

National Quality Agenda IT System

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Introduction

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

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

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

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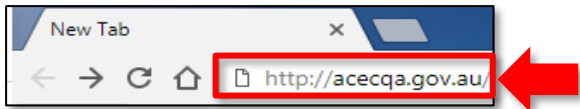
- [Access NQA IT System](#)
 - Methods of accessing the **NQA IT System** portal.
- [Create Account](#)
 - Register a new account / email address.
- [Set Password](#)
 - As part of creating an account on the **NQA IT System** portal, set a password for the account.
- [Sign In](#)
 - Steps to log in the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

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Access NQA IT System

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

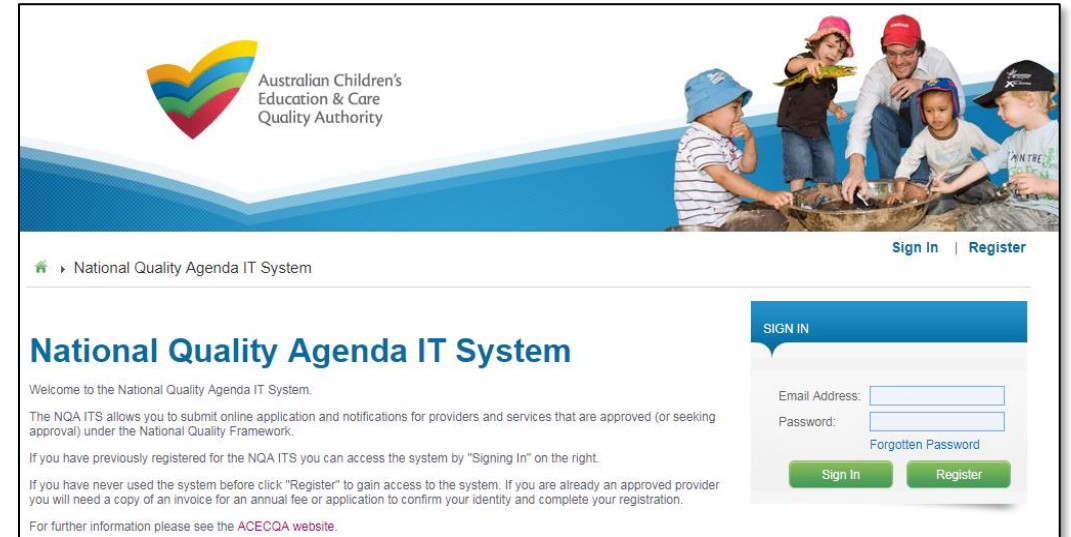
1. In your Web browser, enter the URL of ACECQA Website in the **Address Bar** <http://www.acecqa.gov.au/>. Press **Enter**.



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



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



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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**.



Australian Children's Education & Care Quality Authority

National Quality Agenda IT System

[Sign In](#) | [Register](#)

National Quality Agenda IT System

Welcome to the National Quality Agenda IT System.

The NQA ITS allows you to submit online application and notifications for providers and services that are approved (or seeking approval) under the National Quality Framework.

If you have previously registered for the NQA ITS you can access the system by "Signing In" on the right.

If you have never used the system before click "Register" to gain access to the system. If you are already an approved provider you will need a copy of an invoice for an annual fee or application to confirm your identity and complete your registration.

For further information please see the [ACECQA website](#).

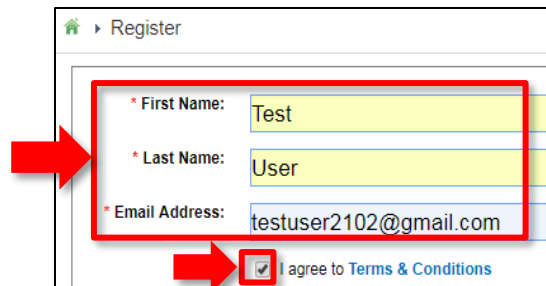
SIGN IN

Email Address:

Password:

[Forgotten Password](#)

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



Register

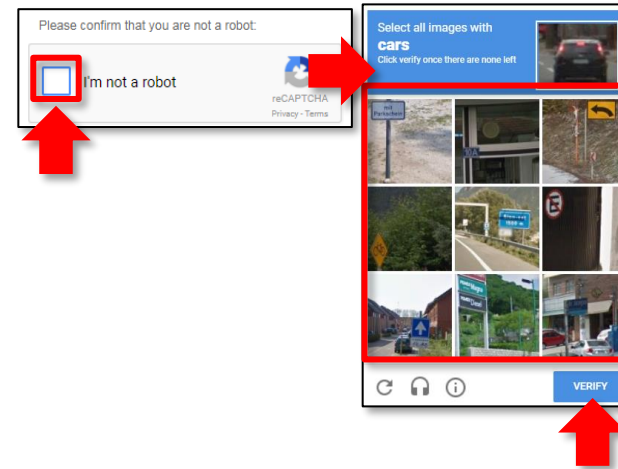
* First Name:

* Last Name:

* Email Address:

I agree to [Terms & Conditions](#)

3. Select **I'm not a robot**. Follow the instructions on the screen to verify that you are not a robot. Click **Verify**.



Please confirm that you are not a robot:

I'm not a robot

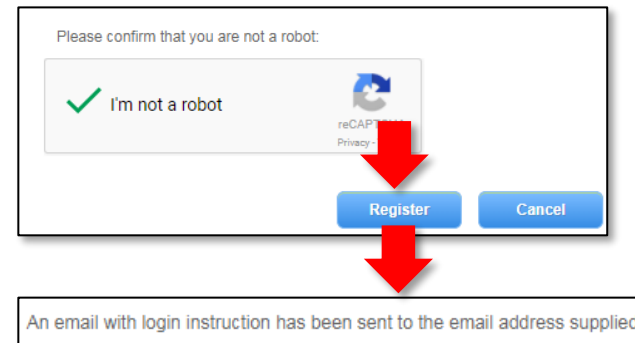
reCAPTCHA

Privacy - Terms

Select all images with **cars**
Click verify once there are none left

VERIFY

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



Please confirm that you are not a robot:

I'm not a robot

reCAPTCHA

Privacy

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

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

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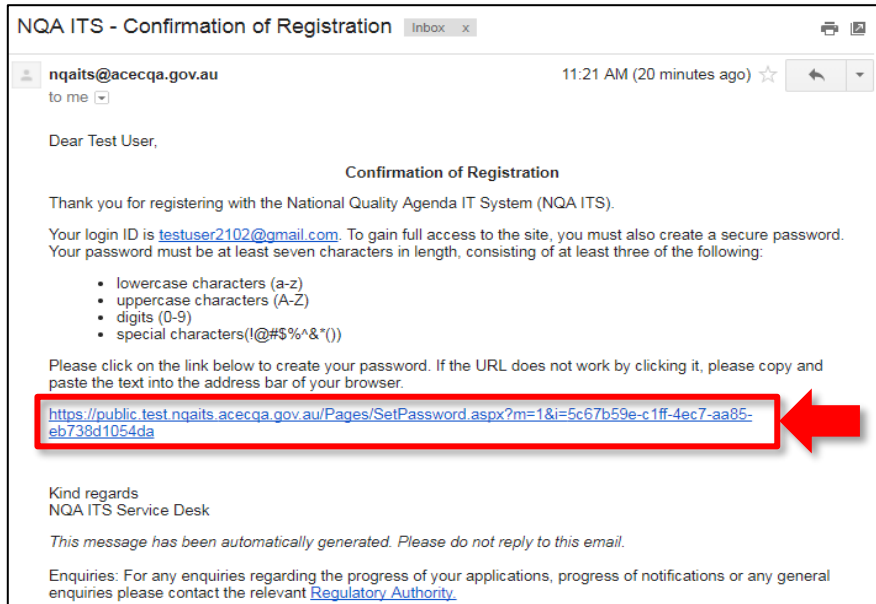
Set Password

After creating an account, set up password.

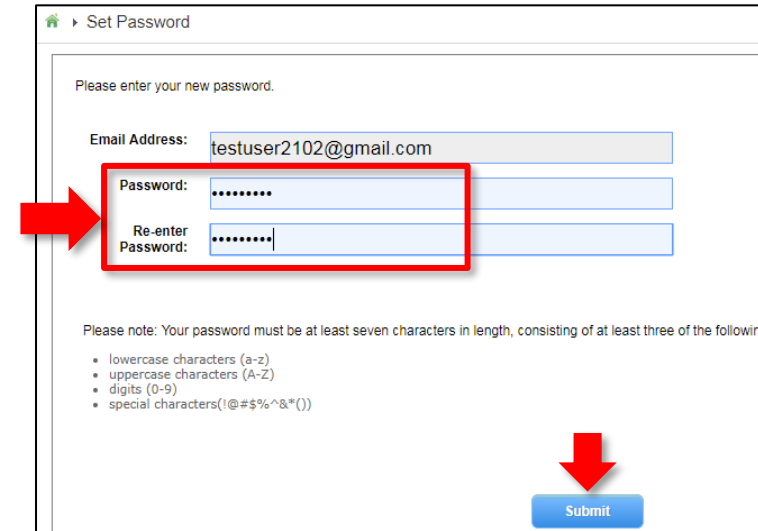
1. From your email account, open the **NQA ITS Confirmation of Registration** email.



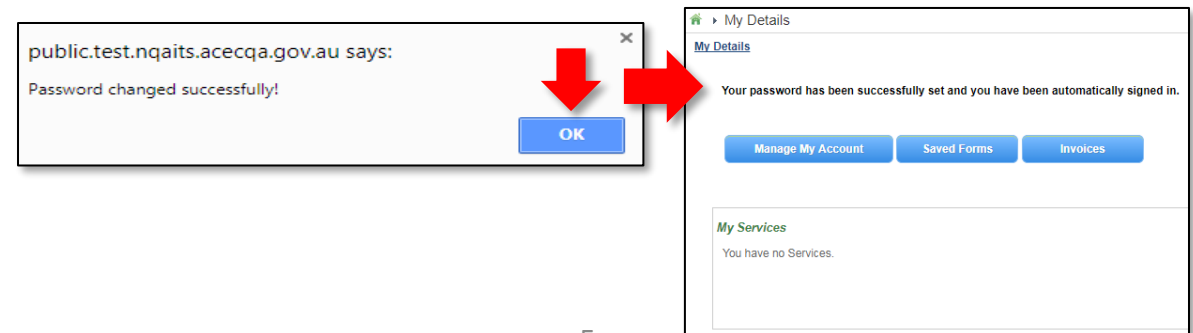
2. Check if the details in the **Confirmation of Registration** email are correct and follow the instructions to set the password. Click the **Set Password** link.



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



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



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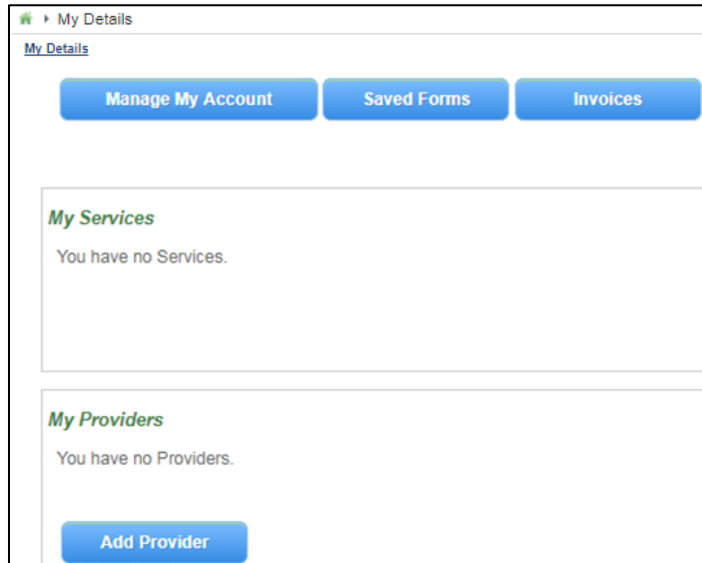
Sign In

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

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



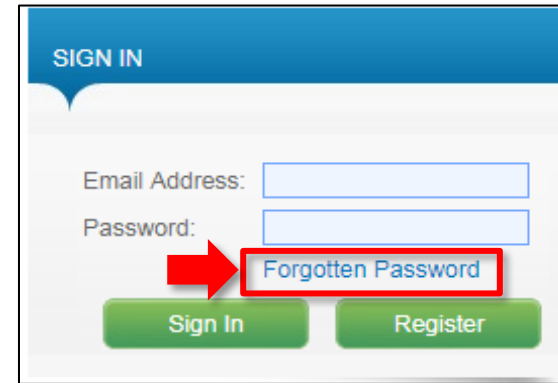
The **My Details** page is displayed.



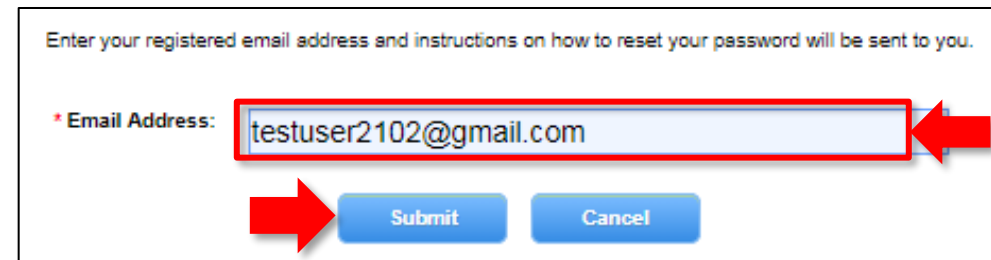
Reset Password

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

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



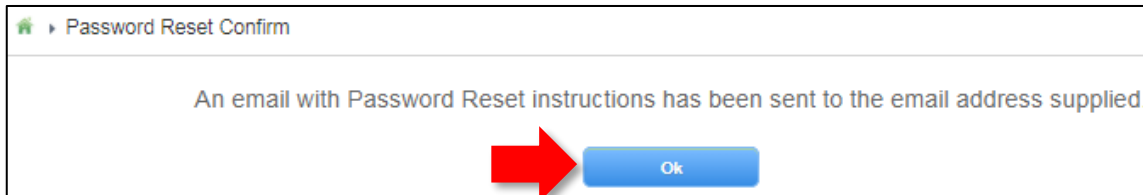
2. In the **Email Address** field, enter your registered email address. Click **Submit**.



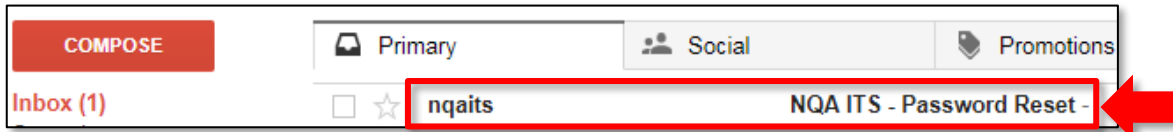
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Reset Password

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

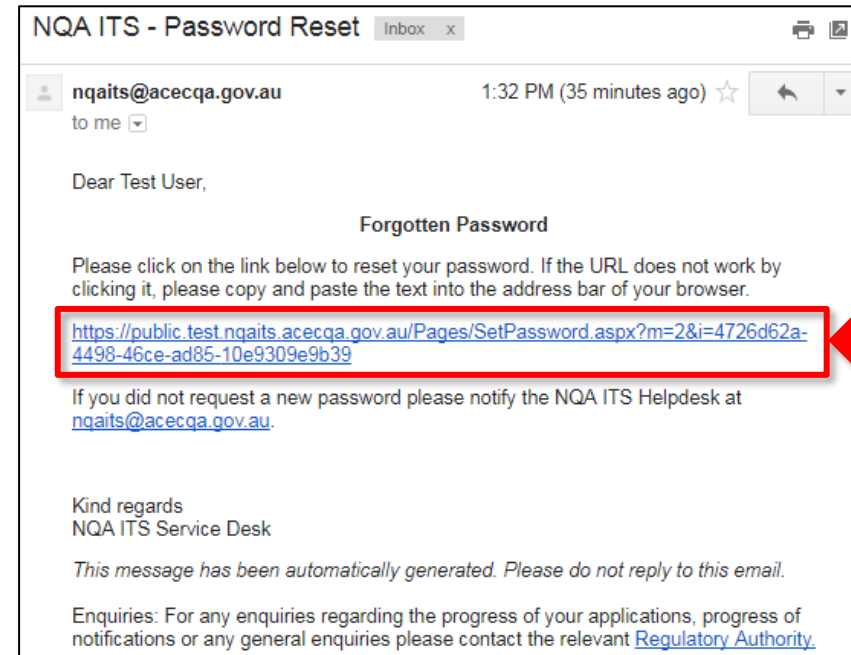


4. From your registered email account, open the **NQA ITS - Password Reset** email.



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

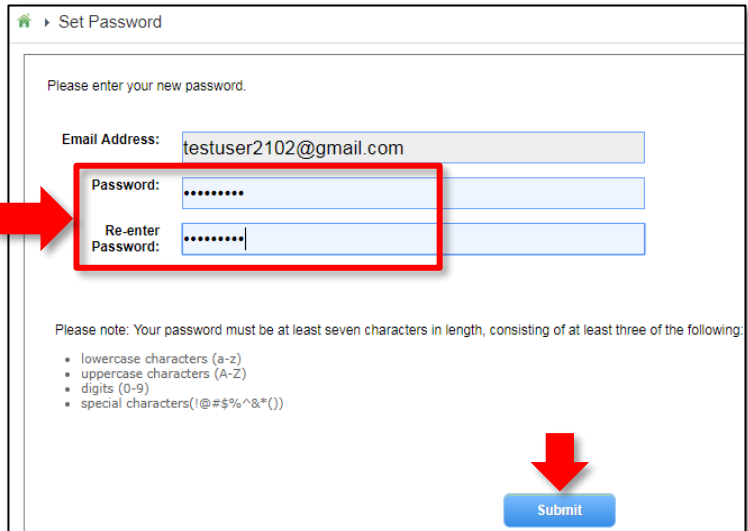
5. Check if the details in the **Forgotten Password** email are correct and follow the instructions to reset the password. Click the **Set Password** link.



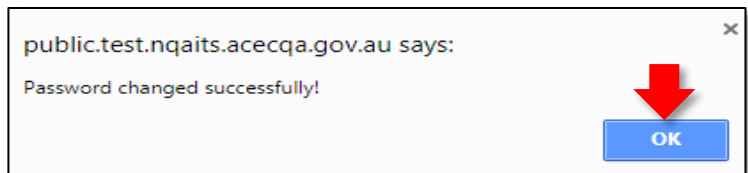
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Reset Password

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



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



Further References:

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

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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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 - Editing a saved form
 - Deleting a saved form
 - Submitting a saved form

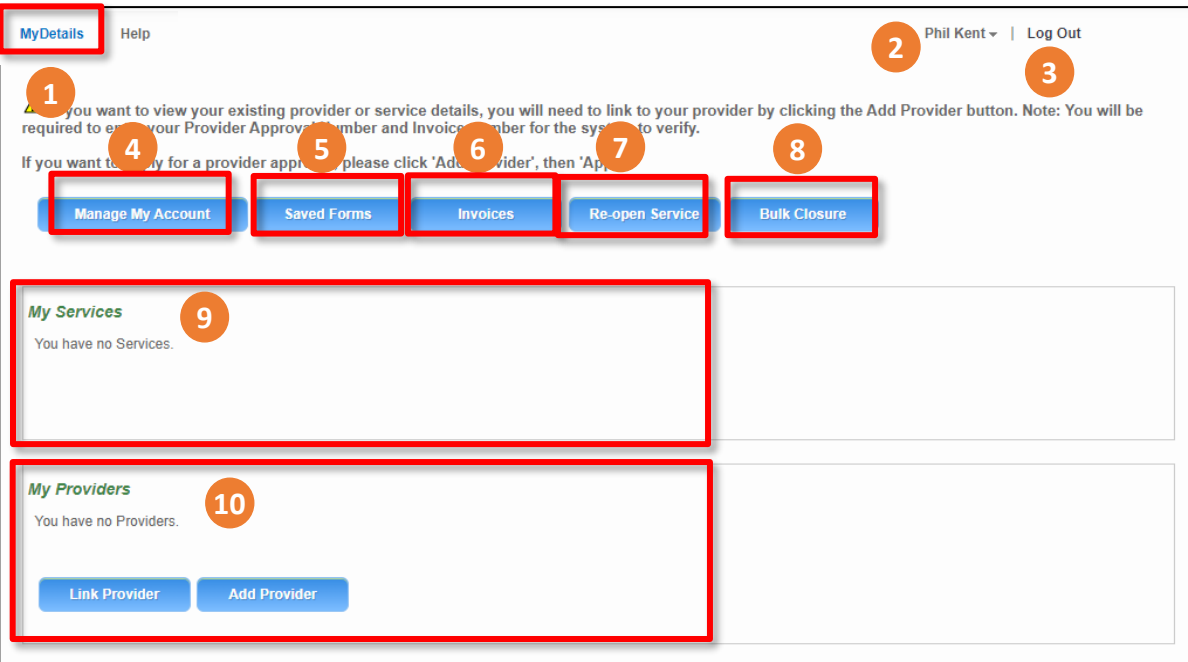
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Navigate the Portal

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



MyDetails Help Phil Kent | Log Out

1 you want to view your existing provider or service details, you will need to link to your provider by clicking the Add Provider button. Note: You will be required to enter your Provider Approval Number and Invoice Number for the system to verify.

