authority for information. e Australian Privacy Principles
You must ensure you are familia National Regulations (National F Regulatory authorities in each st Privacy statement ACECOA and the regulatory aut contained in the Privacy Amendi Information provided is being co accordance with the National La	ar with your obligations under the Education an Regulations). tate and territory are responsible for assessing thorities are committed to protecting personal i ment (Enhancing Privacy Protection) Act 2012 plected for the purposes of assessing this appl	nost applications and n information in accordance ication or notification and	otifications. Contact your regulat with the Privacy Act 1988 and th may be provided to other authori	ory authority for information. e Australian Privacy Principles ties or government agencies in
You must ensure you are familia National Regulations (National F Regulatory authorities in each st Privacy statement ACECOA and the regulatory aut contained in the Privacy Amendi Information provided is being co accordance with the National La	ar with your obligations under the Education an Regulations). tate and territory are responsible for assessing thorities are committed to protecting personal i ment (Enhancing Privacy Protection) Act 2012 subjected for the purposes of assessing this appli W.	nost applications and n information in accordance ication or notification and	otifications. Contact your regulat with the Privacy Act 1988 and th may be provided to other authori	ory authority for information. e Australian Privacy Principles ties or government agencies in
You must ensure you are familia National Regulations (National F Regulatory authorities in each st Privacy statement ACECOA and the regulatory aut contained in the Privacy Amendi Information provided is being co accordance with the National La ACECOA, the regulatory authori	ar with your obligations under the Education an Regulations). tate and territory are responsible for assessing thorities are committed to protecting personal i ment (Enhancing Privacy Protection) Act 2012 ollected for the purposes of assessing this appl w. tities and the Australian Government may publi	nost applications and n information in accordance ication or notification and	otifications. Contact your regulat with the Privacy Act 1988 and th may be provided to other authori	ory authority for information. e Australian Privacy Principles ties or government agencies in
You must ensure you are familia National Regulations (National Regulatory authorities in each st Privacy statement ACECQA and the regulatory aut contained in the Privacy Amendi Information provided is being co accordance with the National La ACECQA, the regulatory authori PPORTING DOCUMENTAT • NS01 Nominated Supervisis .	ar with your obligations under the Education an Regulations). tate and territory are responsible for assessing thorities are committed to protecting personal i ment (Enhancing Privacy Protection) Act 2012 elected for the purposes of assessing this appli w. titles and the Australian Government may publi	nost applications and n information in accordance i. ication or notification and ish information about you	otifications. Contact your regulate with the Privacy Act 1988 and th may be provided to other authori in accordance with the National L	ory authority for information. e Australian Privacy Principles ties or government agencies in .aw.

Fill Details in the Form

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

	Change Type Change Details
TYPE OF NOTIFICATION DETAILS	
Please specify type of notification:	Adding new nominated supervisor Ceasing/iremoving/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 Supervis Disciplinary proceedings under an education law of a participating jurisdiction in respect of a Nominated Supervisor
	Previous Save and Close Next

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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**.

	\checkmark	INSTRUCTIONS	> ✓	DETAILS	CONTACT	INFO SI	JBMISSION	
_			Change	e Type Chan	ge Details			
NOMINATED SUPERVISORS								
_			CURRENT	NOMINATED SUI	PERVISOR(S	;)		
NAME		TY	ΡE	APPROVED	PROVIDER	START D	ATE FIN	ISH DATE
Test case user case user		Cur	rent	Y	'es	01/01/201	8	
Add Nominated Supervisor								
				MINATED SUPE	RVISOR(S)			
Note: Adding the Nominated Sup	ervisor	will only be effective a	fter this form	is submitted.				
		Previo	us	Save and Clo	se	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**.

	V DETAILS CONTACT	TINFO SUBMISSION
	Change Type Change Details	
OMINATED SUPERVISORS		
NOMINATED SUPERVISOR DETAILS		
First Name: *	sample	
_ast Name:*	test user	
Email: *	testuser2102@gmail.com	
Mobile Number:*	045555555	
Phone Number (Day Time):*	0425555555	
00B:*	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 *.

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National Quality Agenda IT System (NQA IT System) Notification of Change to Nominated Supervisor (NS02)

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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**.

IINATED SUPERVISORS				
		NOMINATED SUPERVISOR(S)		
ME t case user case user	Current	APPROVED PROVIDER Yes	START DATE 01/01/2018	FINISH DATE
Nominated Supervisor		DMINATED SUPERVISOR(S)		
Adding the Nominated Supervisor will only be NEW NOMINATED SUPERVISOR NAME	effective after this form	APPROVED PROVIDER	START DATE	
sample test user		Yes	31/01/2018	B 🕯
		Save and Close N	ext	•

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.