2 3

4 5 6 7 8

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

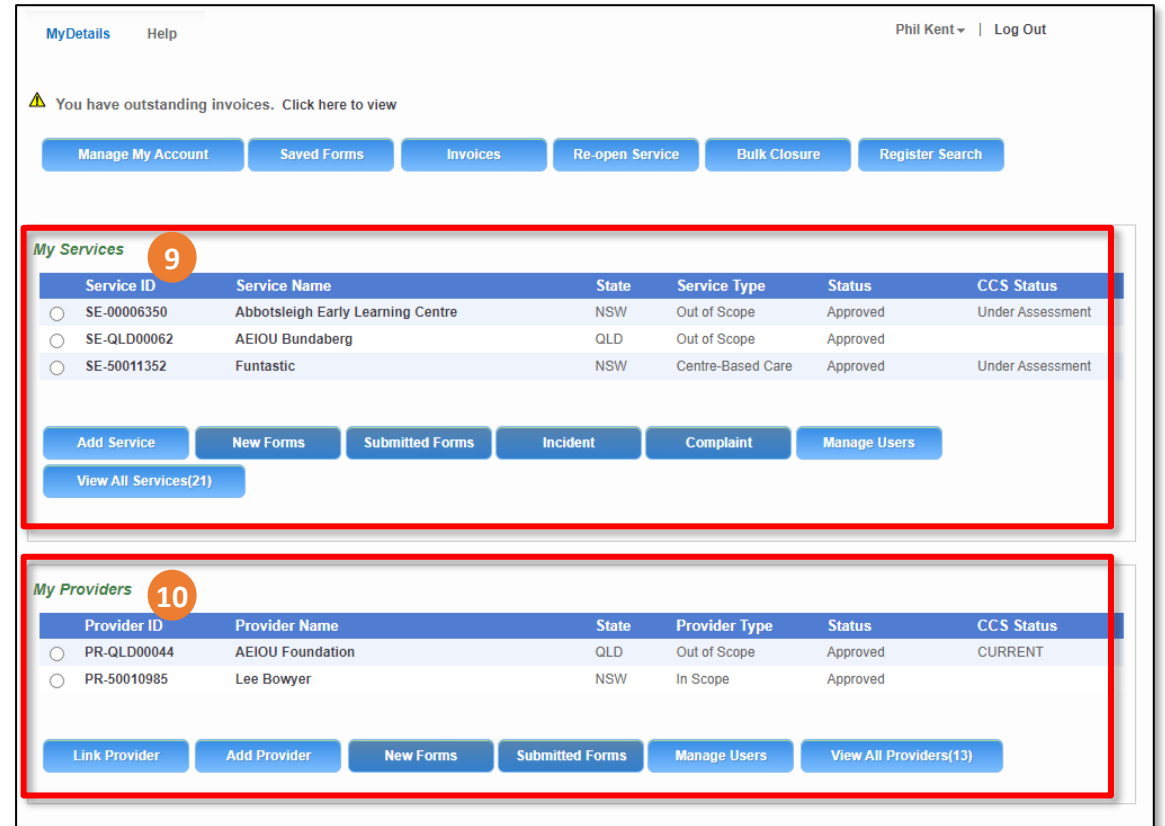
My Services 9
You have no Services.

My Providers 10
You have no Providers.

Link Provider Add Provider

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

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



MyDetails Help Phil Kent | Log Out

You have outstanding invoices. Click here to view

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

My Services 9

Service ID	Service Name	State	Service Type	Status	CCS Status
SE-0006350	Abbotsleigh Early Learning Centre	NSW	Out of Scope	Approved	Under Assessment
SE-QLD00062	AEIOU Bundaberg	QLD	Out of Scope	Approved	
SE-50011352	Funtastic	NSW	Centre-Based Care	Approved	Under Assessment

Add Service New Forms Submitted Forms Incident Complaint Manage Users

View All Services(21)

My Providers 10

Provider ID	Provider Name	State	Provider Type	Status	CCS Status
PR-QLD00044	AEIOU Foundation	QLD	Out of Scope	Approved	CURRENT
PR-50010985	Lee Bowyer	NSW	In Scope	Approved	

Link Provider Add Provider New Forms Submitted Forms Manage Users View All Providers(13)

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

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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:

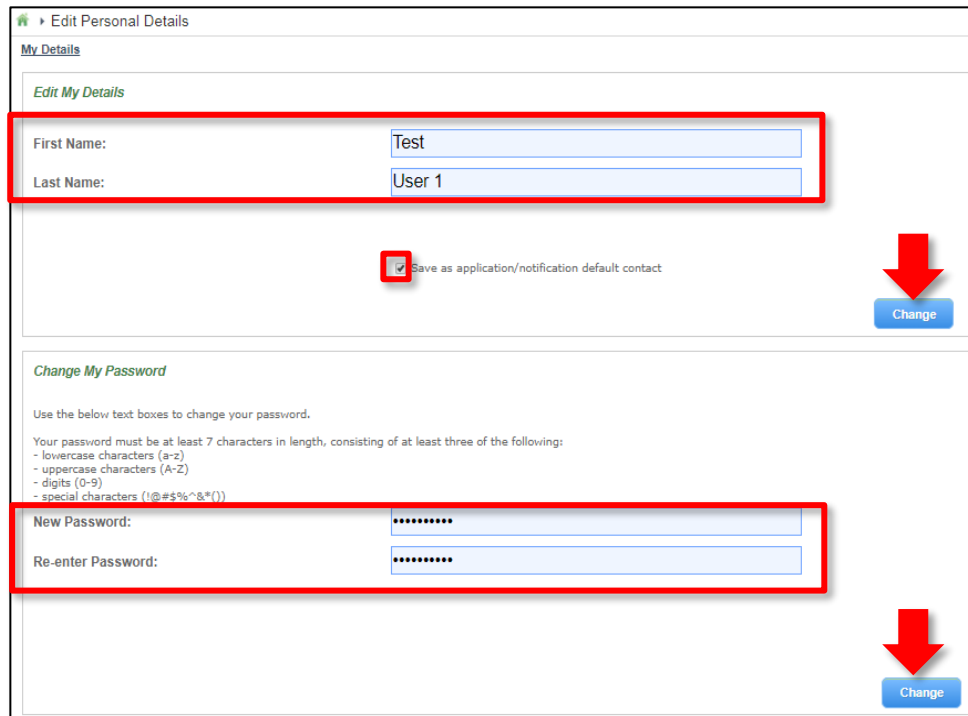
- If you have no provider already linked, this section displays the message '**You have no Providers**' along with the **Link Provider** and **Add Provider** action buttons and all other action buttons are unavailable.

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Manage Account Details

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

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



Home > Edit Personal Details

My Details

Edit My Details

First Name: Test

Last Name: User 1

Save as application/notification default contact

Change

Change My Password

Use the below text boxes to change your password.

Your password must be at least 7 characters in length, consisting of at least three of the following:

- lowercase characters (a-z)
- uppercase characters (A-Z)
- digits (0-9)
- special characters (!@#%&^&*())

New Password:

Re-enter Password:

Change

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

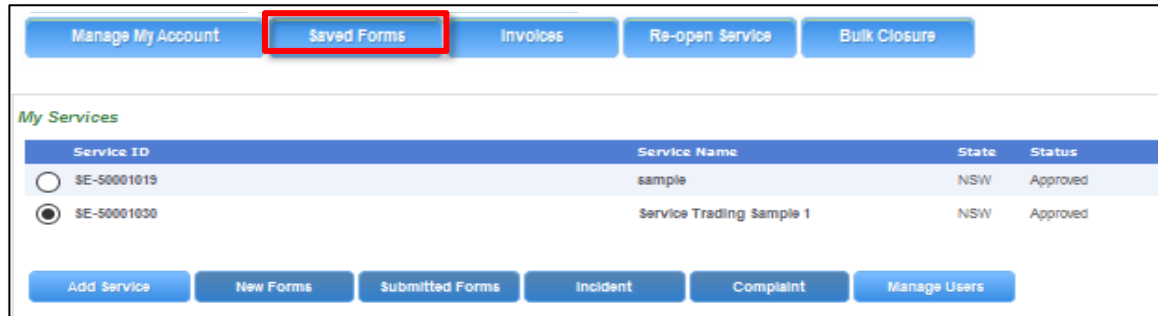
- 1.2. To change your password, enter the new password in the **New Password** field and re-enter it in the **Re-enter Password** field. To save the edited details, click **Change**.

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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.

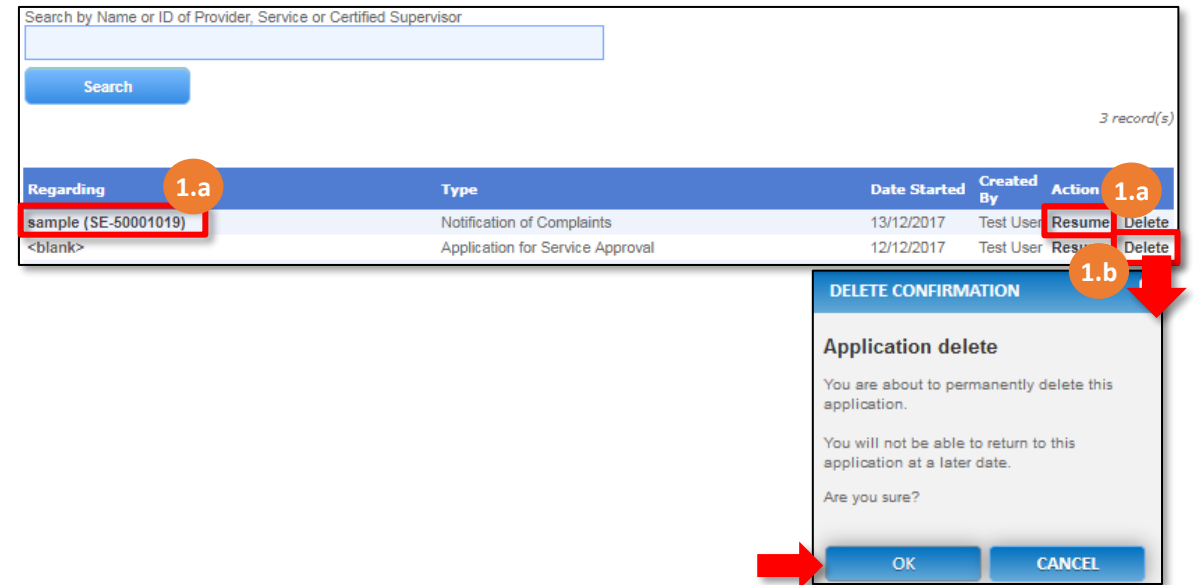


The screenshot shows a navigation bar with buttons: Manage My Account, **Saved Forms** (highlighted), Invoices, Re-open Service, and Bulk Closure. Below is a 'My Services' section with a table:

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

At the bottom are buttons: Add Service, New Forms, Submitted Forms, Incident, Complaint, and 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.



The screenshot shows a search bar and a 'Search' button. Below is a table with 3 records:

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

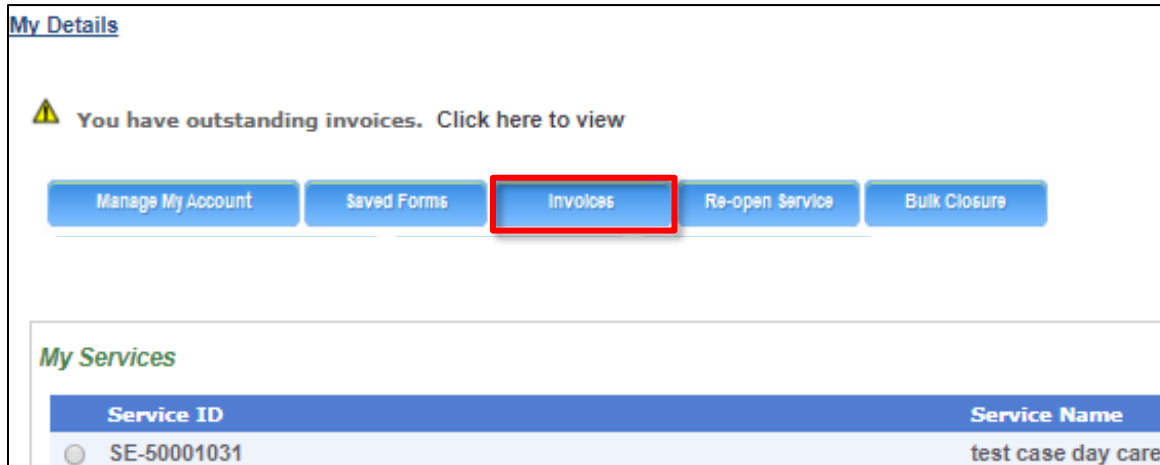
A 'DELETE CONFIRMATION' pop-up is shown with the title 'Application delete'. The text reads: 'You are about to permanently delete this application. You will not be able to return to this application at a later date. Are you sure?' There are 'OK' and 'CANCEL' buttons at the bottom.

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

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Work with Invoices

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



My Details

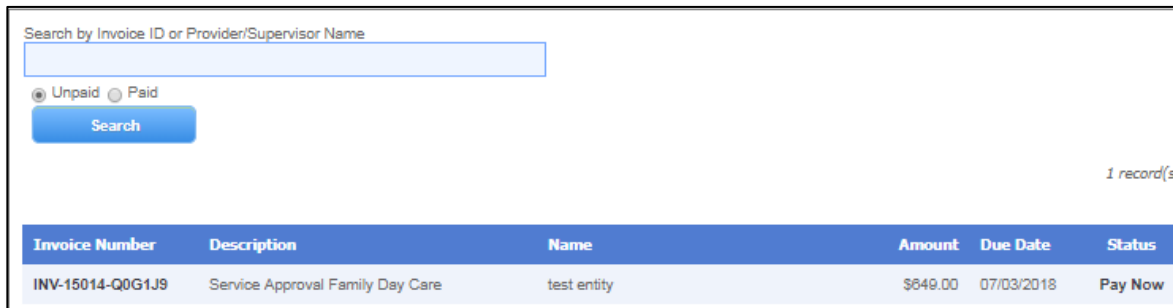
⚠ You have outstanding invoices. [Click here to view](#)

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

My Services

Service ID	Service Name
SE-50001031	test case day care

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



Search by Invoice ID or Provider/Supervisor Name

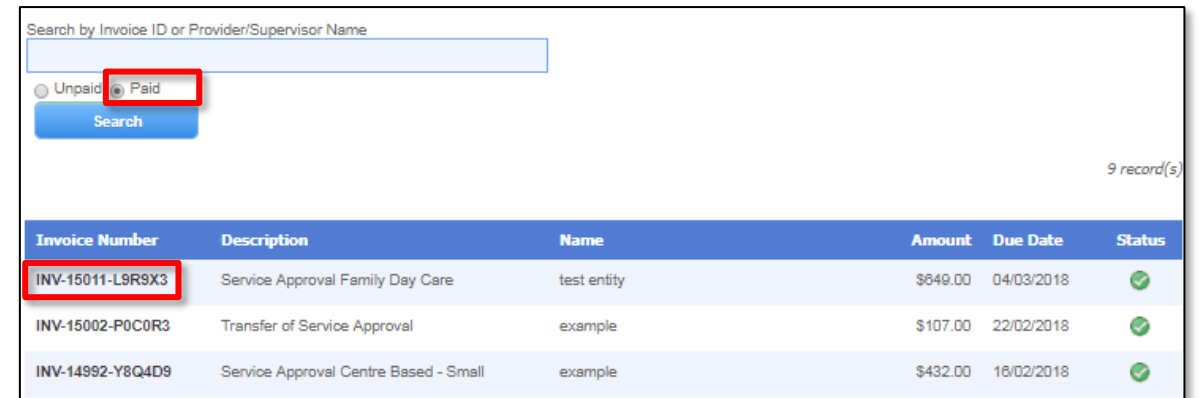
Unpaid Paid

Search

1 record(s)

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

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



Search by Invoice ID or Provider/Supervisor Name

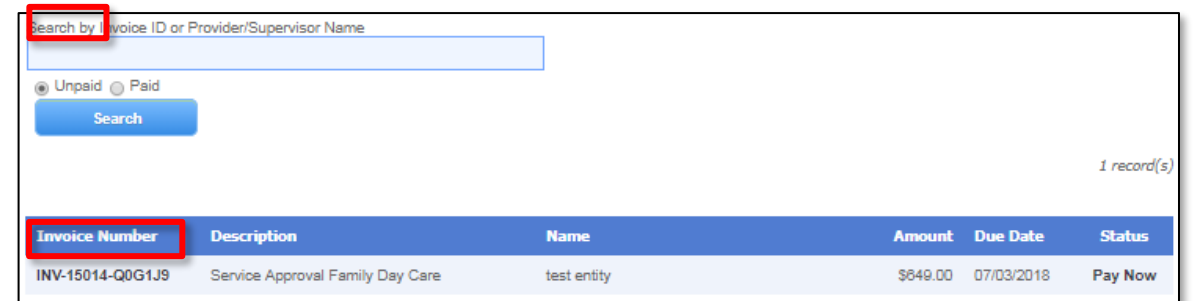
Unpaid Paid

Search

9 record(s)

Invoice Number	Description	Name	Amount	Due Date	Status
INV-15011-L9R9X3	Service Approval Family Day Care	test entity	\$649.00	04/03/2018	✓
INV-15002-P0C0R3	Transfer of Service Approval	example	\$107.00	22/02/2018	✓
INV-14992-Y8Q4D9	Service Approval Centre Based - Small	example	\$432.00	16/02/2018	✓

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



Search by Invoice ID or Provider/Supervisor Name

Unpaid Paid

Search

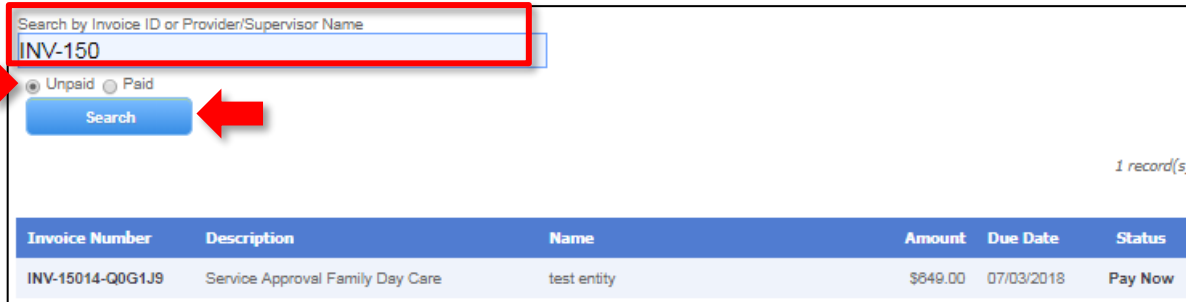
1 record(s)

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

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Work with Invoices

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



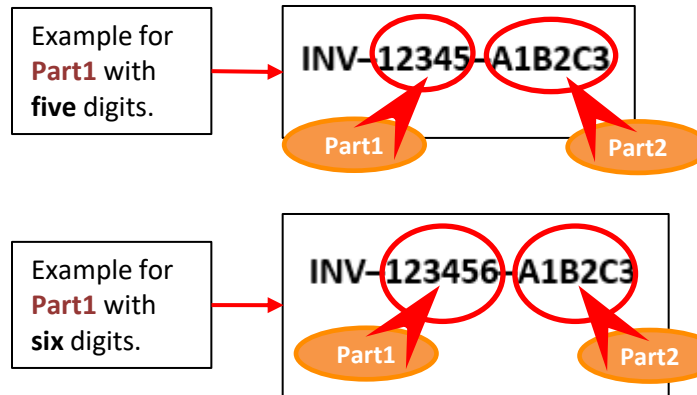
Invoice Number	Description	Name	Amount	Due Date	Status
INV-15014-Q0G1J9	Service Approval Family Day Care	test entity	\$649.00	07/03/2018	Pay Now

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

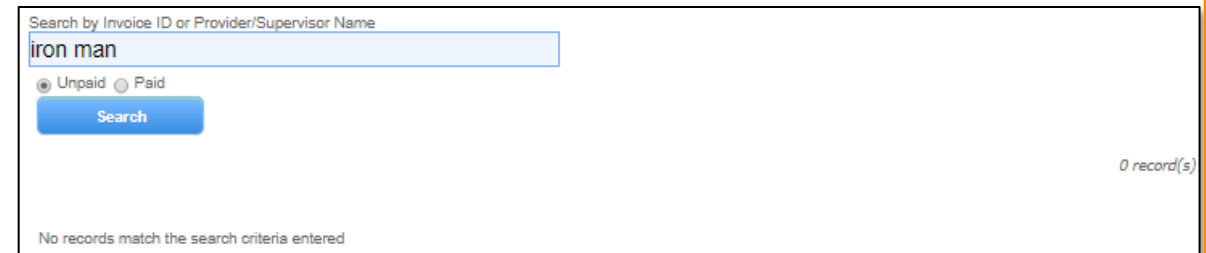
INV-<Part1>-<Part2>

Where,

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



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

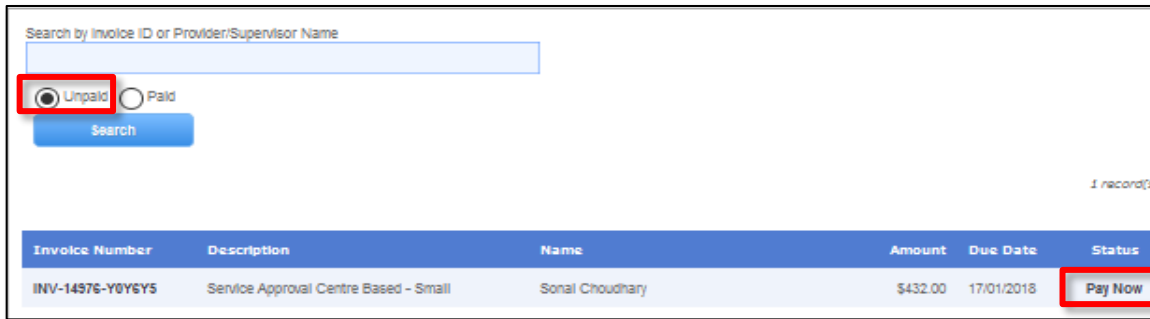


No records match the search criteria entered

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Work with Invoices

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



Search by Invoice ID or Provider/Supervisor Name

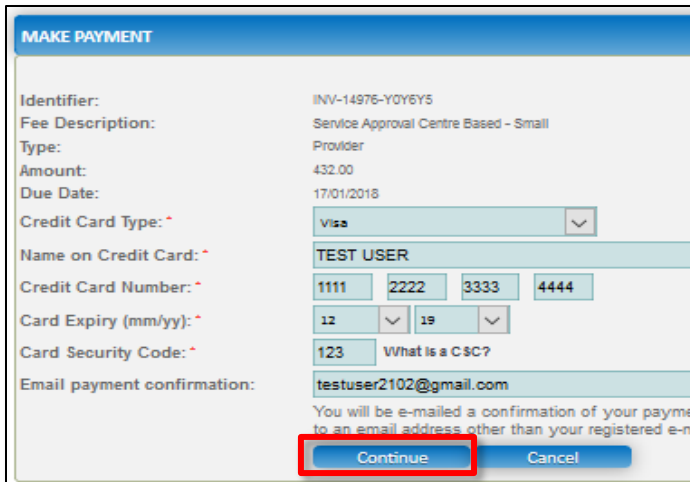
Unpaid Paid

Search

1 record(s)

Invoice Number	Description	Name	Amount	Due Date	Status
INV-14976-Y0Y6Y5	Service Approval Centre Based - Small	Sonal Choudhary	\$432.00	17/01/2018	Pay Now

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



MAKE PAYMENT

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

Credit Card Type: * 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?

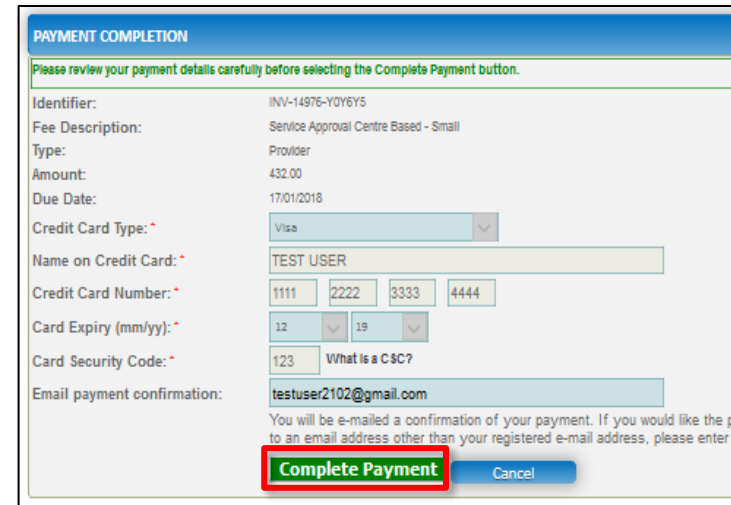
Email payment confirmation: testuser2102@gmail.com

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

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**.



PAYMENT COMPLETION

Please review your payment details carefully before selecting the Complete Payment button.

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

Credit Card Type: * Visa

Name on Credit Card: * TEST USER

Credit Card Number: * 1111 2222 3333 4444

Card Expiry (mm/yy): * 12 19

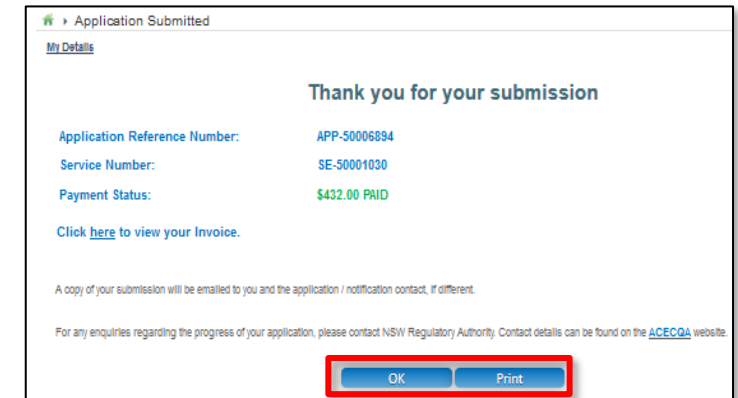
Card Security Code: * 123 What is a CSC?

Email payment confirmation: testuser2102@gmail.com

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

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.



Application Submitted

Thank you for your submission

Application Reference Number: APP-50006894
 Service Number: SE-50001030
 Payment Status: \$432.00 PAID

[Click here to view your Invoice.](#)

A copy of your submission will be emailed to you and the application / notification contact, if different.

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

OK **Print**

Portal Overview

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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:

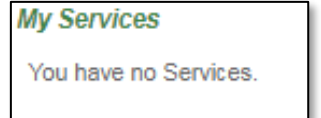
- You should have at least one provider to add a new service.
- You should have at least one service to be able to open new forms and perform other functions related to services.

Service ID	Service Name	State	Service Type	Status	CCS Status	Provider Name
<input type="radio"/> SE-00006350	Abbotsbury Early Learning Centre	NSW	Out of Scope	Approved	Under Assessment	The Council of Abbotsleigh
<input type="radio"/> SE-QLD00062	AEIOU Bundaberg	QLD	Out of Scope	Approved		AEIOU Foundation
<input type="radio"/> SE-50011352	Funtastic	NSW	Centre-Based Care	Approved	Under Assessment	Funtastic
<input type="radio"/> SE-50011888	Kids Club	NSW	Family Day Care	Approved		Lee Bowyer
<input type="radio"/> SE-50011506	Kentish Addicks PLC	NSW	Centre-Based Care	Approved	Under Assessment	Lee Bowyer
<input type="radio"/> SE-50011933	a	NSW	Centre-Based Care	Approved		Phil's Kids Club
<input type="radio"/> SE-50011385	Its a test	NSW	Centre-Based Care	Approved		Funtastic
<input type="radio"/> SE-50011434	Bugs Bunny	NSW	Centre-Based Care	Approved		Funtastic
<input type="radio"/> SE-50011897	a	QLD	Centre-Based Care	Cancelled		Lee Bowyer
<input type="radio"/> SE-00011985	Omnia's service	NSW	Centre-Based Care	Surrendered		123 4 567

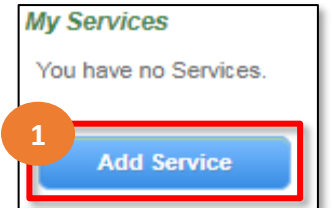
1 2 3

[Add Service](#) [Re-open Service](#) [New Forms](#) [Submitted Forms](#) [Incident](#) [Complaint](#) [Manage Users](#)

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



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



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.

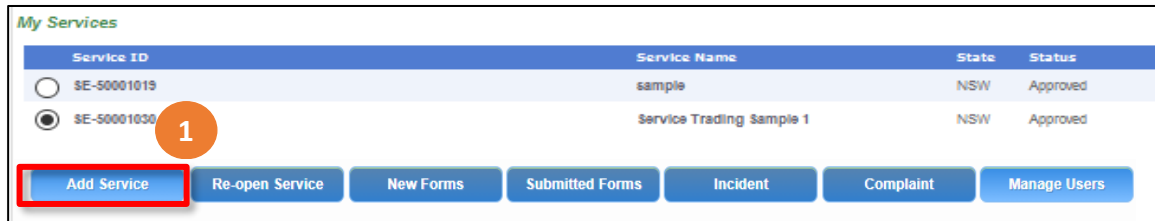
This page also provides the **New Forms**, **Submitted Forms**, and **Manage Users** buttons.

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.

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Work with My Services: Adding New Services



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

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**.



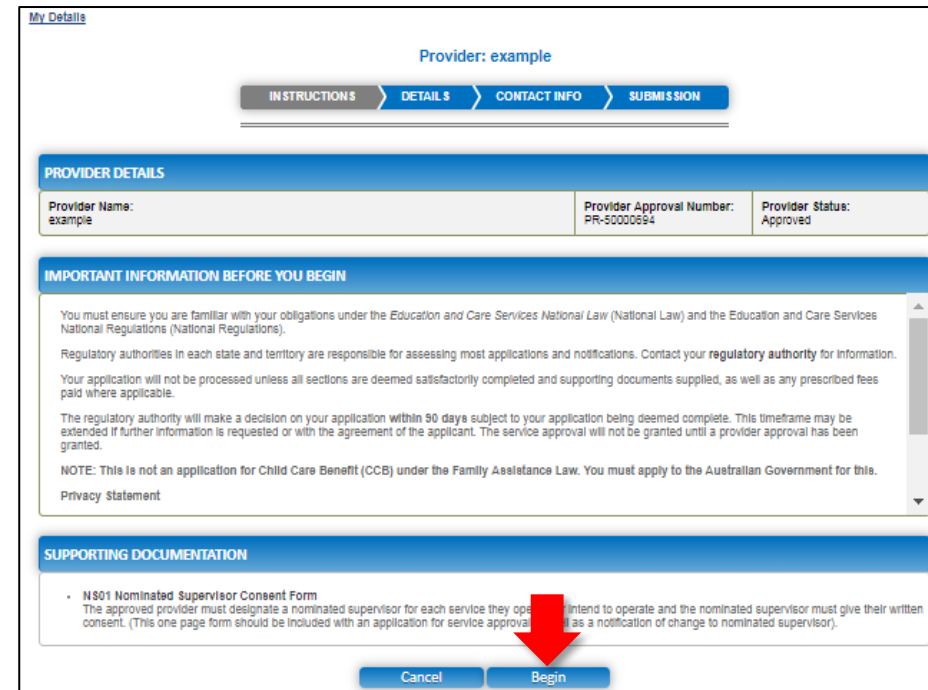
Search by Provider name or Provider ID

Search

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

3 record(s)

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



My Details

Provider: example

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law (National Law)* and the *Education and Care Services National Regulations (National Regulations)*.

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

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

The regulatory authority will make a decision on your application within **90 days** subject to your application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant. The service approval will not be granted until a provider approval has been granted.

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

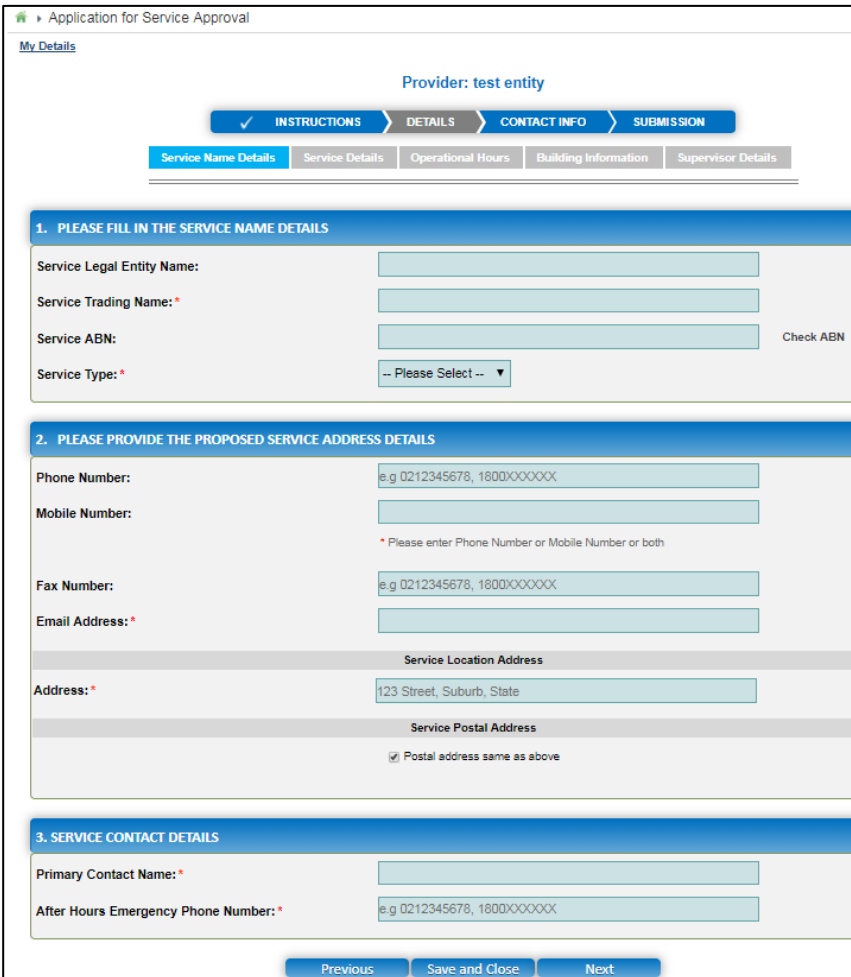
Privacy Statement

SUPPORTING DOCUMENTATION

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

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Work with My Services: Adding New Services



Application for Service Approval

My Details

Provider: test entity

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

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

1. PLEASE FILL IN THE SERVICE NAME DETAILS

Service Legal Entity Name:

Service Trading Name: *

Service ABN: Check ABN

Service Type: *

2. PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS

Phone Number:

Mobile Number:

* Please enter Phone Number or Mobile Number or both

Fax Number:

Email Address: *

Service Location Address

Address: *

Service Postal Address

Postal address same as above

3. SERVICE CONTACT DETAILS

Primary Contact Name: *

After Hours Emergency Phone Number: *

Previous | Save and Close | Next

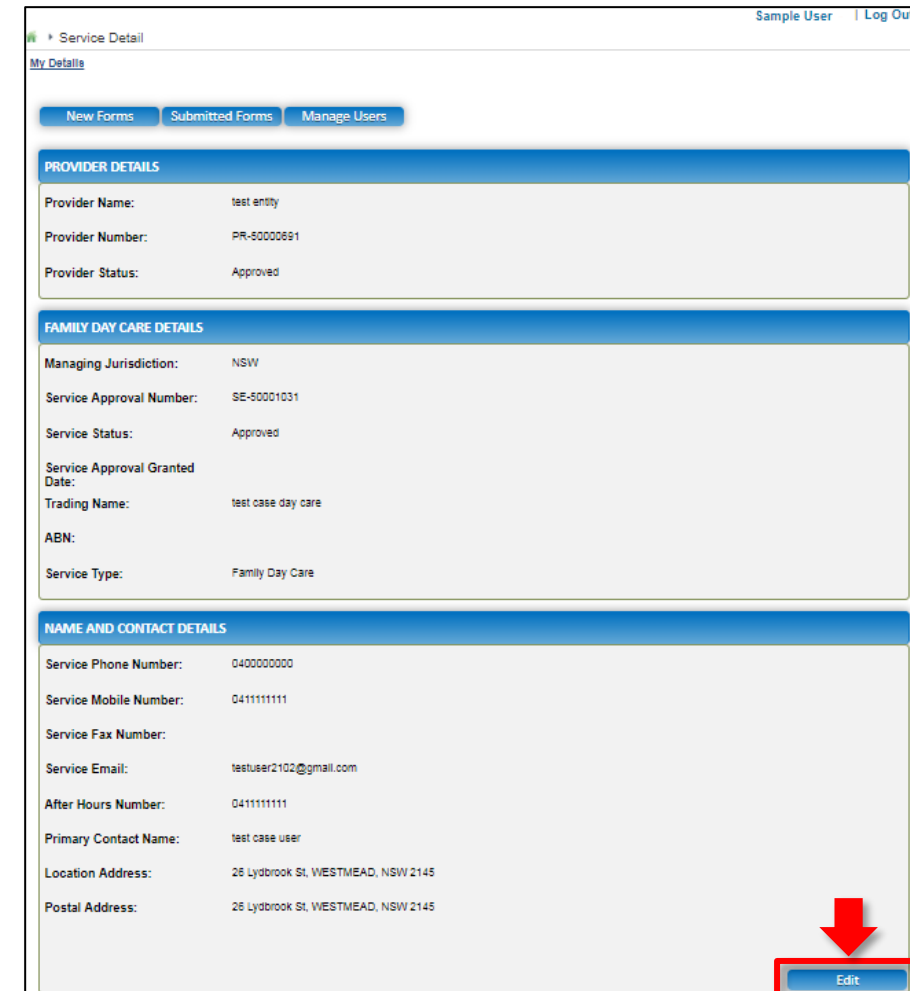
1.c Then, follow the instructions to fill the **DETAILS**, **CONTACT INFO**, and **SUBMISSION** pages of the form.

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

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

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

Work with My Services: Editing



Service Detail

My Details

New Forms | Submitted Forms | Manage Users

PROVIDER DETAILS

Provider Name: test entity

Provider Number: PR-50000691

Provider Status: Approved

FAMILY DAY CARE DETAILS

Managing Jurisdiction: NSW

Service Approval Number: SE-50001031

Service Status: Approved

Service Approval Granted Date:

Trading Name: test case day care

ABN:

Service Type: Family Day Care

NAME AND CONTACT DETAILS

Service Phone Number: 0400000000

Service Mobile Number: 0411111111

Service Fax Number:

Service Email: testuser2102@gmail.com

After Hours Number: 0411111111

Primary Contact Name: test case user

Location Address: 26 Lydbrook St, WESTMEAD, NSW 2145

Postal Address: 26 Lydbrook St, WESTMEAD, NSW 2145

19

Edit

Go through the pages to enter the requested information.

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

You can then edit the contents of the section.

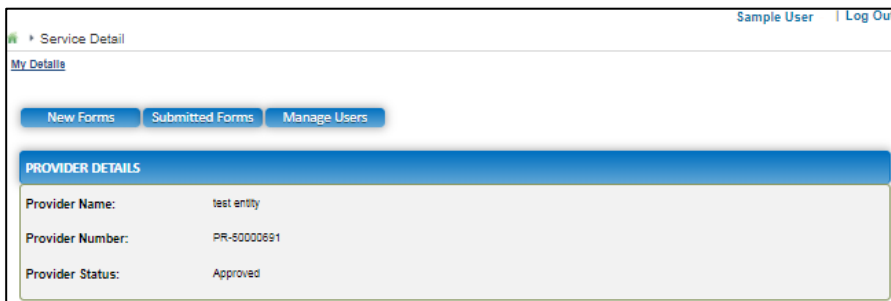
[Back to Main Menu](#)

Work with My Services: Changing Nature of Care



Service ID	Service Name	State	Status
<u>SE-50001019</u>	sample	NSW	Approved
<u>SE-50001030</u>	Service Trading Sample 1	NSW	Approved

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



Sample User | Log Out

My Details

PROVIDER DETAILS

Provider Name: test entity

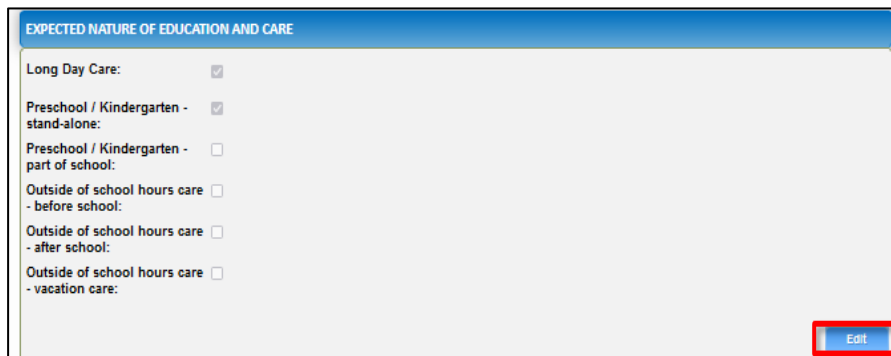
Provider Number: PR-50000691

Provider Status: Approved

2. On the next page, Details of the provider and the service will be displayed.

Scroll down to halfway down the page to find the

EXPECTED NATURE OF EDUCATION AND CARE section.



EXPECTED NATURE OF EDUCATION AND CARE

Long Day Care:

Preschool / Kindergarten - stand-alone:

Preschool / Kindergarten - part of school:

Outside of school hours care - before school:

Outside of school hours care - after school:

Outside of school hours care - vacation care:

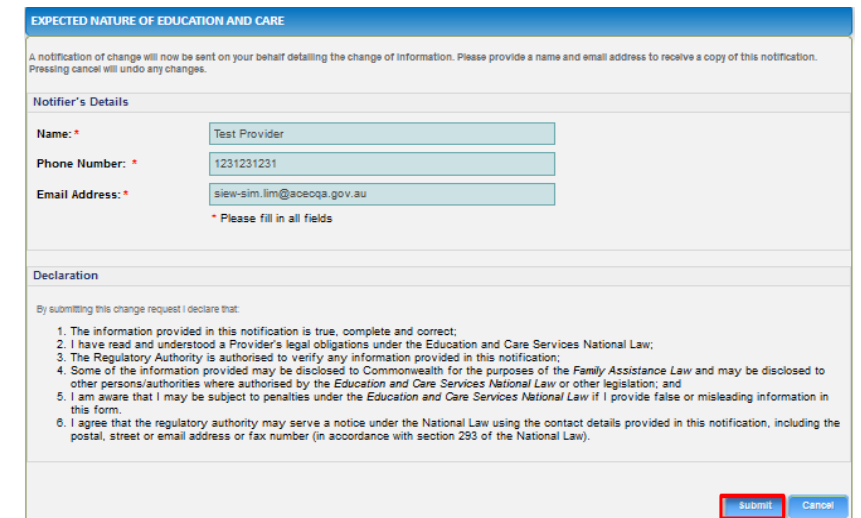
Edit

3. Click **Edit** at the bottom right to enable the section to be edited.

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

- 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.



EXPECTED NATURE OF EDUCATION AND CARE

A notification of change will now be sent on your behalf detailing the change of information. Please provide a name and email address to receive a copy of this notification. Pressing cancel will undo any changes.

Notifier's Details

Name: * Test Provider

Phone Number: * 1231231231

Email Address: * siew-sim.lim@acecqa.gov.au

* Please fill in all fields

Declaration

By submitting this change request I declare that:

- The information provided in this notification is true, complete and correct;
- 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 notification;
- Some of the information provided may be disclosed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation; and
- I am aware that I may be subject to penalties under the Education and Care Services National Law if I provide false or misleading information in this form.
- I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this notification, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

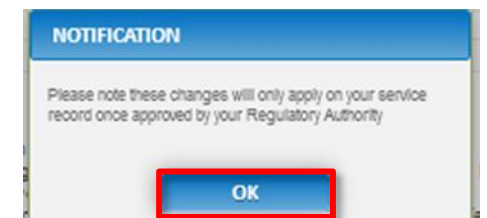
Submit Cancel

5. The notifier's contact details will display along with a declaration that should be read.

When you are ready, click the **Submit** button.

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.