		NS 🔪 🗸 DE	etails	CONTACT INFO	SUBMISSI	ON
		Change Ty	pe Chang	e Details		
						_
TYPE OF NOTIFICATION D	ETAILS					
Please specify type of noti	fication:	Ceasing		supervisor drawing of nominal ontact details of no		כ
	C	hange Type Chang	e Details			
NOMINATED SUPERVISORS						
	CURR	ENT NOMINATED SUP	ERVISOR(S)			
Note: Removing the Nominated Super	visor will only be effective after	this form is submitted				
NAME	TYPE	APPROVED	PROVIDER	START DATE	FINISH DATE	
Test case user case user	Current	Ye	5	01/01/2018		
sample test user test user	Pending	Ye	5	31/01/2018		Û
NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE	_	
Test case user case user	Current	Yes	01/01/2018	31/01/2018	3	
sample test user test user	Pending	Yes	31/01/2018		Ô	1
	Previous	Save and Close	Next			1

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



Fill Details in the Form

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

	INSTRUCTION	IS DETAILS	CONTACT	nfo 🔪 si	JBMISSION
		Change Type	Change Details		
TYPE OF NOTIFICATION DETAILS Please specify type of notification:	_	Adding new nom Ceasing/removir Change to name	g/withdrawing o	f nominated sup	
	Cha	nge Type Change Detai	is		_
OMINATED SUPERVISORS					
	CURRE	NT NOMINATED SUPERVIS	DR(S)		-
Note: Changes to the details of the Nominated Su	pervisor will only be e	ffective after this form is subr	nitted		
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	
IOMINATED SUPERVISORS		
NOMINATED SUPERVISOR DETAILS		
First Name:*	Test	
Last Name:*	case user	
Email:*	testuser2102@gmail.com	
Mobile Number:*	041111111	
Phone Number (Day Time):*	040000000	
DOB:*	21/02/1985	
This person is the approved provider*		
	Cancel Save	

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



Fill Details in the Form

		age, click Next.			
DMINATED SUPERVISORS					
	CURRENT	NOMINATED SUPERVISOR(S)			
lote: Changes to the details of the Nominate	d Supervisor will only be effe	ective 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	3
sample test user test user	Pending	Yes	31/01/2018		

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

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



Provide Contact Details in the Form

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

 Notification of Chang 	e to Nominated Supervisor
v Details	
	Service: test case day care
	VINSTRUCTIONS V DETAILS CONTACT INFO SUBMISSION
NAME AND CONTACT [DETAILS FOR THIS NOTIFICATION
Note: The contact for this No	tification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this for
Name:*	Sample User
Phone Number:*	041111111
Email Address:*	sampletestuser2102@gmail.com
	* Please fill in all fields
	- Please III in all lielos
	Save as application/notification default contact
	Previous Save and Close Next



Submit the Form		3. After adding a	Ill the requested do	ocuments, click Next.	
 In the SUBMISSION stage, the Attachments page might be display notification type you selected in the DETAILS stage. Add all the requin Click Add Documents to add the requested documents. 					
\checkmark instructions $ angle$ \checkmark details $ angle$ \checkmark contact info $ angle$ su	IBMISSION	ATTACHMENTS			
Attachments Summary		You will need to upload the	he following documents:		
		Supporting Documents			Add Documents
аттаснментя					
You will need to upload the following documents:		Document Type	File	Description	Size
Supporting Documents	Add Documents	Supporting Documents Total Files: 1	gibberish.docx	sample supporting document	11.20 KB x Remove Total Size: 11.20 KB
No documents have been uploaded.			Previou	us Save and Close Next	
 Browse and choose the required file. Add description and click Up 	load				
ADD DOCUMENT					
ADD DOCOMENT X					
Please attach supporting documents NOTE:	Note: Ensure that you				
	fill all the mandatory				
 The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv 	fields that are marked				
 The file size should not exceed 20MB. A file description is required for upload. 	with a Red Asterisk *.				
Choose File gibberish.docx					
sample supporting document					
Upload Cancel		l			
				226	



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**.

Here is a summary of the in	formation you are about to su	ıbmit. If you need to make cha	nges, please cli	ck on the Edit link o	f the correspond	ing section you want	to amend	
-	her changes beyond this poir	-	ngoo, piouoo ui	on on the Eart link o		ang socion you want	. to unrollu	
		 tart date will be deleted from th	ie system.					
					_			
NOTIFICATION OF CHAI	NGE TO NOMINATED SU	JPERVISOR					Edit	
		PROVIDER	DETAILS					
Provider Approval Name:				Provider Appro	val Number	Provider Approv	vider Approval Status:	
test entity						Approved		
		SERVICE	DETAILS					
Service Trading Name:				Service Approv	al Number:	Service Approva	I Status:	
Service Trading Name: test case day care				Service Approv SE-50001031	al Number:	Service Approva Approved	I Status:	
		NOMINATED SUPE	RVISOR DETA	SE-50001031	al Number:	Service Approva Approved	I Status:	
test case day care			RVISOR DETA	SE-50001031	al Number:	Service Approva Approved	I Status:	
test case day care	ct details of nominated su		RVISOR DETA	SE-50001031	al Number:	Service Approva Approved	I Status:	
test case day care Type of Notification: Change to names or conta	ct details of nominated sup ninated Supervisors Detail	pervisor	RVISOR DETA	SE-50001031	al Number:	Service Approva Approved	I Status:	
test case day care Type of Notification: Change to names or conta		pervisor	RVISOR DETA	SE-50001031	EMAIL	Service Approva Approved	I Status:	

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

Document Type	Description	File Name	
Supporting Documents	sample supporting document	gibberish.docx	
DECLARATION			
✓ I declare that: *			
 The Applicant understan application form, includin I have read and underston The Regulatory Authority Some of the information other persons/authorities I an aware that I may be I agree that the regulator 	ood and the Applicant agrees to the condition ds that the Regulatory Authority and/or ACEC g its attachments; ood a Provider's legal obligations under the <i>E</i> v is authorised to verify any information provid provided in this application may be disclosed where authorised by the <i>Education and Car</i> e subject to penalties under the <i>Education and</i> y authority may serve a notice under the Nat her (in accordance with section 293 of the N	CQA will have the right (but will not be oblige ducation and Care Services National Law, led in this application; to Commonwealth for the purposes of the F Services National Law or other legislation; Care Services National Law if I provide fals onal Law using the contact details provided	d) to act in reliance upon the contents of amily Assistance Law and may be disclo and re or misleading information in this form.
	Previous	Save and Close Submit	
			-
			O Submission in progres



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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 - o Fill incident related details.
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 - Steps to add requested contact information.
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 - Steps to submit and finalise the form by completing the following:
 - o Adding attachments
 - o <u>Reviewing summary and finalising the form</u>
- Print or Close Notification of Incident Form
 - Steps to print and close the form.



Apply

Apply

· Any incident involving serious injury or trauma to a child which

a reasonable person would consider required urgent medical

· An incident involving the serious illness for which the child

ought reasonably to have attended a hospital

contravenes the National Regulation

attended a hospital

· The death of a child

period

service

be accounted for

attention from a registered medical practitioner or attended or

· A circumstance where a child appears to be missing or cannot

 A circumstance where a child appears to have been taken or removed from the service premises in a manner that

· A circumstance where a child is mistakenly locked in or locked

out of the service premises or any part of the premises

· 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

 A circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the

· An incident where the approved provider reasonably believes that physical abuse or sexual abuse of a child or children has

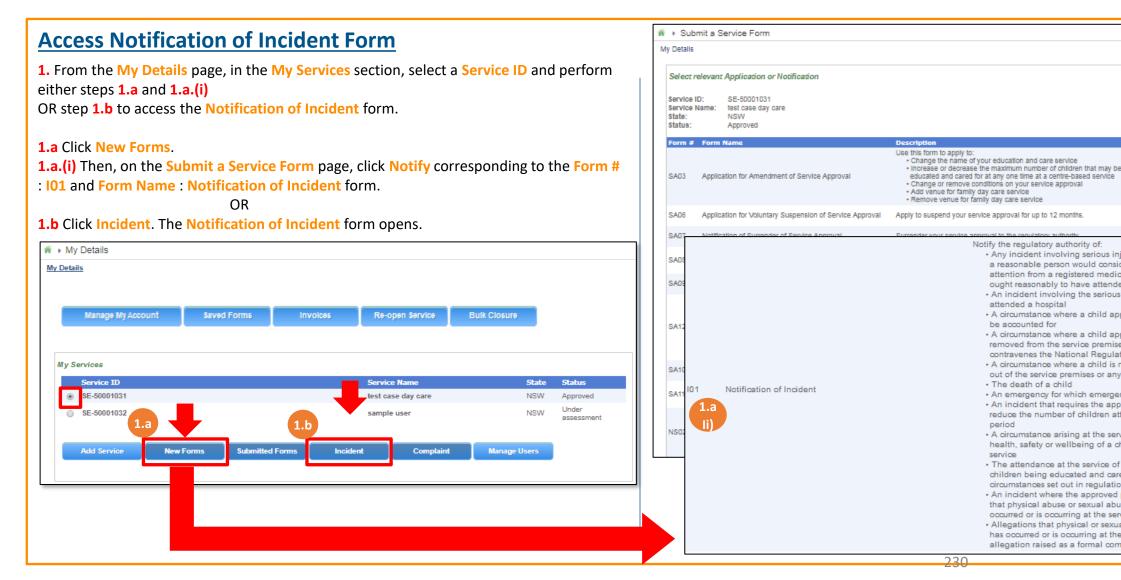
 Allegations that physical or sexual abuse of a child or children has occurred or is occurring at the service (other than an

 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)

occurred or is occurring at the service

allegation raised as a formal complaint)