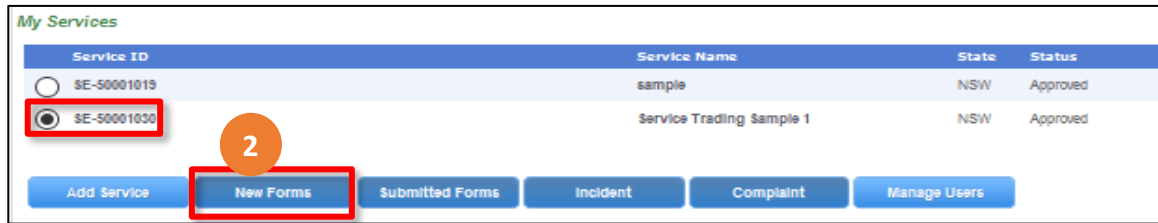
NOTIFICATION

Please note these changes will only apply on your service record once approved by your Regulatory Authority

OK

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Work with My Services: New Application & Notification Forms



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

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

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

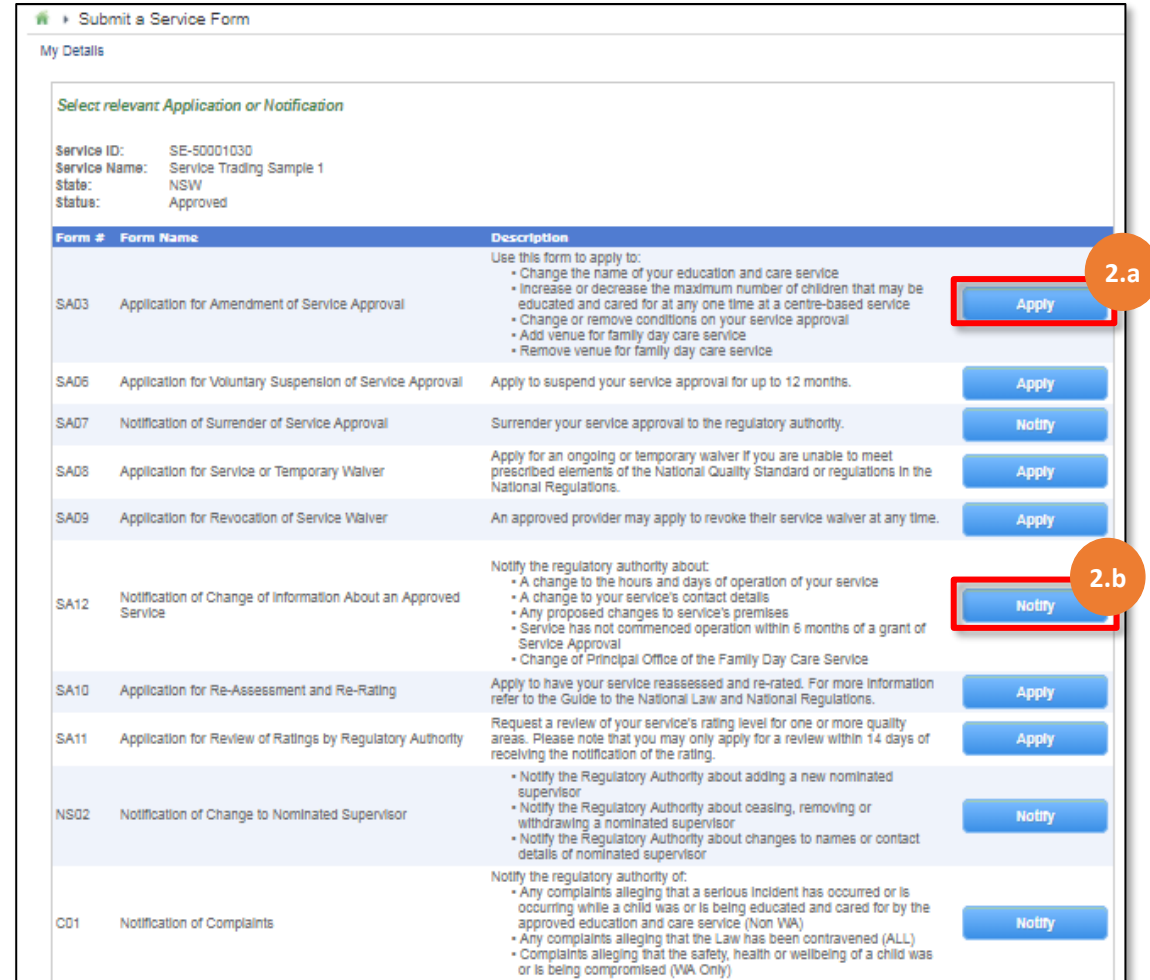
2. To fill an application related to a service or to add a notification, select the **Service ID**, and click **New Forms**. The list of relevant forms is displayed with **Form #**, **Form Name**, and **Description** columns.

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.



Submit a Service Form

My Details

Select relevant Application or Notification

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

Form #	Form Name	Description	Action
SA03	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	Apply
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Apply
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notify
SA08	Application for Service or Temporary Waiver	Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the National Regulations.	Apply
SA09	Application for Revocation of Service Waiver	An approved provider may apply to revoke their service waiver at any time.	Apply
SA12	Notification of Change of Information About an Approved Service	Notify the regulatory authority about: • A change to the hours and days of operation of your service • A change to your service's contact details • Any proposed changes to service's premises • Service has not commenced operation within 6 months of a grant of Service Approval • Change of Principal Office of the Family Day Care Service	Notify
SA10	Application for Re-Assessment and Re-Rating	Apply to have your service reassessed and re-rated. For more information refer to the Guide to the National Law and National Regulations.	Apply
SA11	Application for Review of Ratings by Regulatory Authority	Request a review of your service's rating level for one or more quality areas. Please note that you may only apply for a review within 14 days of receiving the notification of the rating.	Apply
NS02	Notification of Change to Nominated Supervisor	• Notify the Regulatory Authority about adding a new nominated supervisor • Notify the Regulatory Authority about ceasing, removing or withdrawing a nominated supervisor • Notify the Regulatory Authority about changes to names or contact details of nominated supervisor	Notify
CO1	Notification of Complaints	Notify the regulatory authority of: • Any complaints alleging that a serious incident has occurred or is occurring while a child was or is being educated and cared for by the approved education and care service (Non WA) • Any complaints alleging that the Law has been contravened (ALL) • Complaints alleging that the safety, health or wellbeing of a child was or is being compromised (WA Only)	Notify

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

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

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.
		<input type="button" value="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.
		<input checked="" type="button" value="Apply"/>

3.a

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Work with My Services: Viewing Submitted Forms



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

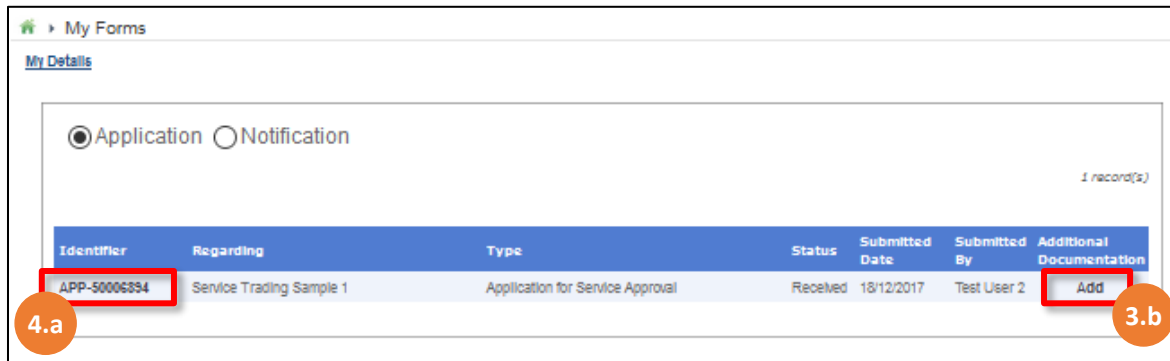
Buttons: Add Service, New Forms, Submitted Forms (4), Incident, Complaint, Manage Users

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.



My Forms

My Details

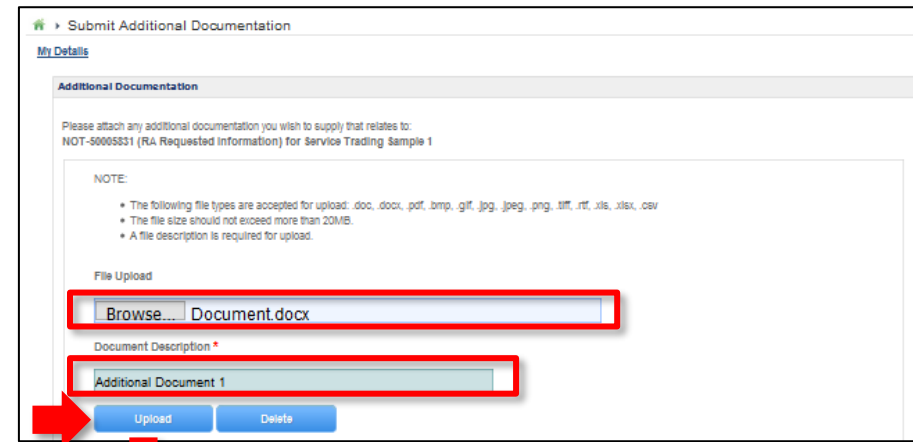
Application Notification

1 record(s)

Identifier	Regarding	Type	Status	Submitted Date	Submitted By	Additional Documentation
APP-50006334	Service Trading Sample 1	Application for Service Approval	Received	18/12/2017	Test User 2	Add

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**.



Submit Additional Documentation

My Details

Additional Documentation

Please attach any additional documentation you wish to supply that relates to:
NOT-5000531 (RA Requested Information) for Service Trading Sample 1

NOTE:

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

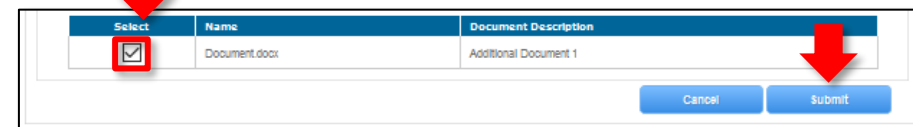
File Upload

Browse... Document.docx

Document Description *

Additional Document 1

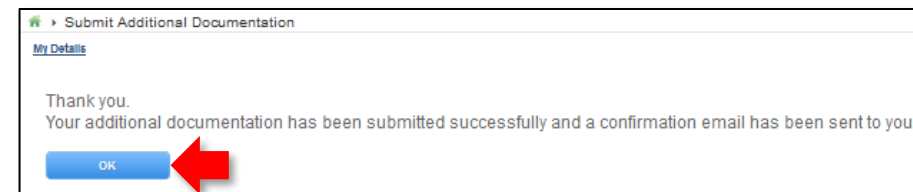
Upload Details



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

Cancel Submit

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.

OK

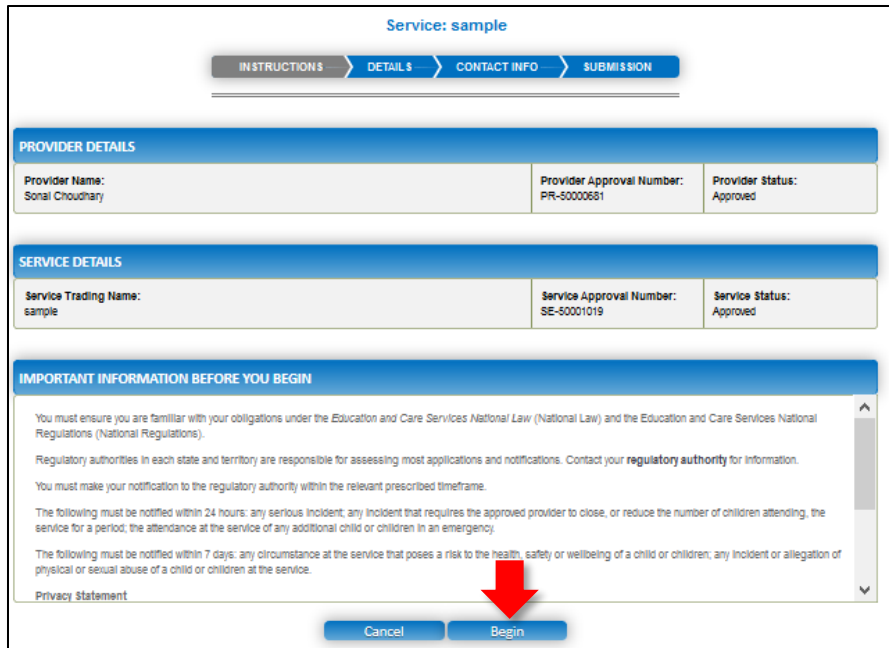
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Work with My Services: Reporting Incidents



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

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



PROVIDER DETAILS

Provider Name: Sonal Choudhary | Provider Approval Number: PR-50000651 | Provider Status: Approved

SERVICE DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the Education and Care Services National Law (National Law) and the Education and Care Services National Regulations (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

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

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

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

Privacy Statement

Begin

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

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

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

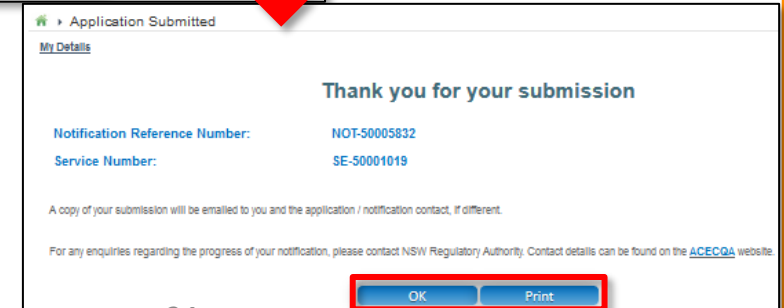


5.b. Follow the instructions on the following pages of the **Notification of Incident** form and submit the incident notification.

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

Further References:

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



Application Submitted

Thank you for your submission

Notification Reference Number: NOT-50005832

Service Number: SE-50001019

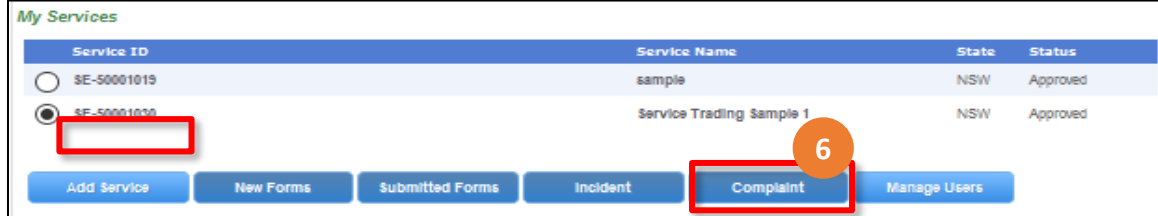
A copy of your submission will be emailed to you and the application / notification contact, if different.

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

OK **Print**

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Work with My Services: Notification of Complaint

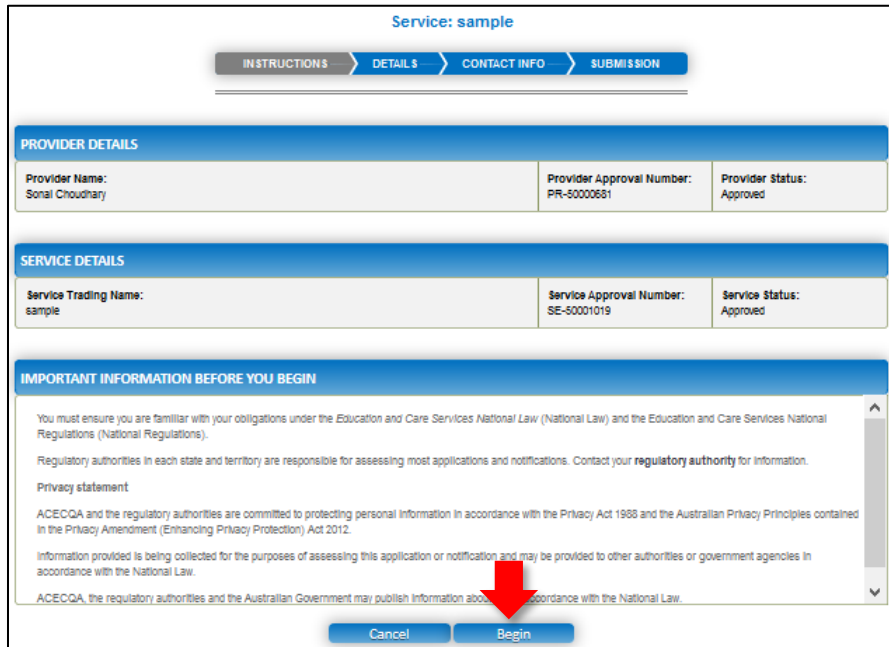


Service ID	Service Name	State	Status
<input type="radio"/> SE-50001019	sample	NSW	Approved
<input checked="" type="radio"/> SE-50001030	Service Trading Sample 1	NSW	Approved

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

6. To submit a notification of a complaint related to a service, select the **Service ID** and click **Complaint**.

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



Service: sample

INSTRUCTIONS → DETAILS → CONTACT INFO → SUBMISSION

PROVIDER DETAILS

Provider Name: Sonal Choudhary	Provider Approval Number: PR-5000661	Provider Status: Approved
-----------------------------------	---	------------------------------

SERVICE DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law (National Law)* and the *Education and Care Services National Regulations (National Regulations)*.

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

Privacy statement

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

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

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

Buttons: Cancel, **Begin**

Note: You should have at least one service to be able to notify about a complaint.

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

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



Service: sample

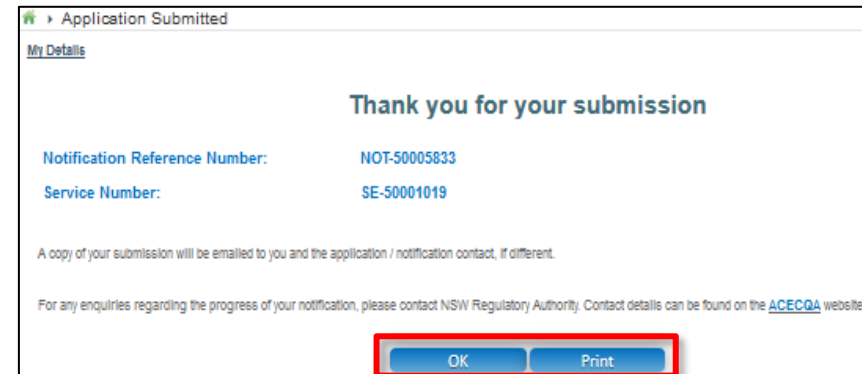
INSTRUCTIONS → DETAILS → CONTACT INFO → SUBMISSION

COMPLAINT

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

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

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.



Application Submitted

My Details

Thank you for your submission

Notification Reference Number: NOT-50005833

Service Number: SE-50001019

A copy of your submission will be emailed to you and the application / notification contact, if different.

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

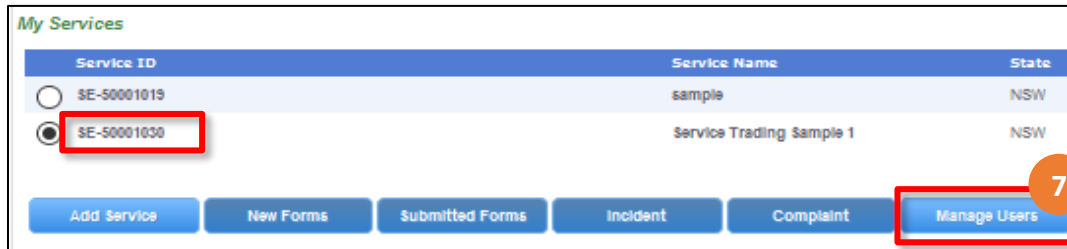
Buttons: **OK**, **Print**

Further References:

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

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Work with My Services: Managing Users



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

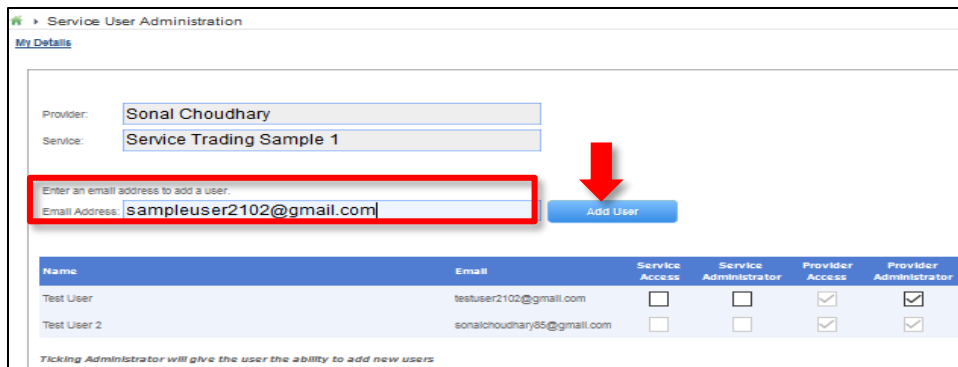
Buttons: Add Service, New Forms, Submitted Forms, Incident, Complaint, **Manage Users**

Notes:

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

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.



Provider: Sonal Choudhary
Service: Service Trading Sample 1

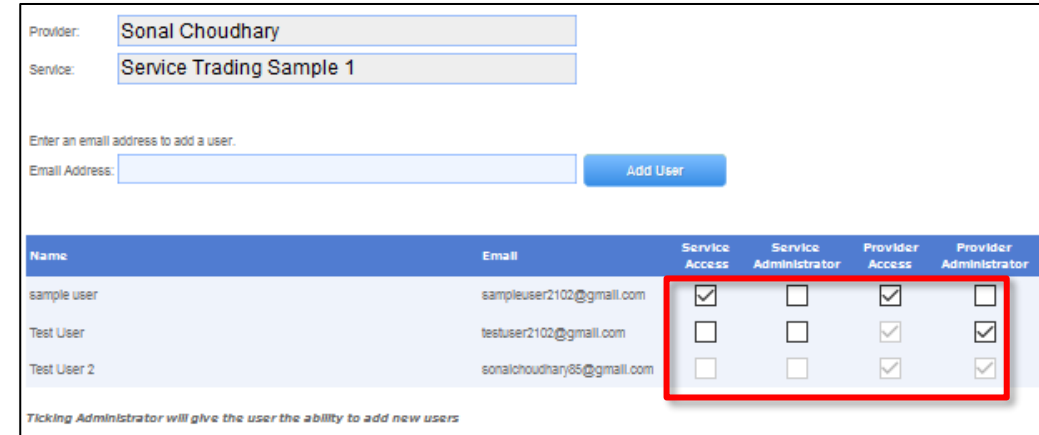
Enter an email address to add a user.
Email Address: **Add User**

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

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

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

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



Provider:
Service:

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

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

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

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

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

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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 Services

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

My Services

Service ID	Service Name	State
<input type="radio"/> SE-50001031	test case day care	NSW
<input type="radio"/> SE-50001033	abc	NSW
<input type="radio"/> SE-50001049	mnm	NSW

[Add Service](#)
[New Forms](#)
[Submitted Forms](#)
[Incident](#)
[Complaint](#)
[Manage Users](#)

[View All Services\(4\)](#) **7**

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

[Search](#)
[Show Withdrawn Services](#)

21 record(s)

Service ID	Service Name	State	Service Type	Status	CCS Status	Provider Name
<input type="radio"/> SE-00006350	Abbotsleigh Early Learning Centre	NSW	Out of Scope	Approved	Under Assessment	The Council of Abbotsleigh
<input type="radio"/> SE-QLD00062	AEIOU Bundaberg	QLD	Out of Scope	Approved		AEIOU Foundation
<input type="radio"/> SE-50011352	Funtastic	NSW	Centre-Based Care	Approved	Under Assessment	Funtastic
<input type="radio"/> SE-50011888	Kids Club	NSW	Family Day Care	Approved		Lee Bowyer
<input type="radio"/> SE-50011506	Kentish Addicks PLC	NSW	Centre-Based Care	Approved	Under Assessment	Lee Bowyer
<input type="radio"/> SE-50011933	a	NSW	Centre-Based Care	Approved		Phil's Kids Club
<input type="radio"/> SE-50011385	Its a test	NSW	Centre-Based Care	Approved		Funtastic
<input type="radio"/> SE-50011434	Bugs Bunny	NSW	Centre-Based Care	Approved		Funtastic
<input type="radio"/> SE-50011897	a	QLD	Centre-Based Care	Cancelled		Lee Bowyer
<input type="radio"/> SE-00011985	Omnia's service	NSW	Centre-Based Care	Surrendered		123 4 567

[Add Service](#)
[Re-open Service](#)
[New Forms](#)
[Submitted Forms](#)
[Incident](#)
[Complaint](#)
[Manage Users](#)

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Work with My Providers

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

Search by Provider name or Provider ID

Search Show Withdrawn Providers

13 record(s)

Provider ID	Provider Name	State	Provider Type	Status	CCS Status
<input type="radio"/> PR-QLD00044	OU Foundation	QLD	Out of Scope	Approved	CURRENT
<input type="radio"/> PR-50010985	Lee Bowyer	NSW	In Scope	Approved	
<input type="radio"/> PR-50011207	Wayne Bennett	NSW	In Scope	Approved	
<input type="radio"/> PR-50010910	Funtastic	NSW	In Scope	Approved	CURRENT
<input type="radio"/> PR-40013202	123 4 567	NSW	In Scope	Approved	
<input type="radio"/> PR-50011245	Test	NSW	In Scope	Invalid	
<input type="radio"/> PR-50011181	Phil's Kids Club	NSW	In Scope	Surrendered	
<input type="radio"/> PR-50011949	Big Kids PLC	NSW	In Scope	Under Assessment	
<input type="radio"/> PR-50011892	Phil Kent	NSW	In Scope	Under Assessment	
<input type="radio"/> PR-50011778	Mcfly's Child Care	NSW	In Scope	Under Assessment	

1 2

Add Provider Forms Submitted Forms Manage Users

Notes:

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

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

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.

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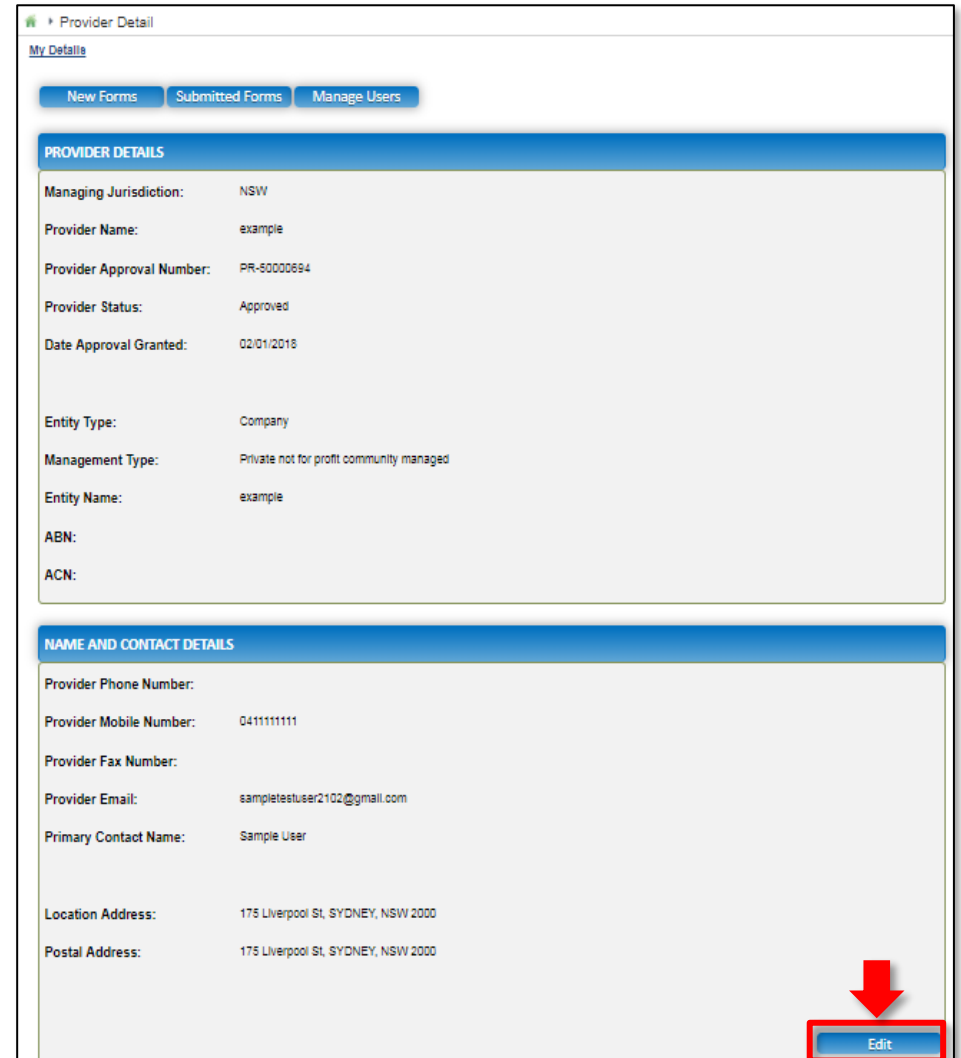
Work with My Providers: Provider Detail page

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.



Provider Detail

My Details

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
ABN:	
ACN:	

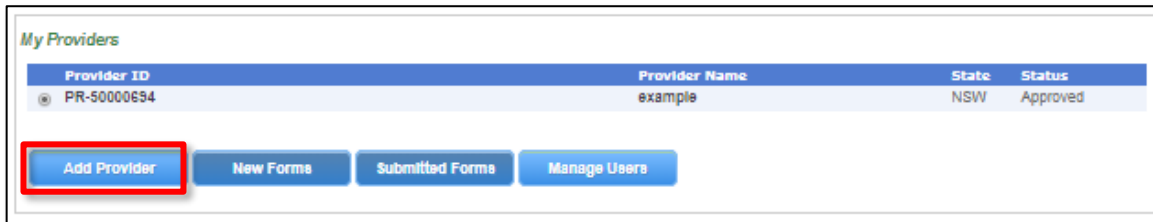
NAME AND CONTACT DETAILS

Provider Phone Number:	
Provider Mobile Number:	0411111111
Provider Fax Number:	
Provider Email:	sampletestuser2102@gmail.com
Primary Contact Name:	Sample User
Location Address:	175 Liverpool St, SYDNEY, NSW 2000
Postal Address:	175 Liverpool St, SYDNEY, NSW 2000

Edit

[Back to Main Menu](#)

Work with My Providers: Add Provider



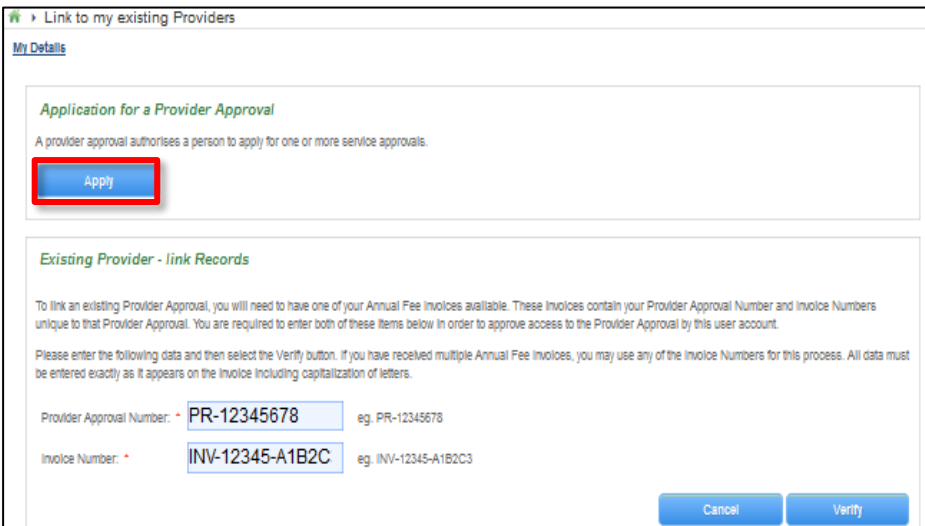
Provider ID	Provider Name	State	Status
PR-50000694	example	NSW	Approved

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

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 Providers

Application for a Provider Approval

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

Apply

Existing Provider - link Records

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

Please enter the following data and then select the Verify button. If you have received multiple Annual Fee Invoices, you may use any of the Invoice Numbers for this process. All data must be entered exactly as it appears on the Invoice including capitalization of letters.

Provider Approval Number: eg. PR-12345678

Invoice Number: eg. INV-12345-A1B2C

Buttons: Cancel, Verify

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.

Form #	Form Name	Description
1 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).
2 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.
3 JUA02	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.

1 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.

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Work with My Providers: Add Provider

2 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.

3 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

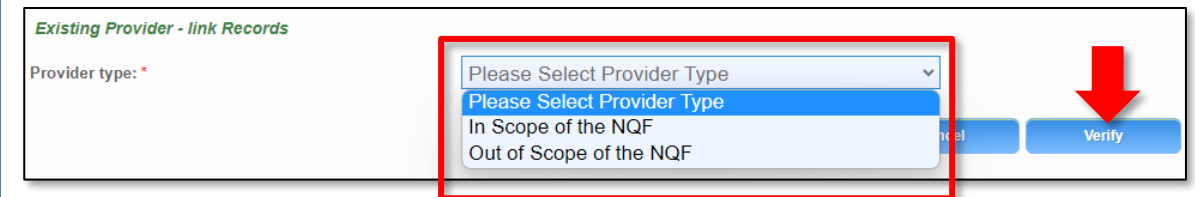
There are two types of records that can be linked:

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**.



Existing Provider - link Records

Provider type: *

Please Select Provider Type

Please Select Provider Type

In Scope of the NQF

Out of Scope of the NQF

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.

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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 Records

Provider type: * In Scope of the NQF

To link an existing Provider Approval you will need to select if the Provider is regulated by a state or territory government outside of the National Quality Framework (NQF). Please refer to section 2.1 of the Guide to the NQF to determine whether your service is in scope of the NQF.

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

Existing Provider - link Records

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

Link to Another Provider Finished

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

Provider type: * Out of Scope of the NQF

To link an existing Provider that is out of scope of the NQF, you will need to have your Provider Approval Number and the registered Email unique to that Provider Approval. You are required to enter both of these items below in order to approve access to the Provider Approval for this user Account.

If you do not have access to the Provider Approval Number please contact your Regulatory Authority. Contact details can be found under Contact Us on the home page of the NQA ITS portal

Please enter the following details and then click the Verify button.

Provider Approval Number: * PR- eg. PR-12345678 1.b

Email Address: * eg. joe.blogg@cbc.com

Cancel Verify

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.

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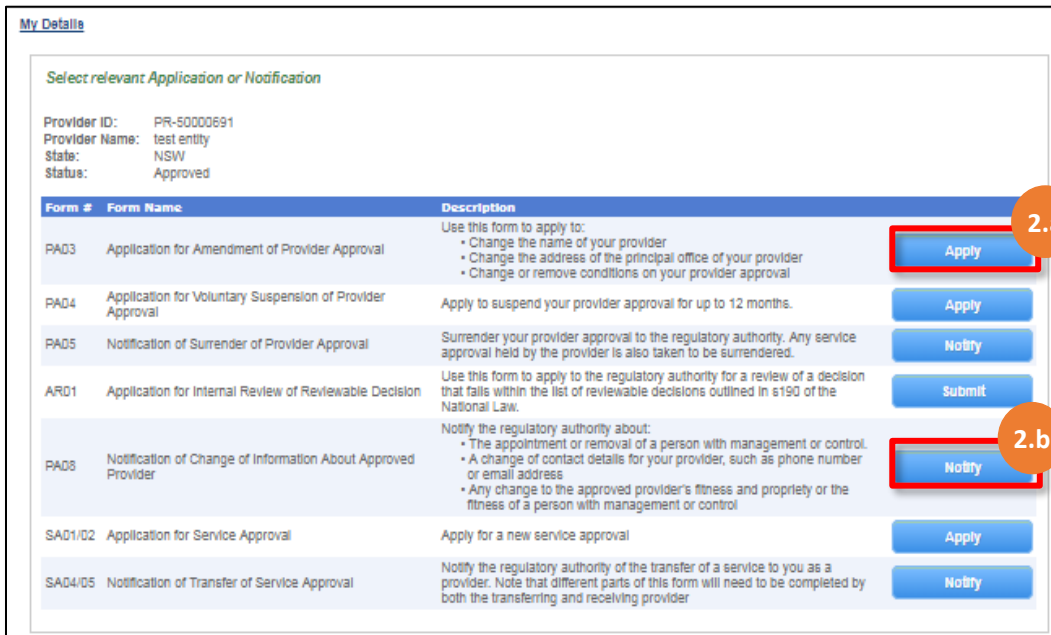
Work with My Providers: Forms



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

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

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



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

Form #	Form Name	Description	Action
PA03	Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval	Apply
PA04	Application for Voluntary Suspension of Provider Approval	Apply to suspend your provider approval for up to 12 months.	Apply
PA05	Notification of Surrender of Provider Approval	Surrender your provider approval to the regulatory authority. Any service approval held by the provider is also taken to be surrendered.	Notify
ARD1	Application for Internal Review of Reviewable Decision	Use this form to apply to the regulatory authority for a review of a decision that falls within the list of reviewable decisions outlined in s190 of the National Law.	Submit
PA06	Notification of Change of Information About Approved Provider	Notify the regulatory authority about: • The appointment or removal of a person with management or control. • A change of contact details for your provider, such as phone number or email address • Any change to the approved provider's fitness and propriety or the fitness of a person with management or control	Notify
SA01/02	Application for Service Approval	Apply for a new service approval	Apply
SA04/05	Notification of Transfer of Service Approval	Notify the regulatory authority of the transfer of a service to you as a provider. Note that different parts of this form will need to be completed by both the transferring and receiving provider	Notify

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

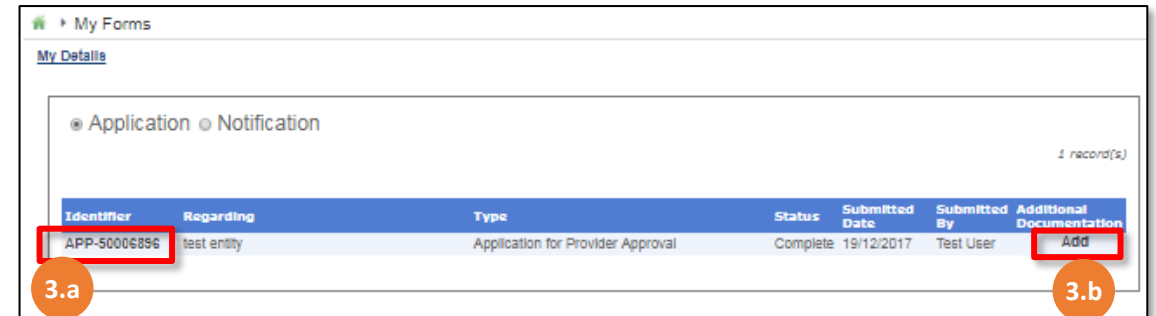
2.a. To fill a particular application form, click **Apply** next to the application.

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.



My Forms

My Details

Application Notification

1 record(s)

Identifier	Regarding	Type	Status	Submitted Date	Submitted By	Additional Documentation
APP-50006896	test entity	Application for Provider Approval	Complete	19/12/2017	Test User	Add

3.b. To add more documentation (if required) to the submitted form, click **Add**.

The additional documents page is displayed.

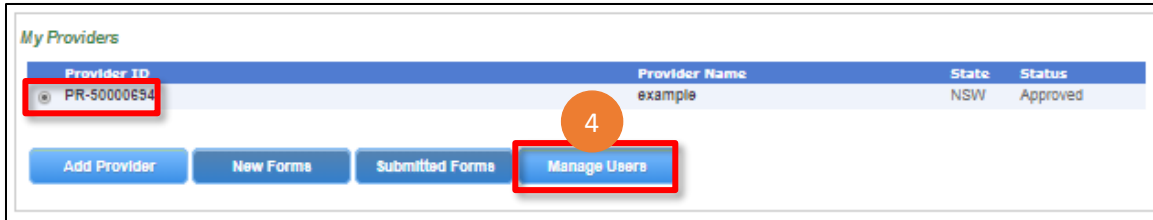
Follow the instructions provided on the form to attach additional documents.

Further References:

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

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Work with My Providers: Manage Users



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

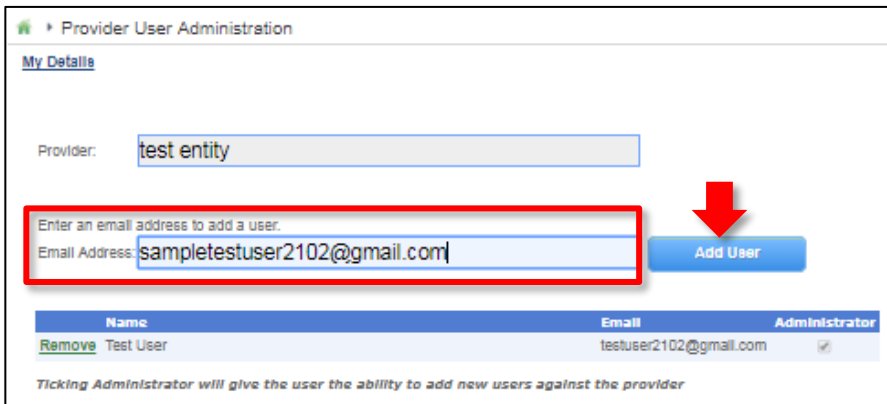
Notes:

- 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.



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

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



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

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

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

A Provider **Administrator** can:

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

Add other users to this provider and linked services.

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

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

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

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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.

My Providers

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

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



🏠 → My Providers

My Details

Search by Provider name or Provider ID

[Search](#)

3 record(s)

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

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

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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.

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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.	Click here
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.	Click here
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.	Click here
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.	Click here
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.	Click here
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.	Click here

* 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.

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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 [National Law and Regulations](#) have set the maximum processing times that a regulatory authority should take for making a decision on a completed application.

The processing timeframes are listed in the following table:

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

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

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

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

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

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

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

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

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

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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 [Australian Government Department of Education's](#) 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

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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.

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Provider Applications

Form	Name	Description	Guide
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.	Click here
PA03	Application for Amendment of Provider Approval	Use this form to apply to: <ul style="list-style-type: none"> • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval 	Click here
PA04	Application for Voluntary Suspension of Provider Approval	Apply to suspend your provider approval for up to 12 months.	
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.	
CCS03	Application for CCS Provider and Service Approval (Transferred NL Service)	An application for a Provider and Service to approved for Child Care Subsidy, where the Service is the being transferred to the Provider.	Click here
CCS04	Application for CCS – Add Service (Transferred NL Service)	An application to apply to administer Child Care Subsidy (CCS) for an additional service that is being received as part of a Transfer of Service Approval under the National Law.	Click here
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.	
JUA02	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	Click here
JUA03	Application for NL Service Approval and CCS Service Approval	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.	Click here

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Service Applications

Form	Name	Description	Guide
SA01/02	Application for Service Approval	Apply for a new service approval	Click here
SA03	Application for amendment of service approval	Use this form to apply to: <ul style="list-style-type: none"> • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add or Remove a venue for family day care service* 	Click here
SA06	Application for voluntary suspension of service approval	Apply to suspend your service approval for up to 12 months.	Click here
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.	Click here
SA09	Application for revocation of service waiver	An approved provider may apply to revoke their service waiver at any time.	
SA10	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.	Click here
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.)

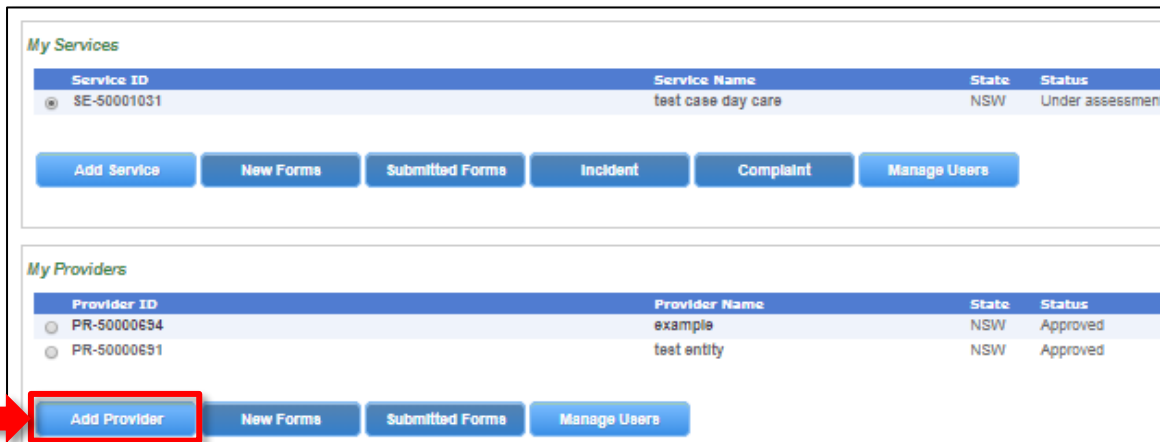
Table of Contents

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

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Access Application for Provider Approval Form

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



My Services

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

My Providers

Provider ID	Provider Name	State	Status
PR-50000634	example	NSW	Approved
PR-50000631	test entity	NSW	Approved

Add Provider New Forms Submitted 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 link a Provider to your NQA ITS account please return to the home screen and select the Link Provider button.

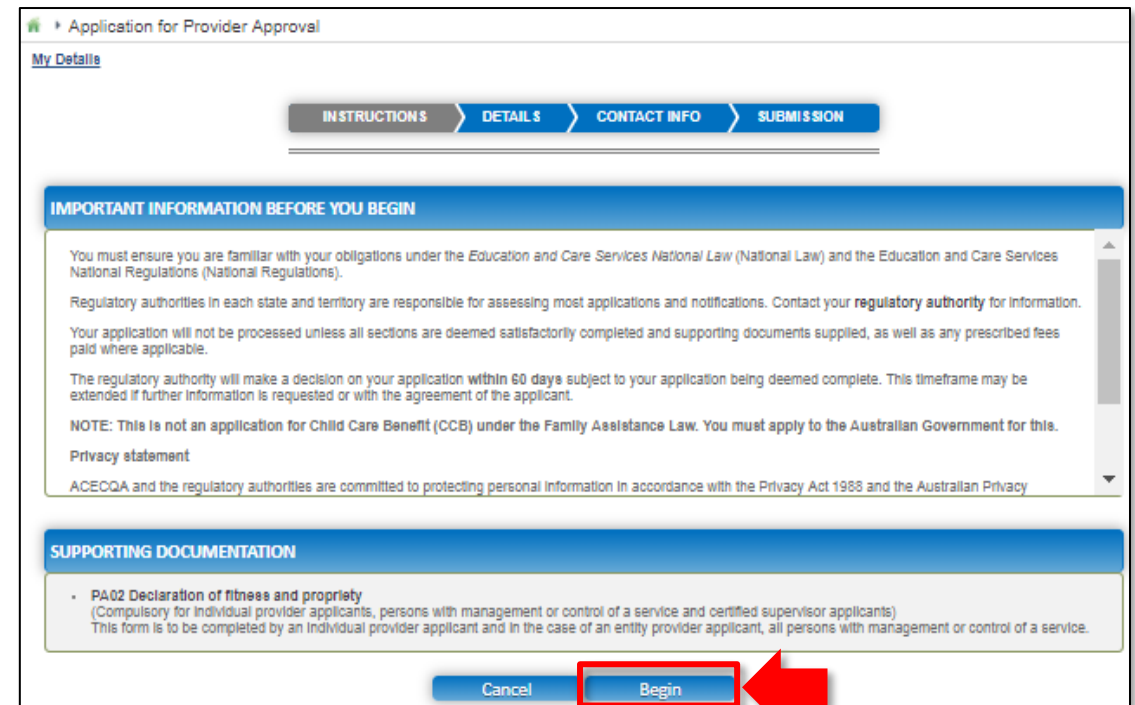
Form #	Form Name	Description
PA01	Application for NL Provider Approval	An application for provider approval under the National Law (NL). If provider approval is granted, an approved provider must then apply for service approval for each service they intend to operate. Note: This is not an application for Child Care Subsidy (CCS) under the Family Assistance Law. Any CCS applications must be made separately using the relevant application(s). A in-mark-up annotation for

Apply

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 INFORMATION BEFORE YOU BEGIN** section.