2

Back to Main Menu

Begin Notification of Incident Form

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

etalls			
	Service: test case da	y care	
ROVIDER DETAILS			
rovider Name: ast entity		Provider Approval Number: PR-50000691	Provider Status: Approved
ERVICE DETAILS			
		Service Approval Number: SE-50001031	Service Status: Approved
ervice Trading Name: est case day care APORTANT INFORMATION BEFOR	e you begin		
EST CASE DAY CATE		SE-50001031	Approved
EST CASE DAY CATE	our obligations under the Education and Care Services	SE-50001031	Approved
est case day care IPORTANT INFORMATION BEFOR You must ensure you are familiar with y National Regulations (National Regulati	our obligations under the Education and Care Services	SE-50001031 National Law (National Law) and the Edu	Approved
est case day care APORTANT INFORMATION BEFOR You must ensure you are familiar with y National Regulations (National Regulati Regulatory authorities in each state and	pur obligations under the Education and Care Services	SE-50001031 National Law (National Law) and the Edi ns and notifications. Contact your regulat	Approved
APORTANT INFORMATION BEFOR You must ensure you are familiar with y National Regulations (National Regulati Regulatory authorities in each state and You must make your notification to the r The following must be notified within 24	our obligations under the Education and Care Services ons). territory are responsible for assessing most application	SE-50001031 National Law (National Law) and the Edu ns and notifications. Contact your regular rame.	Approved
APORTANT INFORMATION BEFOR You must ensure you are familiar with y National Regulations (National Regulati Regulatory authorities in each state and You must make your notification to the r The following must be notified within 24 attending, the service for a period; the a	sur obligations under the Education and Care Services inits). territory are responsible for assessing most application egulatory authority within the relevant prescribed timefit hours: any serious incident; any incident that requires itendance at the service of any additional child or child ays: any circumstance at the service that poses a risk	SE-50001031 National Law (National Law) and the Edu ns and notifications. Contact your regular rame. the approved provider to close, or reduce ren in an emergency.	Approved
APORTANT INFORMATION BEFOR You must ensure you are familiar with y National Regulations (National Regulati Regulatory authorities in each state and You must make your notification to the r The following must be notified within 24 attending, the service for a period; the a The following must be notified within 7 o	sur obligations under the Education and Care Services inits). territory are responsible for assessing most application egulatory authority within the relevant prescribed timefit hours: any serious incident; any incident that requires itendance at the service of any additional child or child ays: any circumstance at the service that poses a risk	SE-50001031 National Law (National Law) and the Edu ns and notifications. Contact your regular rame. the approved provider to close, or reduce ren in an emergency.	Approved
APORTANT INFORMATION BEFOR You must ensure you are familiar with y National Regulations (National Regulati Regulatory authorities in each state and You must make your notification to the r The following must be notified within 24 attending, the service for a period; the a The following must be notified within 7 c allegation of physical or sexual abuse of Privacy Statement	sur obligations under the Education and Care Services inits). territory are responsible for assessing most application egulatory authority within the relevant prescribed timefit hours: any serious incident; any incident that requires itendance at the service of any additional child or child ays: any circumstance at the service that poses a risk	SE-50001031 National Law (National Law) and the Edu ns and notifications. Contact your regular arme. the approved provider to close, or reduce ren in an emergency. to the health, safety or wellbeing of a chil	Approved
APORTANT INFORMATION BEFOR You must ensure you are familiar with y National Regulations (National Regulati Regulatory authorities in each state and You must make your notification to the r The following must be notified within 24 attending, the service for a period; the a The following must be notified within 7 c allegation of physical or sexual abuse of Privacy Statement	bur obligations under the Education and Care Services ons). territory are responsible for assessing most application aguitatory authority within the relevant prescribed timefin hours: any serious incident; any incident that requires itendance at the service of any additional child or child ays: any circumstance at the service that poses a risk a child or children at the service. are committed to protecting personal information in acc	SE-50001031 National Law (National Law) and the Edu ns and notifications. Contact your regular arme. the approved provider to close, or reduce ren in an emergency. to the health, safety or wellbeing of a chil	Approved

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**).

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



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** Child missing Child taken or removed Injury or trauma liness Note: For assistance in filling in the incident details for an Reg 175-Any incident that emergency ires the approved provider t Emergency service close, or reduce the number of hildren attending, the education and care service for a period Child locked in or out Death of a child management attended situation, refer to the Emergency Management **Help Guide** Any circumstance posing Attendance of additional Incident of sexual or Allegation of sexual or risk to health, safety and children physical abuse physical abuse wellbeing Previous Save and Close

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: 1 Incident Management Number What action was required? * reduction Closure Please supply the following information: · 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



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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.

	Service: test case day care
	✓ INSTRUCTIONS > ✓ DETAILS > CONTACT INFO > SUBMISSION
IAME AND CONTACT DETAILS	FOR THIS NOTIFICATION
lote: 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
lame *	Sample User
'hone Number: *	D41111111
mail Address: *	sampletestuser2102@gmail.com
	Please fill in all fields
	Previous Save and Close Next

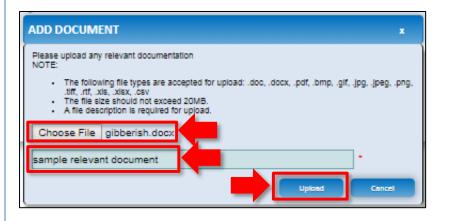
Note: Ensure that you fill all the mandatory fields that are marked with a Red Asterisk *.

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	\rangle	<	DETAILS	\checkmark	CONTACT INFO	\rangle	SUBMISSION	1
					Attachments	Sum	mary			
ATTACHMENTS										
You will need to upload	the follo	wing documents:								
Relevant Documentati	on									Add Documents
No documents have been i	ploaded									

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



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



Submit Notification of Incident Form

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

ATTACHMENTS				
You will need to upload the f	ollowing documents:			
Relevant Documentation			Add Docu	iments
Document Type	File	Description	Size	
Relevant Documentation	gibberish.docx	sample relevant document	11.20 KB x Remo	ove
Total Files: 1		Т	fotal Size: 11.20 KB	
	Previous Save a	an 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**.