Application for Provider Approval

My Details

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law (National Law)* and the *Education and Care Services National Regulations (National Regulations)*.

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

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

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

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

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

SUPPORTING DOCUMENTATION

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

Cancel **Begin**

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

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Fill Details in Application for Provider Approval Form

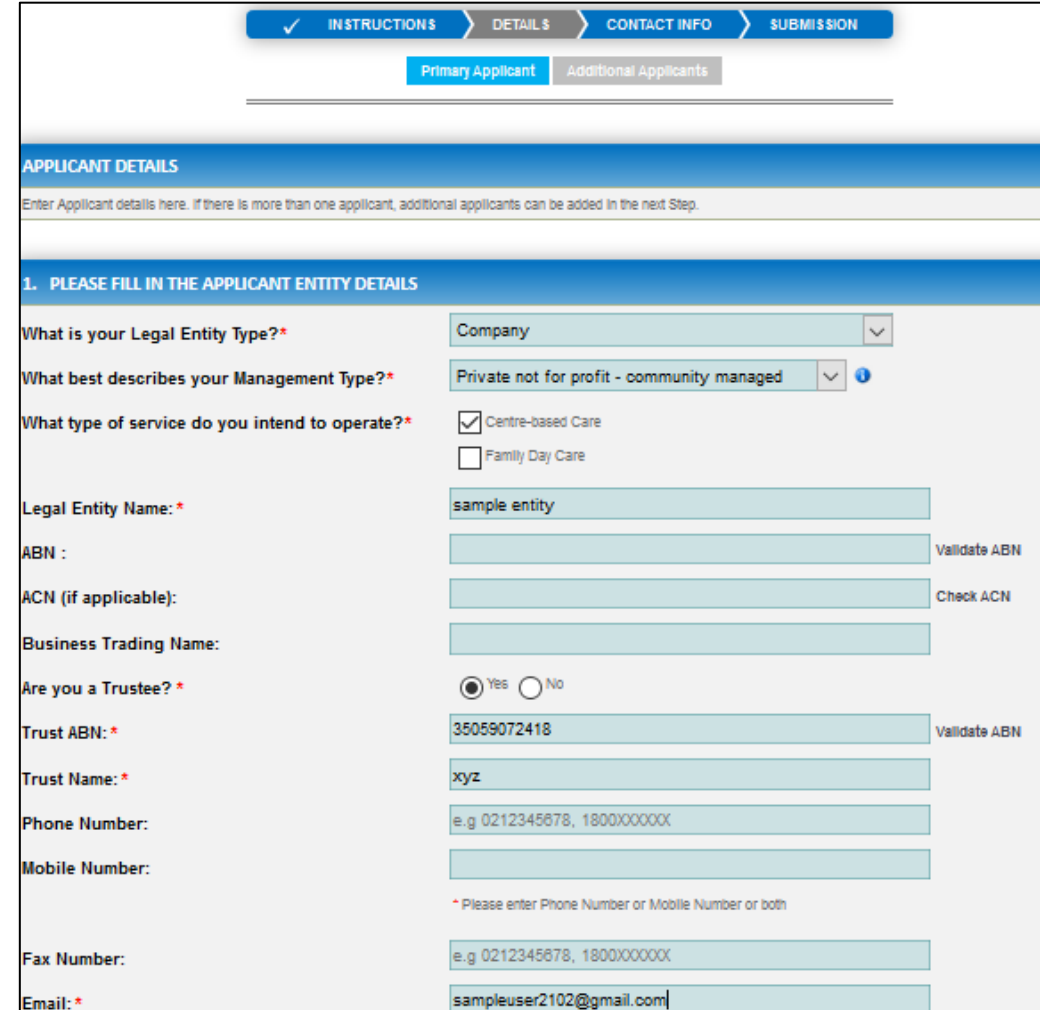
In the **DETAILS** stage, the applicant information is categorised into four sections: **ENTITY DETAILS**, **ADDRESS DETAILS**, **FINANCIAL DECLARATION**, and **PERSONS WITH MANAGEMENT OR CONTROL**.

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

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

Notes:

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



The screenshot shows the 'DETAILS' stage of the application form. The navigation bar includes 'INSTRUCTIONS', 'DETAILS', 'CONTACT INFO', and 'SUBMISSION'. Below the navigation bar, there are tabs for 'Primary Applicant' and 'Additional Applicants'. The main section is titled 'APPLICANT DETAILS' and contains the following fields:

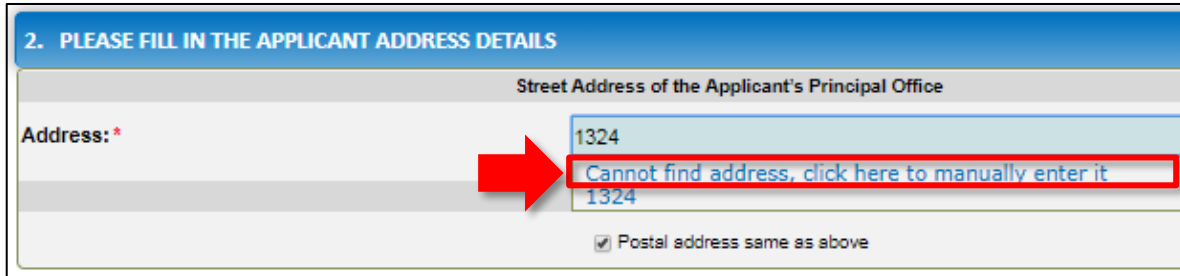
- 1. PLEASE FILL IN THE APPLICANT ENTITY DETAILS**
- What is your Legal Entity Type?***: Company (dropdown)
- What best describes your Management Type?***: Private not for profit - community managed (dropdown)
- What type of service do you intend to operate?***:
 - Centre-based Care
 - Family Day Care
- Legal Entity Name: ***: sample entity
- ABN :**: [text input] Validate ABN
- ACN (if applicable):**: [text input] Check ACN
- Business Trading Name:**: [text input]
- Are you a Trustee? ***: Yes No
- Trust ABN: ***: 35059072418 Validate ABN
- Trust Name: ***: xyz
- Phone Number:**: e.g 0212345678, 1800XXXXXX
- Mobile Number:**: [text input]
- * Please enter Phone Number or Mobile Number or both
- Fax Number:**: e.g 0212345678, 1800XXXXXX
- Email: ***: sampleuser2102@gmail.com

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Fill Details in Application for Provider Approval Form

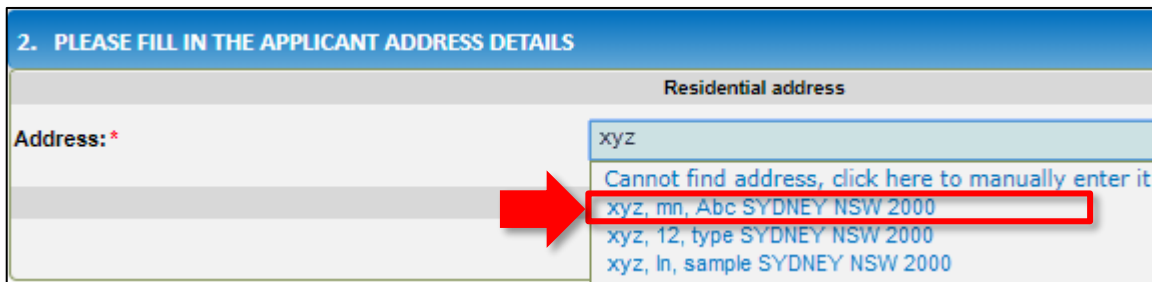
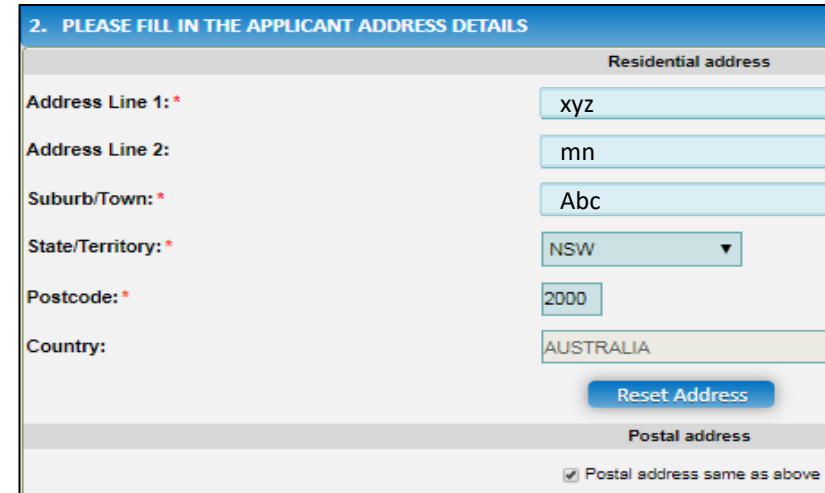
2. In the **PLEASE FILL IN THE APPLICANT ADDRESS DETAILS** section fill your entity's address and postal address (if different). Ensure you provide complete address with street, suburb, state, and post code information.

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

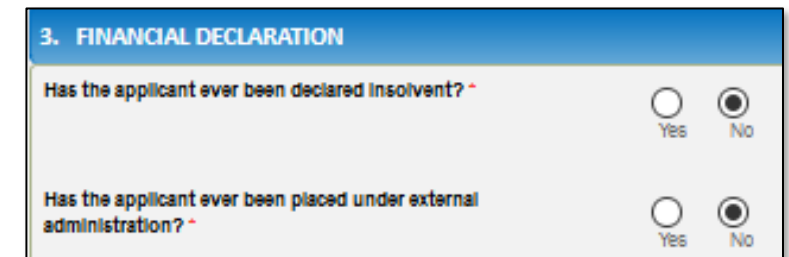
2.b. When you start filling the address, if the address is available in the auto-fill list of addresses, select the correct address and the address will be auto-populated in the fields.

Notes:

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

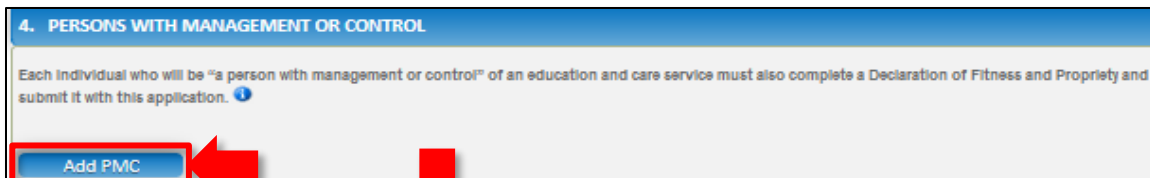
3. In the **FINANCIAL DECLARATION** section, select relevant options.



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Fill Details in Application for Provider Approval Form

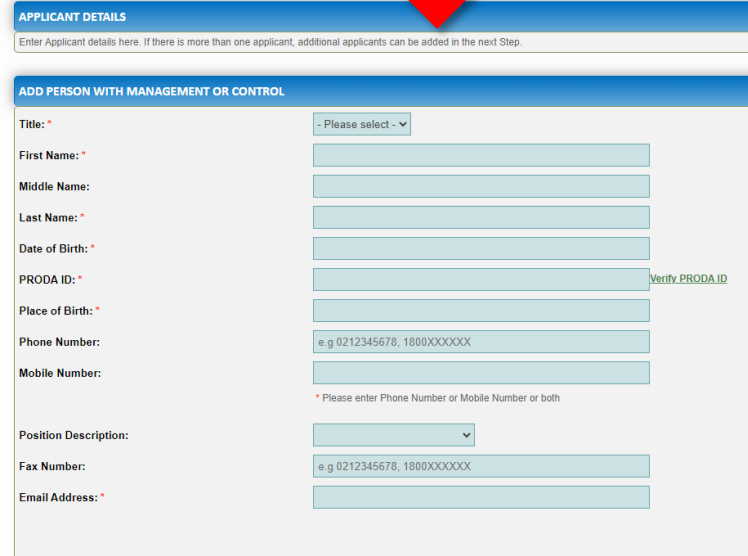
4. In the **PERSONS WITH MANAGEMENT OR CONTROL** section, add details about the persons who are in the management or have control of your legal entity. To add these details, click **Add PMC** and fill the details as requested.



4. PERSONS WITH MANAGEMENT OR CONTROL

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

Add PMC



ADD PERSON WITH MANAGEMENT OR CONTROL

Title: *

First Name: *

Middle Name:

Last Name: *

Date of Birth: *

PRODA ID: * [Verify PRODA ID](#)

Place of Birth: *

Phone Number:

Mobile Number:

* Please enter Phone Number or Mobile Number or both

Position Description:

Fax Number:

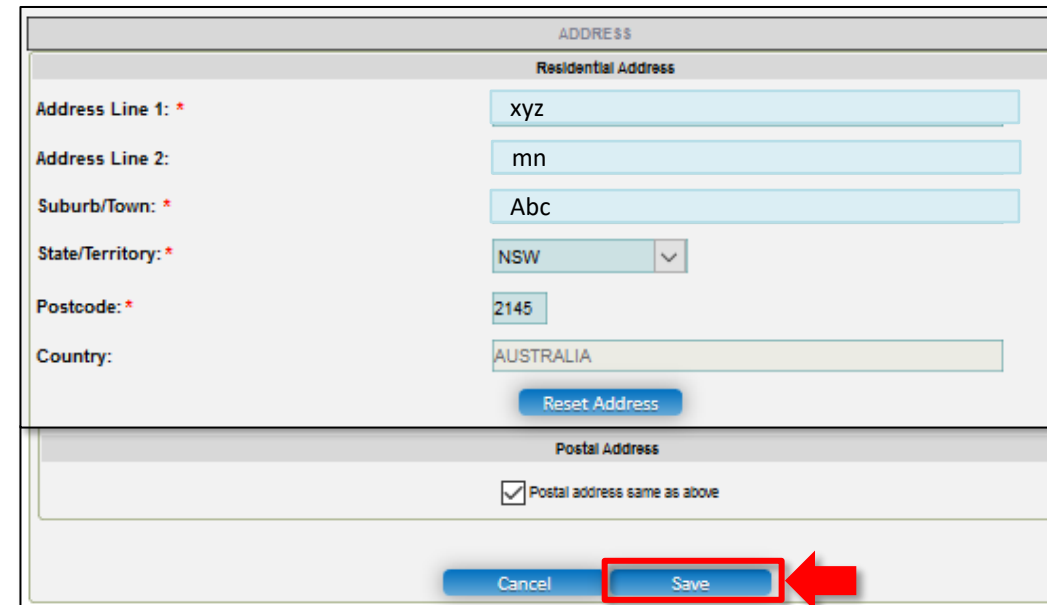
Email Address: *

5. 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.

Note: Ensure that you fill all 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: *

Address Line 2:

Suburb/Town: *

State/Territory: *

Postcode: *

Country:

Reset Address

Postal Address

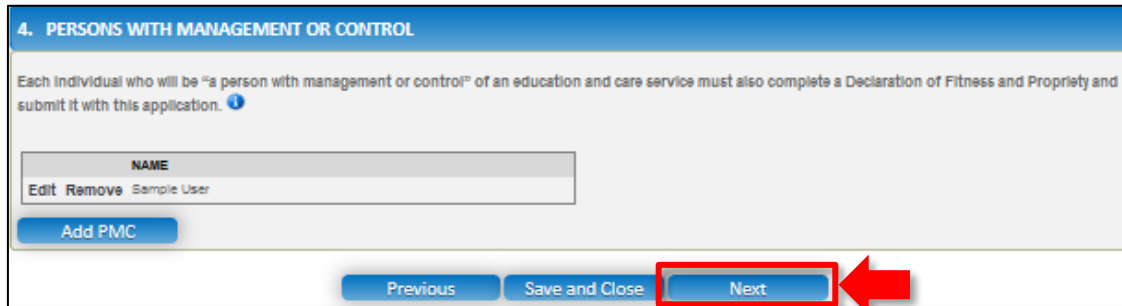
Postal address same as above

Cancel **Save**

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

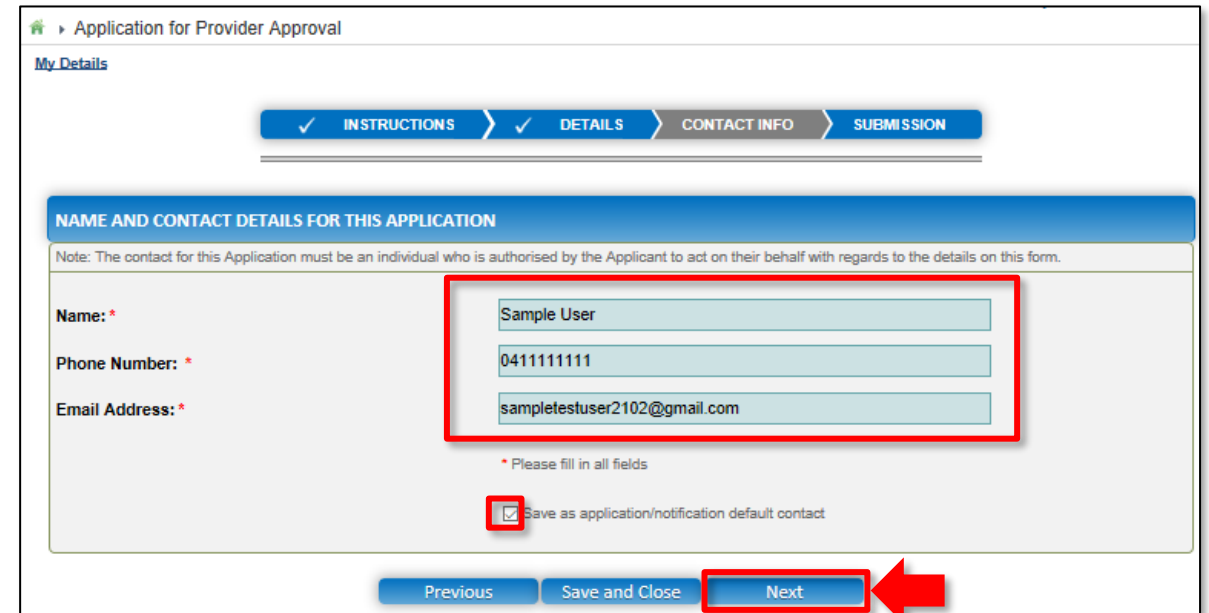
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7. After adding all PMCs, Click **Next**.



Provide Contact Details in Application for Provider Approval Form

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

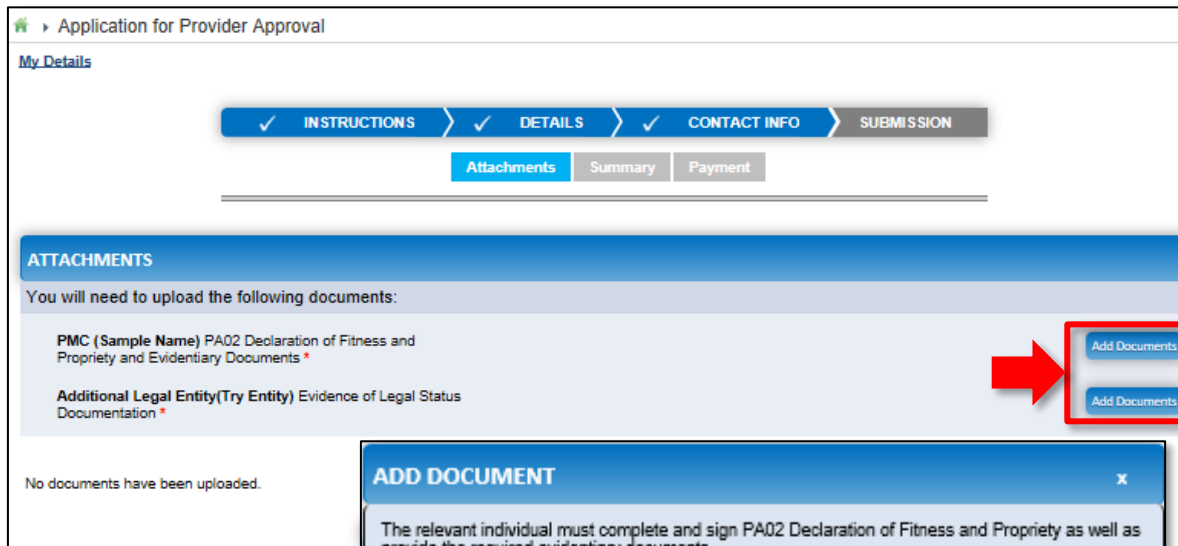


Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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Submit Application for Provider Approval Form

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



Application for Provider Approval

My Details

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

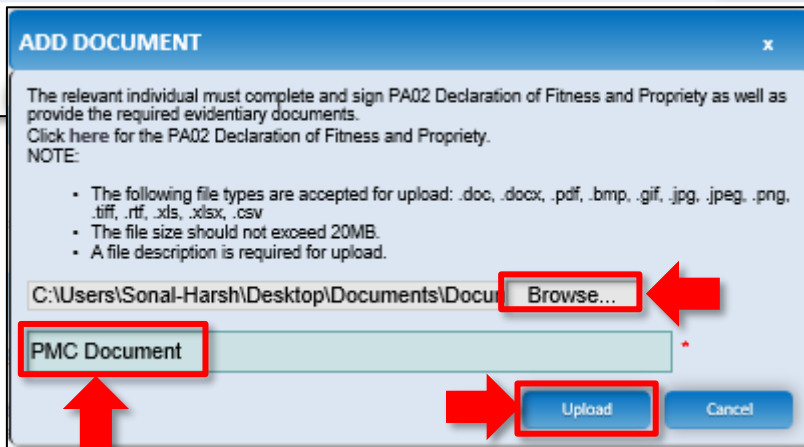
- PMC (Sample Name) PA02 Declaration of Fitness and Propriety and Evidentiary Documents *
- Additional Legal Entity(Try Entity) Evidence of Legal Status Documentation *

No documents have been uploaded.