	V INSTRUCTIONS		CONTACT INFO		N
		Attachments	Summary		
:					
JMMARY					
ere is a summary of the in	nformation you are about to su	ubmit. If you need to make chan	as please click on the Edi	t link of the correspond	ling section you want to amond
-	ther changes beyond this poir	-	ges, please click on the Edi	clink of the correspond	ang sector you want to amend.
		n. tart date will be deleted from the			
arning: Forms not subm	itted within 90 days from the s	tart date will be deleted from the	system.		
OTIFICATION OF INC	DENT				Edit
		PROVIDER			
		PROVIDER L			
rovider Approval Name: est entity	:		Provider / PR-50000	Approval Number: 891	Provider Approval Status: Approved
		SERVICE D	ETAILS		1
ervice Trading Name: est case day care			Service A SE-50001	pproval Number: D31	Service Approval Status: Approved
		INCIDENT D	ETAILS		1
cident type:			ent that requires the approve ation and care service for a		reduce the number of children
cident date:		19/01/2018			
etailed description of the ne, cause, etc:	e incident including nature o	description of involv	ident description sample de vement of emergency servic le miscellaneous informatio	es sample description	pact on service sample of action taken for incident
OTIFIER'S DETAILS					Edit
lame		Phone Number		Email Address	



Submit Notification of Incident Form

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

Relevant Documentation DECLARATION	sample relevant document	gibberish.docx	
I declare that: *			
application form, including its a 4. I have read and understood a F 5. The Regulatory Authority is authority 6. Some of the information provid other persons/authorities where 7. I am aware that I may be subje 8. I agree that the regulatory auth	ttachments; Provider's legal obligations under the <i>E</i> horised to verify any information provid ed in this application may be disclosed a uthorised by the <i>Education</i> and <i>Car</i> ct to penalties under the <i>Education</i> and ority may serve a notice under the Nati n accordance with section 293 of the N	to Commonwealth for the purposes of the Fa Services National Law or other legislation; a I Care Services National Law if I provide false onal Law using the contact details provided in	amily Assistance Law and may be disclosed to
		Γ	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.

<u>/ Details</u>	
	Thank you for your submission
Notification Reference Number:	NOT- 50005943
Service Number:	SE-50001031
or any enquiries regarding the progress of your	notification, please contact NSW Regulatory Authority. Contact details can be found on the ACECQA websit
	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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 - o Select type of complaint.
 - o Fill complaint related details.
- Provide Contact Details in Notification of Complaint Form
 - Steps to add requested contact information.
- Submit Notification of Complaint Form
 - Steps to submit and finalise the form by completing the following:
 - o Adding attachments
 - o <u>Reviewing summary and finalising the form</u>
- Print or Close Notification of Complaint Form
 - Steps to print and close the form.



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 # : CO1 and Form Name : Notification of Complaints form. OR 1.b Click Complaint. The Notification of Complaint form opens. 爺 → My Details My Details Manage My Account Saved Forms Involces Re-open Service Bulk Closure My Services Status Service ID Service Name State SE-50001031 ۲ test case day care NSW Approved Under SE-50001032 NSW assessmen Submitted Forms New Forms Incident Manage Users Add Service Complain

Details			
Select n	elevant Application or Notification		
Gervice II Gervice M State: Status:	test eace day		
Form #	Form Name	Description	
5A03	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.	Арріу
5A12	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 0 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.	Арріу
NSO2	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	
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 WA) • 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 Approval Number: Provider Status: Provider Name: PR-50000891 test entity Approved SERVICE DETAILS Service Approval Number: Service Trading Name: Service Status: test case day care SE-50001031 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.

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 								
				2	Service	: test	t case day	v care
	~	IN ST	RUCTIONS	\rightarrow	DETAILS		CONTACT IN	IFO
_								
COMPLAINT								
Complaints alleging that the Law		·		infor	nation req	uired:	*	
								_
O Complaint alleging that a serious	incide	ent has o	ccurred or i	s occu	rring			
			Pr	eviou	s Save a	nd Clo	se Next	
<u></u>								

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

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

Cancel

Begin



complaint type selected.

Back to Main Menu

Fill Details in Notification of Complaint Form 2. On selecting a particular complaint type, the COMPLAINANT DETAILS, DETAILS OF CHILD/CHILDREN, and COMPLAINT DETAILS sections are displayed. Fill these section with the requested details and click Next. Service: test case day care INSTRUCTIONS	DETAILS OF CHILD/CHILDREN Please supply the following information: • Name of child/children, gender and date of birth to whom complaint relates (if relevant) test child, male, 21/02/2013 sample child, female, 25/05/2014
COMPLAINT Please select the relevant notification and provide/attach the information required: * O Complaints alleging that the Law has been contravened Complaint alleging that a serious incident has occurred or is occurring	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
COMPLAINANT DETAILS Please supply the following information:* Complainant name and contact details sample user D422222222 Note: The sections rendered on the form in this stage may slightly differ based on the	sample list of actions taken Previous Save and Close Next

Note: Ensure that you fill all the mandatory fields that are marked with an **Asterisk** *. 239