Add Documents

Add Documents

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



ADD DOCUMENT

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

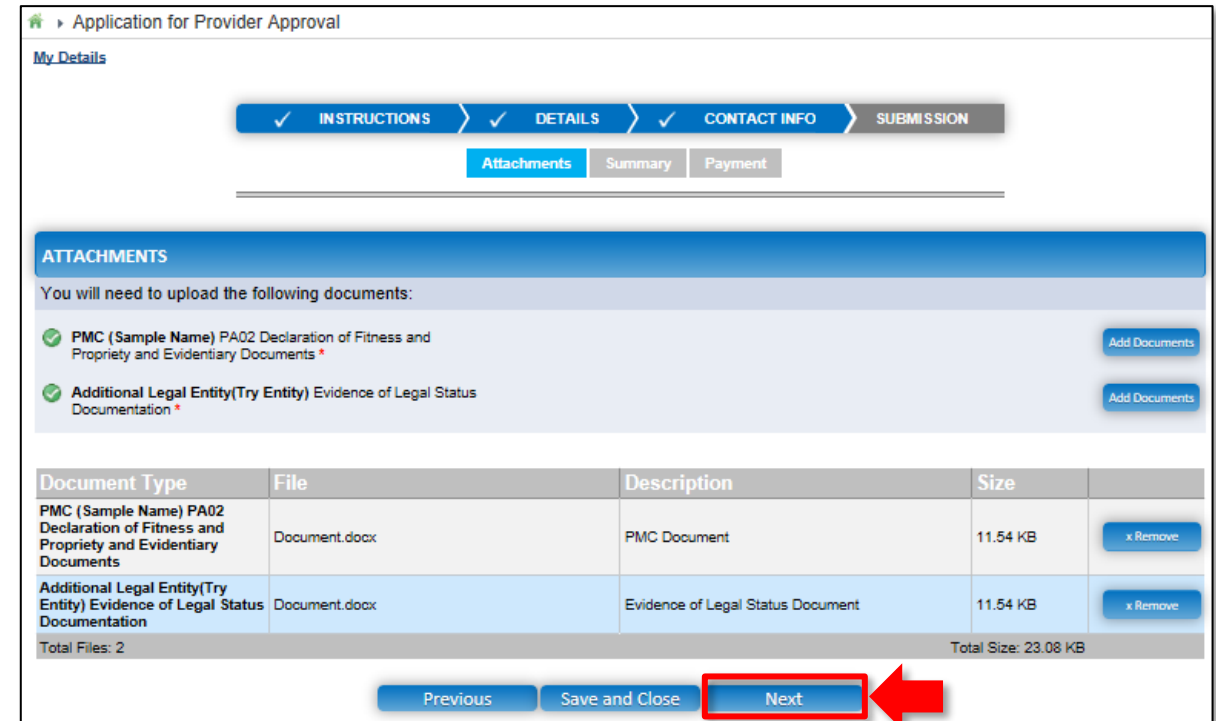
- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

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

PMC Document

Upload Cancel

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



Application for Provider Approval

My Details

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

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

Document Type	File	Description	Size	
PMC (Sample Name) PA02 Declaration of Fitness and Propriety and Evidentiary Documents	Document.docx	PMC Document	11.54 KB	<input type="button" value="x Remove"/>
Additional Legal Entity(Try Entity) Evidence of Legal Status Documentation	Document.docx	Evidence of Legal Status Document	11.54 KB	<input type="button" value="x Remove"/>

Total Files: 2 Total Size: 23.08 KB

Previous Save and Close **Next**

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

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Submit Application for Provider Approval Form

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

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

Attachments | **Summary** | Payment

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

PRIMARY ENTITY DETAILS Edit

APPLICANT DETAILS	
Legal Entity Type	Sole proprietor
Management Type	Private for profit
Service Type(s) Intended	Centre-Based Care Family Day Care
Business Trading Name	
ABN	
Phone Number	
Mobile Number	0411111111
Fax Number	
Email Address	sampletestuser2102@gmail.com
Applicant is a Trustee	No
Title	Mrs
First Name	Sample
Middle Name	
Last Name	Name
Birth Details	21/02/1985, Sydney
Residential address	Xyz, mn, Abc SYDNEY NSW 2000
Postal address	Xyz, mn, Abc SYDNEY NSW 2000

PERSON WITH MANAGEMENT OR CONTROL

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

ADDITIONAL ENTITIES DETAILS Edit

APPLICANT DETAILS

Legal Entity Type	Incorporated entity/body
Management Type	Private for profit
Legal Entity Name	Try Entity
Business Trading Name	
ABN	
Phone Number	
Mobile Number	0422222222
Fax Number	
Email Address	test.user2102@gmail.com
Applicant is a Trustee	No
Street address of the Applicant's principal office	Xyz, mn, Abc SYDNEY NSW 2000
Postal address of the Applicant	Xyz, mn, Abc SYDNEY NSW 2000

FINANCIAL DECLARATION

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

APPLICATION CONTACT DETAILS Edit

Name Sample User	Phone Number 0411111111	Email Address sampletest.user2102@gmail.com
---------------------	----------------------------	--

ATTACHMENT DETAILS Edit

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

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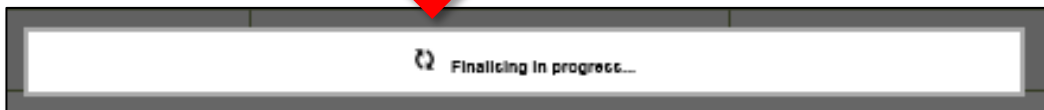
Submit Application for Provider Approval Form

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

DECLARATION

I declare that: *

1. The information provided in this application form (including any attachments) is true, complete and correct;
2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the *National Law* using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the *National Law*).



6. In the **Payment** section, fill the **PAYMENT DETAILS** section carefully and click **Pay Now**.

Note: You can make online payments only if your regulatory authority allows online payments. Only the following regulatory authorities allow online payments: NSW, QLD, SA, TAS, VIC, and WA.

PAYMENT DETAILS

Identifier: INV-14990-B9Z5R8	Fee Description: Provider Approval
Type: Provider	Amount: \$216.00
Due Date: 15/02/2018	
Credit Card Type: *	
<input checked="" type="radio"/> VISA <input type="radio"/> MASTERCARD	
Name on Credit Card: *	
SAMPLE TEST USER	
Credit Card Number: *	
1111	2222 3333 4444
Card Expiry (mm/yyyy): *	
01	20
Card Security Code: *	
123	What is a CSC?
Email payment confirmation:	
sampletestuser2102@gmail.com	
You will be e-mailed a confirmation of your payment. If you would like the payment confirmation to be sent to an email address other than your registered e-mail address, please enter the address in the above box.	
<input style="border: 2px solid red;" type="button" value="Pay Now"/>	



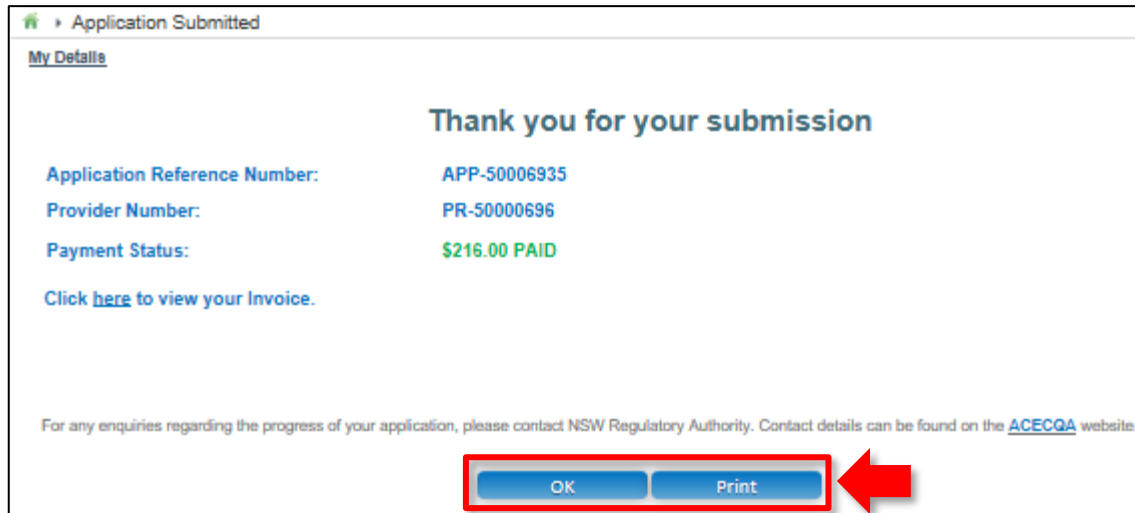
Payment in progress...

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

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Print or Close Application for Provider Approval Form

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



Application Submitted

[My Details](#)

Thank you for your submission

Application Reference Number: APP-50006935

Provider Number: PR-5000696

Payment Status: \$216.00 PAID

Click [here](#) to view your Invoice.

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

OK Print

Further References:

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

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Introduction

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

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

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

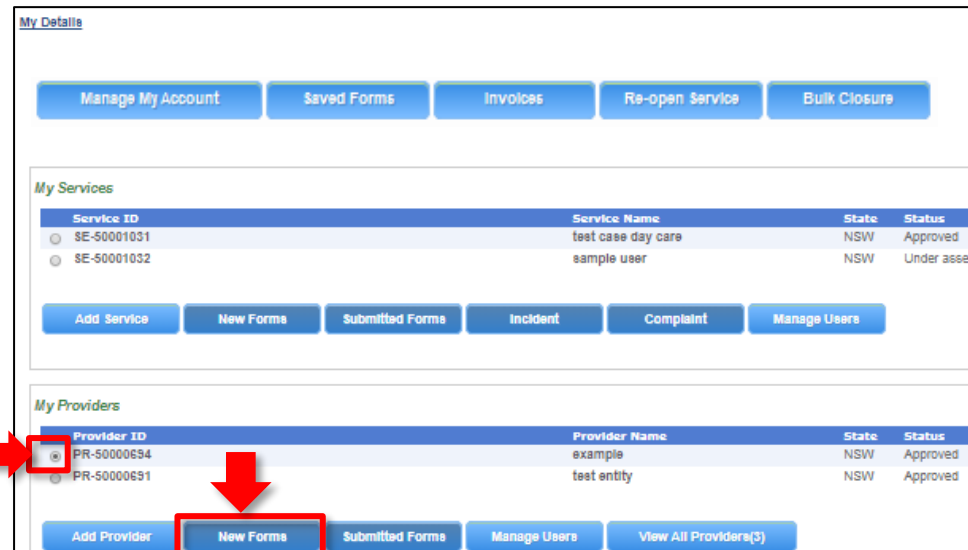
Table of Contents

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

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Access Application for Amendment of Provider Approval Form

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



My Details

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

My Services

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

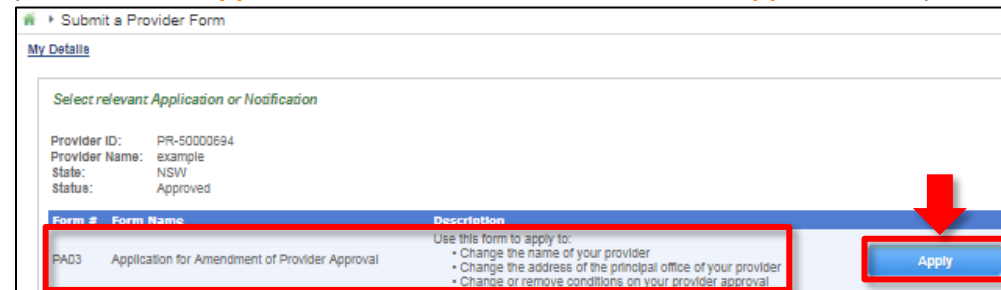
Add Service | New Forms | Submitted Forms | Incident | Complaint | Manage Users

My Providers

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

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

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



Submit a Provider Form

My Details

Select relevant Application or Notification

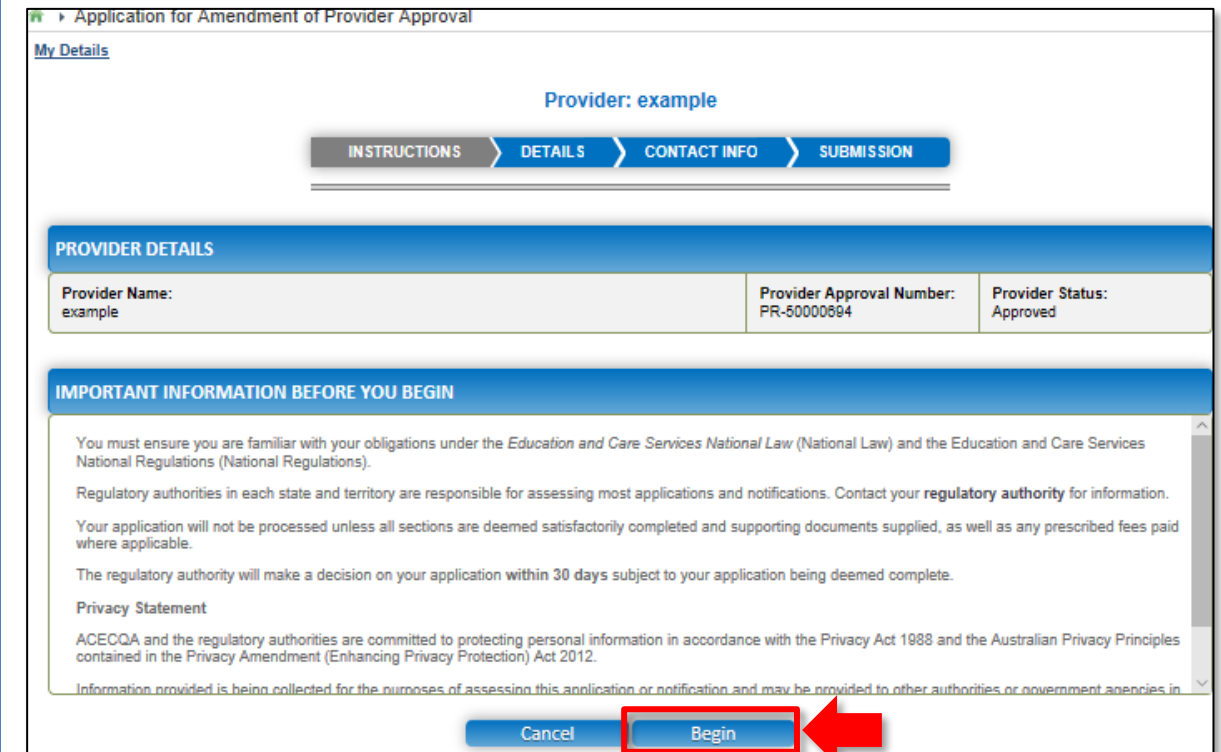
Provider ID: PR-50000694
Provider Name: example
State: NSW
Status: Approved

Form #	Form Name	Description
PA03	Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval

Apply

Begin Application for Amendment of Provider Approval Form

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



Application for Amendment of Provider Approval

My Details

Provider: example

INSTRUCTIONS | **DETAILS** | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law* (National Law) and the Education and Care Services National Regulations (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

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

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

Privacy Statement

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

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

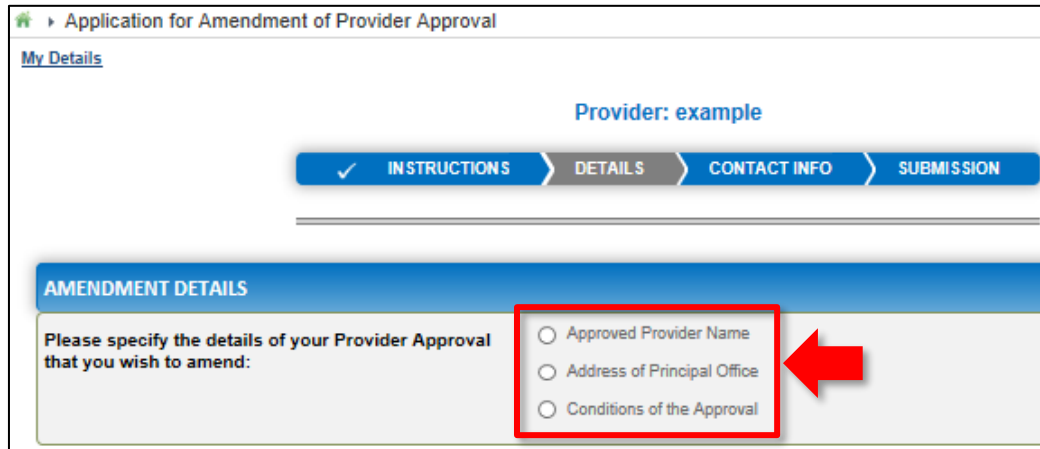
Cancel | **Begin**

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

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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 Proprietor providers.)

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

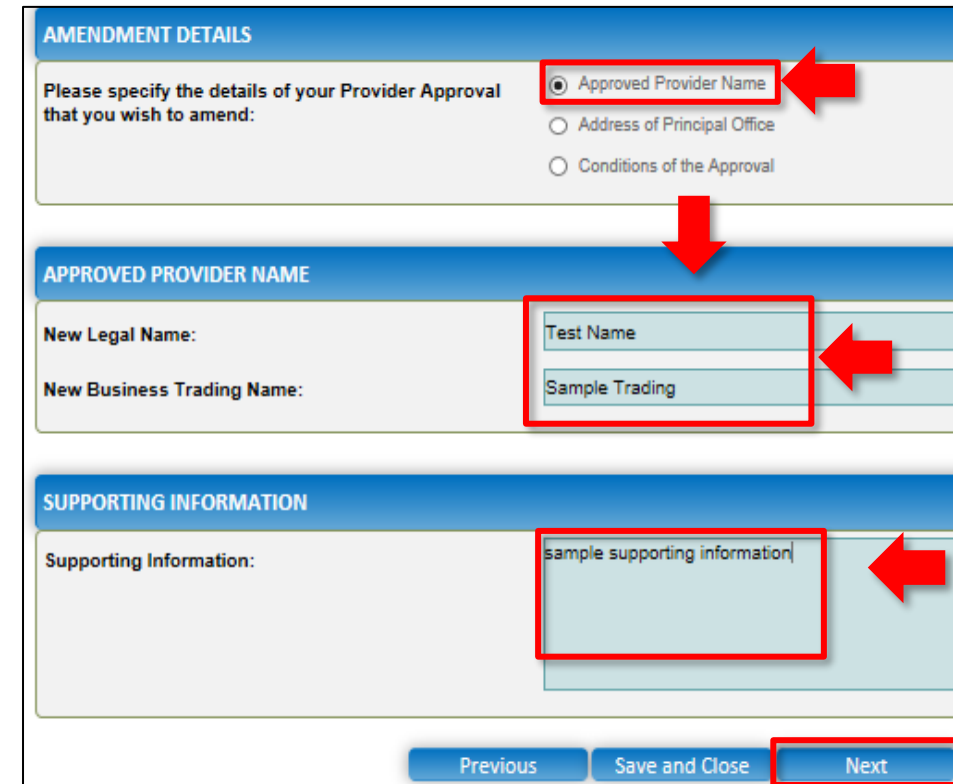
Notes:

- 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.

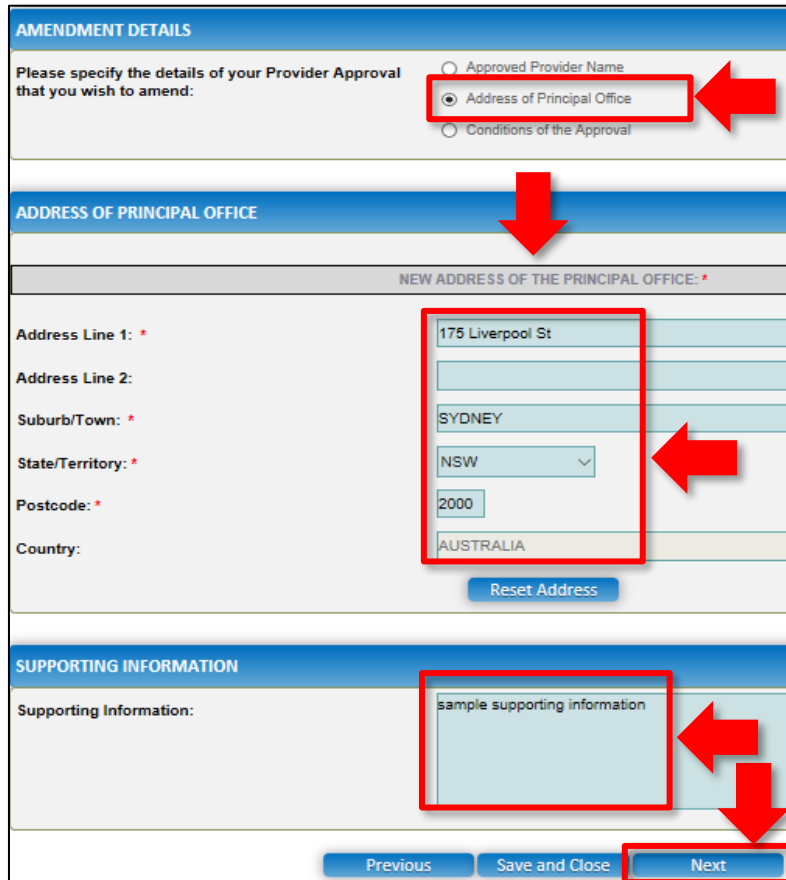
Also, fill the supporting details in the **SUPPORTING INFORMATION** section (optional) and click **Next**.