Submit Notification of Complaint Form Provide Contact Details in Notification of Complaint Form 1. The **CONTACT INFO** stage of the form is available. Enter the contact information. 1. In the SUBMISSION stage, add all the requested documents on the Attachments page. Fill name, phone number, and email address of the contact person for the provider and Click Add Documents to add the requested documents. select Save as application/notification default contact (if required). Click Next. CONTACT INFO SUBMISSION INSTRUCTIONS DETAILS 1 Notification of Complaint Attachments My Details Service: test case day care ATTACHMENTS You will need to upload the following documents: DETAILS CONTACT INFO INSTRUCTIONS SUBMISSION Relevant Documentation I will be posting or faxing instead NAME AND CONTACT DETAILS FOR THIS NOTIFICATION No documents have been uploaded 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 forr 2. Browse and choose the required file. Add description and click Upload. ADD DOCUMENT Sample User Name¹ 0411111111 Phone Number: 1 Please upload any relevant documentation NOTE: sampletestuser2102@gmail.com Email Address: * 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. * Please fill in all fields A file description is required for upload Save as application/notification default contact Choose File gibberish.docx sample relevant document description Previous Save and Close Next Cancel

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

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



ATTACHMENTS

Relevant Documentation

ocument Type

Total Files: 1

checkbox.

Relevant Documentation

Back to Main Menu

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. DETAILS CONTACT INFO SUBMISSION INSTRUCTIONS Summary You will need to upload the following documents UMMARY Add Document 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 amen 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. sample relevant document description 11.20 KB x Remove Total Size: 11.20 KB **IOTIFICATION OF COMPLAINT** Previous Save a Next PROVIDER DETAILS Provider Approval Name: Provider Approval Number: Provider Approval Status PR-50000691 **Note:** Instead of adding documents, you could choose to fax or post documents. In such test entity Approved SERVICE DETAILS case, instead of clicking Add Documents, select the I will be posting or faxing instead Service Trading Name: Service Approval Number: Service Approval Status: test case day care SE-50001031 Approved COMPLAINT Complaints alleging that the Law has been contravened Please select the relevant notification and provide/attach the information required: COMPLAINT DETAILS sample user 0422222222 Please supply the following information:* Complainant name and contact details test child, male, 21/02/2013 sample child, female, 25/05/2014 Please supply the following information: · Name of child/children, gender and date of birth to whom complaint relates (if relevant) Please supply the following information:* 19/01/2018 copy of complaint attached sample list of actions taken 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 771

Submit Notification of Complaint Form

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

File

gibberish.docx



Submit Notification of Complaint Form

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

Name Sample User	Phone Number 041111111		Email Address sampletestuser2102@gmail.com
ATTACHMENT DETAILS			Edit
ATTACHMENT DETAILS			Ear
Document Type	Description	File Name	
Relevant Documentation	sample relevant document description	gibberish.docx	
CCLADATION.			
 I declare that: * 1. The information provided 	in this application form (including any attachmen od and the Applicant agrees to the conditions and		ed in this form:
I declare that: * 1. The information provided 2. I have read and understoo 3. The Applicant understand application form, including 4. I have read and understoo 5. The Regulatory Authority 6. Some of the information p other persons/authorities 7. I am aware that I may be 8. I agree that the regulatory	od and the Applicant agrees to the conditions and is that the Regulatory Authority and/or ACECQA is statchments; od a Provider's legal obligations under the Educa is authorised to verify any information provided in provided in this application may be disclosed to C where authorised by the Education and Care Se subject to penalties under the Education and Care	d the associated material containe will have the right (but will not be ation and Care Services National I In this application; ommonwealth for the purposes o rvices National Law or other legis re Services National Law i I provi Law using the contact details pro	obliged) to act in reliance upon the contents of the Law; If the Family Assistance Law and may be disclosed to lation; and
 I have read and understood. The Applicant understand application form, including. I have read and understood. The Regulatory Authority Some of the information p other persons/authorities? I am aware that I may be I agree that the regulatory 	od and the Applicant agrees to the conditions and is that the Regulatory Authority and/or ACECQA j its attachments; od a Provider's legal obligations under the <i>Educa</i> is authorised to verify any information provided in provided in this application may be disclosed to C where authorised by the <i>Education and Care</i> Se subject to penalties under the <i>Education and Care</i> a authority may serve a notice under the National ber (in accordance with section 293 of the Nation	d the associated material containe will have the right (but will not be ation and Care Services National I In this application; ommonwealth for the purposes o rvices National Law or other legis re Services National Law i I provi Law using the contact details pro	obliged) to act in reliance upon the contents of the Law; If the Family Assistance Law and may be disclosed to lation; and ide false or misleading information in this form. ovided in this application, including the postal, street or
I declare that: * 1. The information provided 2. I have read and understoo 3. The Applicant understand application form, including 4. I have read and understoo 5. The Regulatory Authority 6. Some of the information p other persons/authorities 7. I am aware that I may be 8. I agree that the regulatory	od and the Applicant agrees to the conditions and is that the Regulatory Authority and/or ACECQA j its attachments; od a Provider's legal obligations under the <i>Educa</i> is authorised to verify any information provided in provided in this application may be disclosed to C where authorised by the <i>Education and Care</i> Se subject to penalties under the <i>Education and Care</i> a authority may serve a notice under the National ber (in accordance with section 293 of the Nation	d the associated material contains will have the right (but will not be ation and Care Services National I In this application; commonwealth for the purposes o rivices National Law or other legisl re Services National Law if I provi Law using the contact details pro- nal Law).	obliged) to act in reliance upon the contents of the Law; If the Family Assistance Law and may be disclosed to lation; and ide false or misleading information in this form. ovided in this application, including the postal, street or

Print or Close Notification of Complaint Form

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

	Thenk you for your submission
	Thank you for your submission
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 ACECC
	OK Print



Introduction

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

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

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

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

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



Access RA Requested Information Form

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

Manage My Acc	ount Sa	vəd Forms	Involces	Re-op	en Service	Bulk Closure		
y Services								
Service ID				Service I	Name	S	ate S	Status
SE-50001031				test case	day care	N	SW A	Approved
SE-50001032				sample u	ser	N		Jnder issessment
Add Service	New Forms	Submitted	Forms In	cident	Complaint	Manage Use	rs	

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

elect n ervice I ervice M tate: tatus:	test eace day	otification		
orm #	Form Name	l.	Description	
A03	Application for Amendmer		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	
A06	Application for Volun		Notify the regulatory authority of: Any incident involving serious injury or trauma to a child which a	
A07	Notification of Surrer		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	
A08	Application for Servi		 An index in revolving the senses miles to which the vinic attended a hospital. A circumstance where a child appears to be missing or cannot be accounted for 	
A09	Application for Revo		 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 	
A12	Notification of Chang ^{ID1} Service	Notification of Incident	the service premises or any part of the premises • The death of a child • An emergency for which emergency services attended • An incident that requires the approved provider to close, or reduce the number of children attending, the service for a period • A circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service	Notify
A10	Application for Re-A		 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) 	
A11	Application for Revie		 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 	
IS02	Notification of Chang		as a formal complaint) Any incident involving serious injury or trauma to, or illness of, a child (ViA Only) Submit Regulatory Authority requested information	
			Example:	_
:01	RI01 Notification of Comp	RA Requested Information	Quality Improvement Plan (QIP) Emergency Management Plan (EMP)	Submit



Fill Details in RA Requested Information Form

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

	6	ervice: test case	dav	care	
		ervice, test cas	; uay (care	
	DETAILS	CONTACT INFO	\rightarrow	SUBMISSION	
ROVIDER DETAILS					
Provider Name: test entity				Provider Approval Numbe PR-50000691	r: Provider Status Approved
ERVICE DETAILS Service Trading Name: est case day care				Service Approval Number SE-50001031	: Service Status: Approved
A REQUESTED INFORMATION					
Please select the type of document to uplo	ad:*	- Please Select			T
	Save	e and Close	Nex	xt	
		PI	ease S	Select	
				Select	
			Regis	sters to RA correspondence	
		Qus	litv Im	provement Plan	

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

No documents have been uploaded. ADD DOCUMENT X If required please olick here to obtain a sample template of a Quality Improvement Plan (download the Quality Improvement Plan template). Note: Ensithat you for the Quality Improvement Plan (download the Quality Improvement Plan template). Browse and poose the required e. Add description di click Upload. • The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .glf, .jpg, .jpeg, .png. • Note: Ensithat you for all the mandator fields that are marked are marked.		DETAI	ls 🔪	CONTACT INFO) s	UBMISSION			
Provider Name: test entry Provider Approval Number: PR-0000001 Provider Status: Approved SERVICE DETAILS Service Trading Name: test case day care Service Approval Number: SE-00001031 Service Status: Approved Marce QUESTED INFORMATION Please select the type of document to upload: * Quality Improvement Plan Improvement Plan ATTACHMENTS You will need to upload the following documents: Quality Improvement Plan * Improvement Plan Improvement Plan No documents have been uploaded ADD DOCUMENT Improvement Plan apple description is required for upload. Improvement Plan (download please of the ret o obtain a sample template of a Quality Improvement Plan (download provement Plan * Note: Enst that you f all the mandator fields that are marked									
test entity PR-60000851 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 Please select the type of document to upload: * Quality Improvement Plan ATTACHMENTS You will need to upload the following documents: Quality Improvement Plan * Automatication No documents have been uploaded ADD DOCUMENT X No documents have been uploaded If required please click here to obtain a sample template of a Quality Improvement Plan (download the following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .png, .gng, .	PROVIDER DETAILS								
Service Trading Name: Service Approval Number: 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 * Quality Improvement Plan * No documents have been uploaded If required please click here to obtain a sample template of a Quality Improvement Plan (download the Quality Improvement Plan template). Please and nooses the required divergence and your completed QIP • The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .glf, .lpg, .lpeg, .pngfm, .fm, .fm, .dm, .dm, .dm, .dm, .gm, .gm, .gm, .gm, .gm, .gm, .gm, .g							Number:		
test case day care SE-60001031 Approved RA REQUESTED INFORMATION Please select the type of document to upload:* Quality Improvement Plan Improvement Plan ATTACHMENTS You will need to upload the following documents: Quality Improvement Plan ADD DOCUMENT No documents have been uploaded If required please click here to obtain a sample template of a Quality Improvement Plan (download the Quality Improvement Plan template). Please uploaded If required please click here to obtain a sample template of a Quality Improvement Plan (download the Quality Improvement Plan template). Note: Ens that you failt types are accepted for upload. doc. docxpdf, hmpglf, jpgjpegpng. Browse and coose the required e. • The following file types are accepted for upload. • The following file types are accepted for upload. doc. docxpdf, hmpglf, jpgjpegpng. • The file size should not exceed 20M5. • Afte description is required for upload. • Afte description is required for upload. • Afte description is required for upload. • Add description • Afte description is folgournend • The file size should not exceed 20M5. • Afte description of document	SERVICE DETAILS								
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Trace select the type of document to upload. ATTACHMENTS You will need to upload the following documents: Quality Improvement Plan * ADD DOCUMENT No documents have been uploaded 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: Ens Note: Ens uit, rif., xis, xisx, cev The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .glf, .jpg, .jpeg, .pmg. Note: Ens . The following file types are accepted for upload: . The file size should not exceed 20MB. . Add description of click Upload. . Choose File gibberish. docx . ample description of document	RA REQUESTED INFORMATION								
You will need to upload the following documents: Quality Improvement Plan * ADD DOCUMENT × No documents have been uploaded. ADD DOCUMENT × Irequired 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, .glf, .jpg, .jpeg, .png, .tff, .rff, .xls, .xlsx, .csv Doose the required e. Add description od click Upload. . Amended control of document	Please select the type of docume	nt to upload: *	Qua	ality Improvement P	lan			¥	
Quality Improvement Plan* Add Documents No documents have been uploaded. ADD DOCUMENT X If required please click here to obtain a sample template of a Quality Improvement Plan (download the Quality Improvement Plan template). Note: Enst that you for all the Note: Enst that you for all the Improvement Plan template. Browse and poose the required e. Add description ad click Upload. The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .glf, .jpg, .jpeg, .png, all the mandator fields that are marked are marked are marked.	(
No documents have been uploaded. 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, .glf, .jpg, .jpeg, .png, .ithat you for all the mandator of the description is required for upload. • The file size should not exceed 20MB. • Add description is required for upload.		ng documents:							Add Docume
	No documents have been uploaded. Browse and hoose the required e. Add description and click Upload.	required please click I re Quality Improvemen lease upload your con IOTE: The following fi .ttfr,.rtfr,.xts,.xt The file size sh A file descriptio Choose File gibl	t Plan te spleted G types : sx, .csv ould not n is requ perish.c	mplate). IP are accepted for upl exceed 20MB. Ired for upload. docx				load	Note: Ens that you fi all the mandator fields that are marke with a Rec



Fill Details in RA Requested Information Form	<u>n</u>	Provide Contact Details	in RA Requested Information Form
4. After adding all the requested documents, click Next.		Fill name, phone number, and email	orm is available. Enter the contact information. address of the contact person for the provider and on default contact (if required). Click Next.
PROVIDER DETAILS		My Details	
Provider Name: test entity Provider Approval Ne PR-50000891	umber: Provider Status: Approved		Service: test case day care
SERVICE DETAILS			
Service Trading Name: Service Approval Nu SE-50001031	mber: Service Status: Approved	NAME AND CONTACT DETAILS FOR THIS APPL	LICATION
RA REQUESTED INFORMATION		Note: The contact for this Application must be an individ	ual who is authorised by the Applicant to act on their behalf with regards to the details on this form.
Please select the type of document to upload: * Quality Improvement Plan	T	Name: *	Sample User
ATTACHMENTS		Phone Number: *	D41111111
You will need to upload the following documents: Quality Improvement Plan *	Add Documents	Email Address: *	sampletestuser2102@gmail.com
			* Please fill in all fields
Document Type File Description	Size		Save as application/notification default contact
Quality Improvement Plan gibberish.docx sample description of document	11.20 KB × Remove		
Total Files: 1 Save and Close Next	Total Size: 11.20 KB		Previous Save and Close Next
		Note: Ensure that you fill all the man	ndatory fields that are marked with a Red Asterisk *.



Submit RA Requested Information Form

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

	V DETAILS V	CONTACT INFO		
SUMMARY				
Note: You cannot make further o	ation you are about to submit. If you need to shanges beyond this point. within 90 days from the start date will be delet		ick on the Edit link of the correspon	ding section you want to amend
RA REQUESTED INFORMAT		ROVIDER DETAILS		Edit
Provider Approval Name: test entity	11	OVIDER DETAILS	Provider Approval Number: PR-50000691	Provider Approval Status: Approved
	S	ERVICE DETAILS	1	
Service Trading Name: test case day care			Service Approval Number: SE-50001031	Service Approval Status: Approved
ATTACHMENT DETAILS				Edit
	Description	File Name		
Document Type	Description	THE HEATE		

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

Sample User	Phone Number 041111111	Email Address sampletestuser2102@gmail.com
	'	
DECLARATION		
✓ I declare that: •	1	
2. I have read and understood a	his application form (including any attachments) is true, com and the Applicant agrees to the conditions and the associate	d material contained in this form;
application form, including its		ght (but will not be obliged) to act in reliance upon the contents of the Services National I aw:
 The Regulatory Authority is a 6. Some of the information prov 	authorised to verify any information provided in this applicatio vided in this application may be disclosed to Commonwealth	on; for the purposes of the Family Assistance Law and may be disclosed
I am aware that I may be sub		tional Law if I provide false or misleading information in this form.
	(in accordance with section 293 of the National Law using the	contact details provided in this application, including the postal, stree
	Previous Save and Close	Submit
		🗘 Submission in progress.



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.

Ny Details		
	Thank you for your submission	
Notification Reference Number:	NOT- 50005972	
Service Number:	SE-50001031	
	OK Print	-
	OK Print	