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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

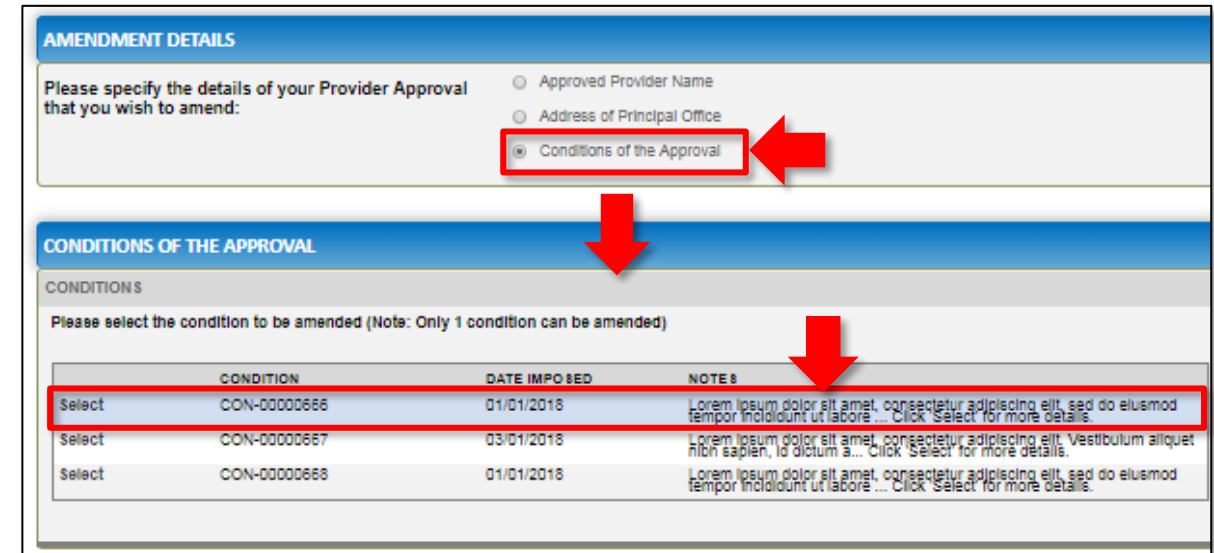
When you start filling the address, if the address is available in the auto-fill list of addresses, select the correct address and the address will be auto-populated in the fields.

The **Reset Address** button clears the details filled in the address fields.

Therefore, do not click **Reset Address** unless you need to clear the complete address and fill it again.

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

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



	CONDITION	DATE IMPOSED	NOTES
Select	CON-00000666	01/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore... Click 'Select' for more details.
Select	CON-00000667	03/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum aliquet nibh sapien, id dictum a... Click 'Select' for more details.
Select	CON-00000668	01/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore... Click 'Select' for more details.

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

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

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Fill Details in Application for Amendment of Provider Approval Form


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

CONDITIONS OF THE APPROVAL

CONDITIONS

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

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




CONDITION DETAILS

Condition: CON-0000666

Notes: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.


Date Imposed: 01/01/2018


Date to be Reviewed:

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

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

SUPPORTING INFORMATION

Supporting Information: sample supporting information 

Previous
Save and Close
Next 

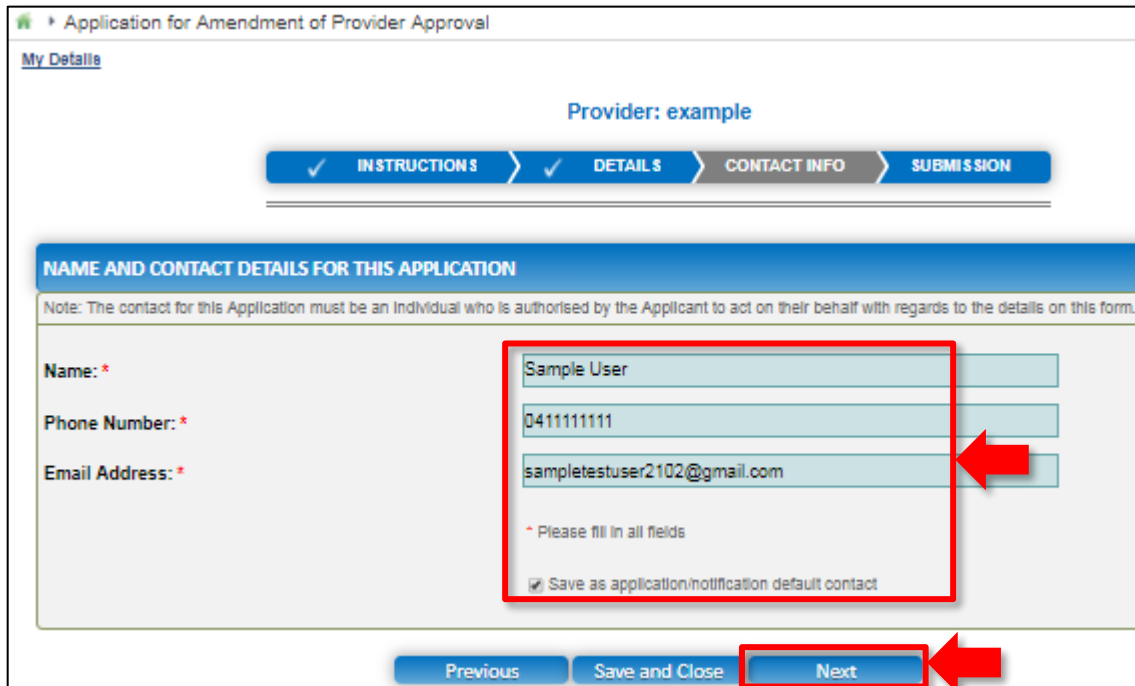
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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Fill Contact Info in Application for Amendment of Provider Approval Form

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

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



Application for Amendment of Provider Approval

My Details

Provider: example

INSTRUCTIONS ✓ | DETAILS ✓ | CONTACT INFO | SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

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

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

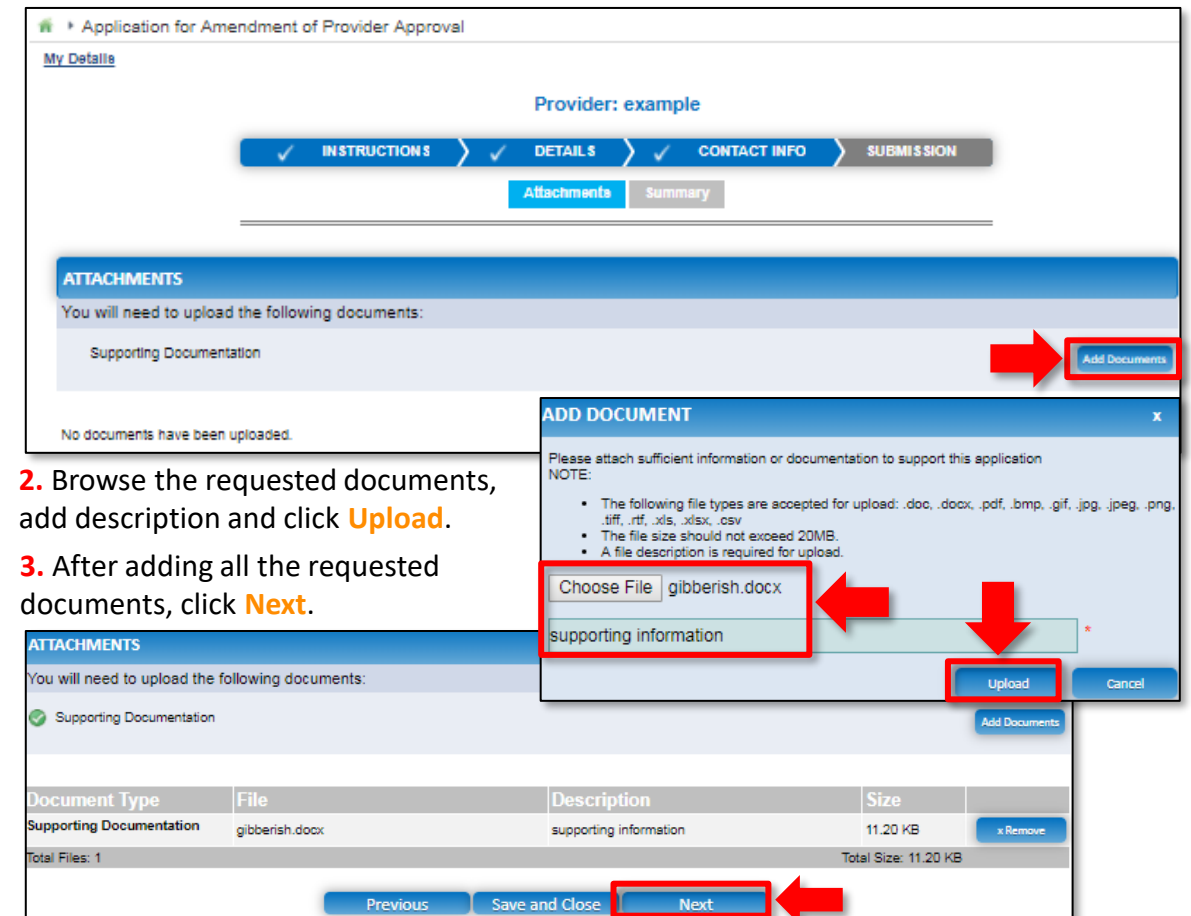
Save as application/notification default contact

Previous Save and Close **Next**

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

Submit Application for Amendment of Provider Approval Form

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



Application for Amendment of Provider Approval

My Details

Provider: example

INSTRUCTIONS ✓ | DETAILS ✓ | CONTACT INFO ✓ | SUBMISSION

Attachments Summary

ATTACHMENTS

You will need to upload the following documents:

Supporting Documentation **Add Documents**

No documents have been uploaded.

ADD DOCUMENT

Please attach sufficient information or documentation to support this application

NOTE:

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

Choose File gibberish.docx

supporting information **Upload** Cancel

Attachments

You will need to upload the following documents:

Supporting Documentation **Add Documents**

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

Previous Save and Close **Next**

[Back to Main Menu](#)

[Submit Application for Amendment of Provider Approval Form](#)

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

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

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

PROVIDER DETAILS Edit

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

AMENDMENT DETAILS

PRINCIPAL OFFICE ADDRESS

New Principle Office Address: 175 Liverpool St, SYDNEY, 2000.

SUPPORTING INFORMATION

Sample supporting information

APPLICATION CONTACT DETAILS Edit

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

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

ATTACHMENT DETAILS Edit

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

DECLARATION

I declare that: *

1. The information provided in this application form (including any attachments) is true, complete and correct;
2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous
Save and Close
Submit

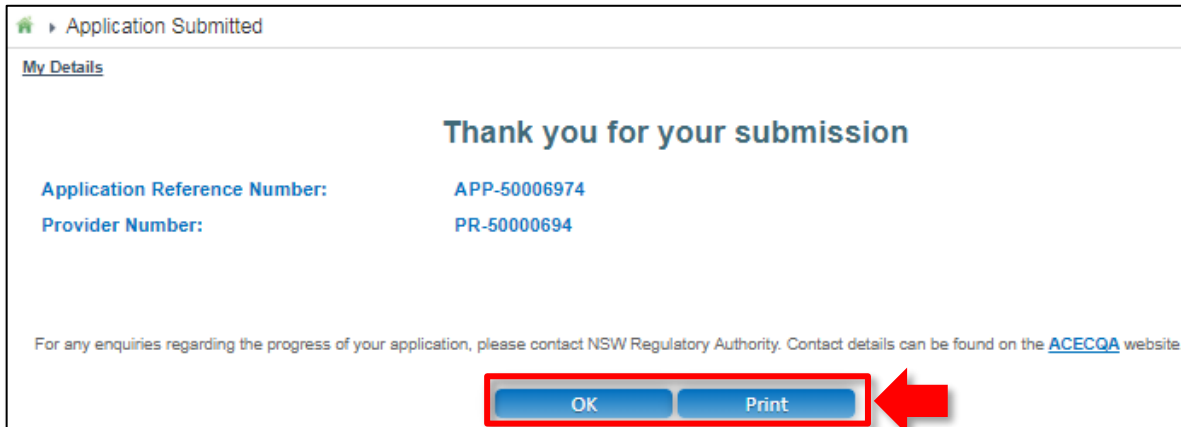
🔄 Submission in progress...

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

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Print or Close Application for Amendment of Provider Approval Form

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



Application Submitted

[My Details](#)

Thank you for your submission

Application Reference Number: APP-50006974

Provider Number: PR-50000694

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

OK Print

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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)

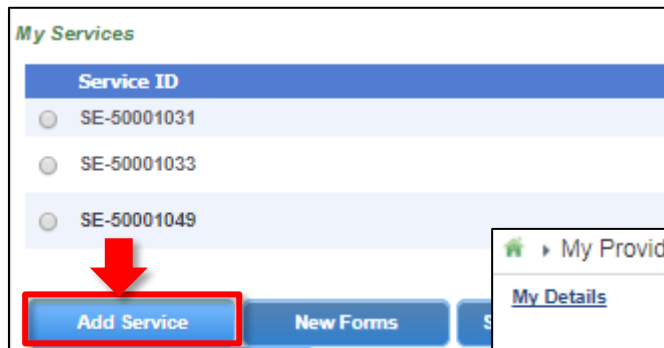
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- **[Access Application for Service Approval Form](#)**
 - Steps to add a service by accessing the **Application for Service Approval** form.
- **[Begin Application for Service Approval Form](#)**
 - Steps to read the instructions and begin working on the **Application for Service Approval** form.
- **[Fill Details in Application for Service Approval Form](#)**
 - Steps to add the following requested information in the form:
 - [Service name details](#)
 - [Service details](#)
 - [Operational hours](#)
 - [Building information](#)
 - [Supervisor details](#)
- **[Provide Contact Details in Application for Service Approval Form](#)**
 - Steps to add requested contact information.
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 - [Making payment and submitting the form](#)
- **[Print or Close Application for Service Approval Form](#)**
 - Steps to print and close the form.

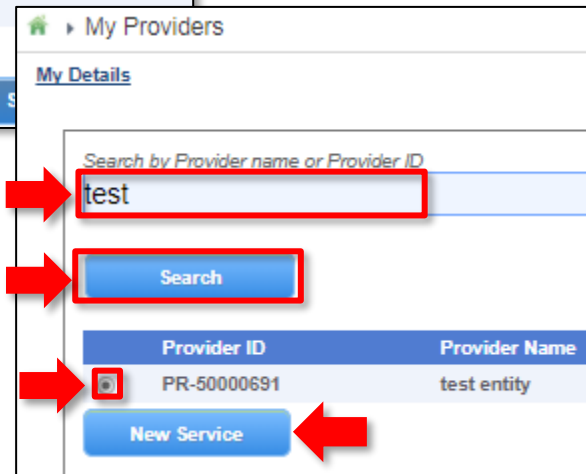
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Access Application for Service Approval Form

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



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



The **My Providers** page opens.

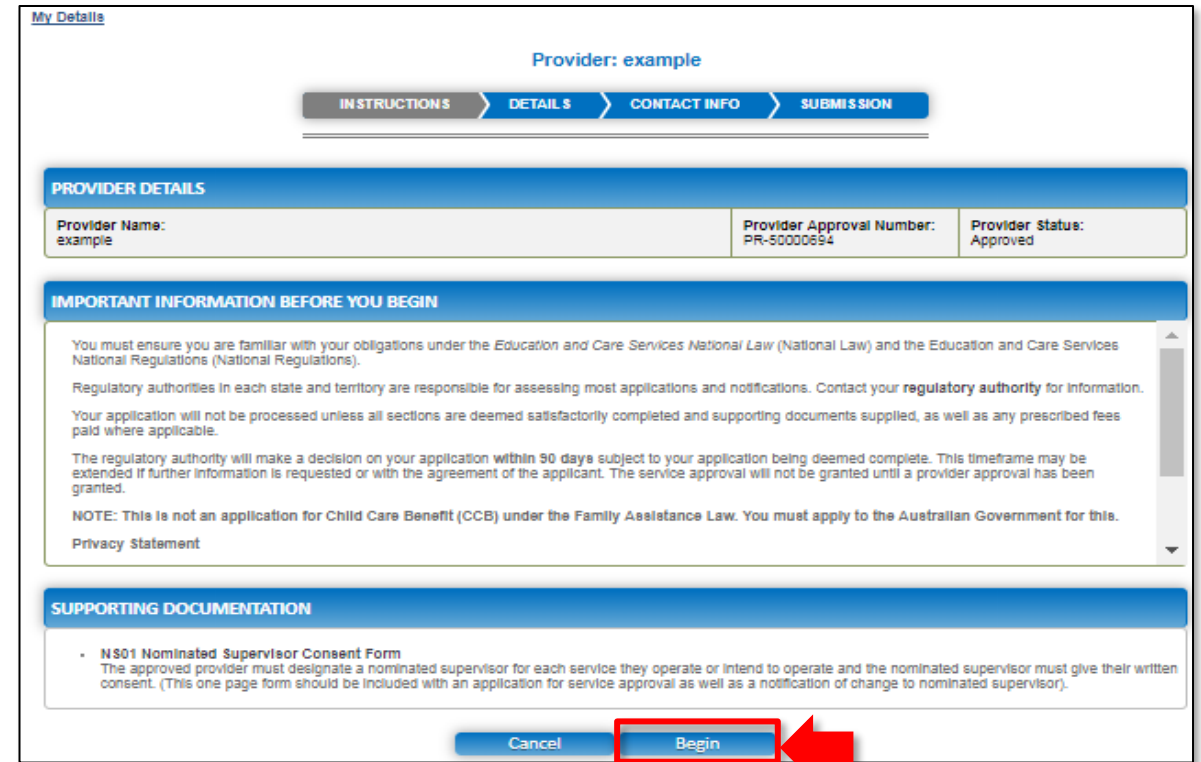
2. Select a Provider for which a Service needs to be added from the Providers list and click **New Service**. The **Application for Service Approval (SA01/02)** form opens.

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

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

Begin Application for Service Approval Form

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



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

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Fill Details in Application for Service Approval Form

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

[My Details](#)

Provider: test entity

INSTRUCTIONS
 DETAILS
 CONTACT INFO
 SUBMISSION

Service Name Details
 Service Details
 Operational Hours
 Building Information
 Supervisor Details

1. PLEASE FILL IN THE SERVICE NAME DETAILS

Service Legal Entity Name:

Service Trading Name: *

Service ABN: [Check ABN](#)

Service Type: *

2. PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS

Phone Number:

Mobile Number:

* Please enter Phone Number or Mobile Number or both

Fax Number:

Email Address: *

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

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

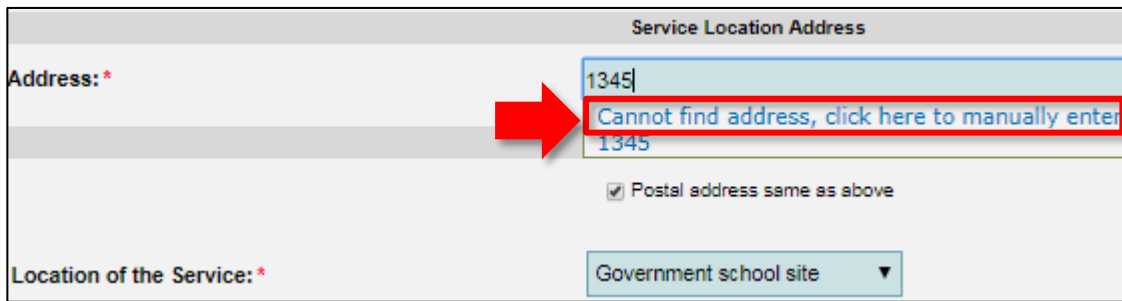
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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Fill Details in Application for Service Approval Form

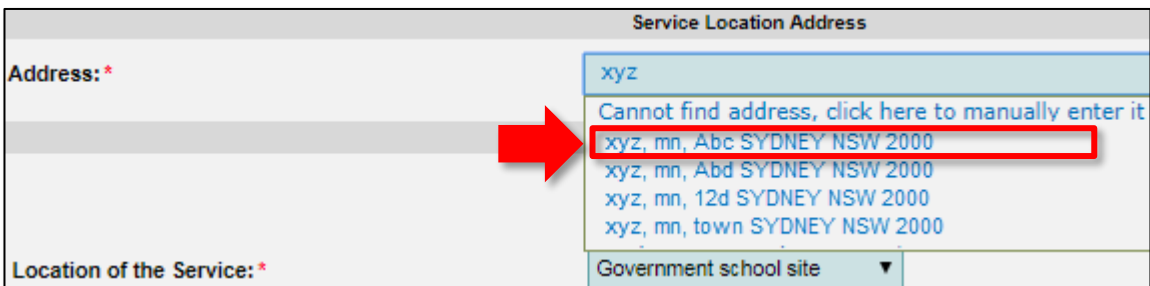
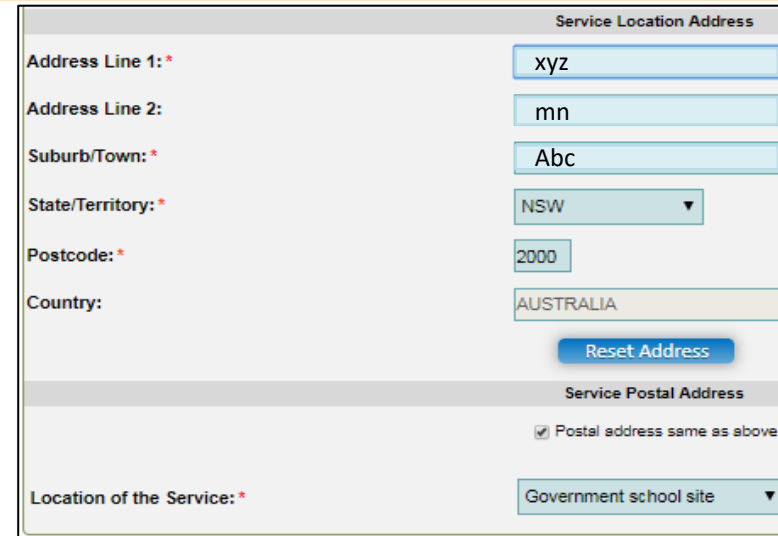
2. Fill details in the **PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS** sub-section. Details include contact details, such as, mobile/phone number and email address, along with the service location address and postal address (if different).

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



OR

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

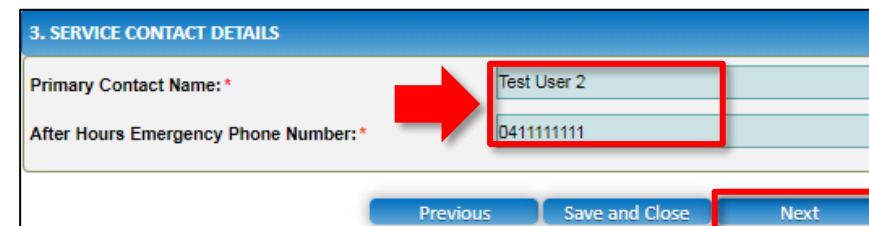



Notes:

- The **Reset Address** button clears the details filled in the address fields. Therefore, do not click **Reset Address** unless you need to clear the complete address and fill it again.
- If the postal address is same as residential address, select **Postal address same as above**, or else clear the checkbox and fill in the address.

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

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

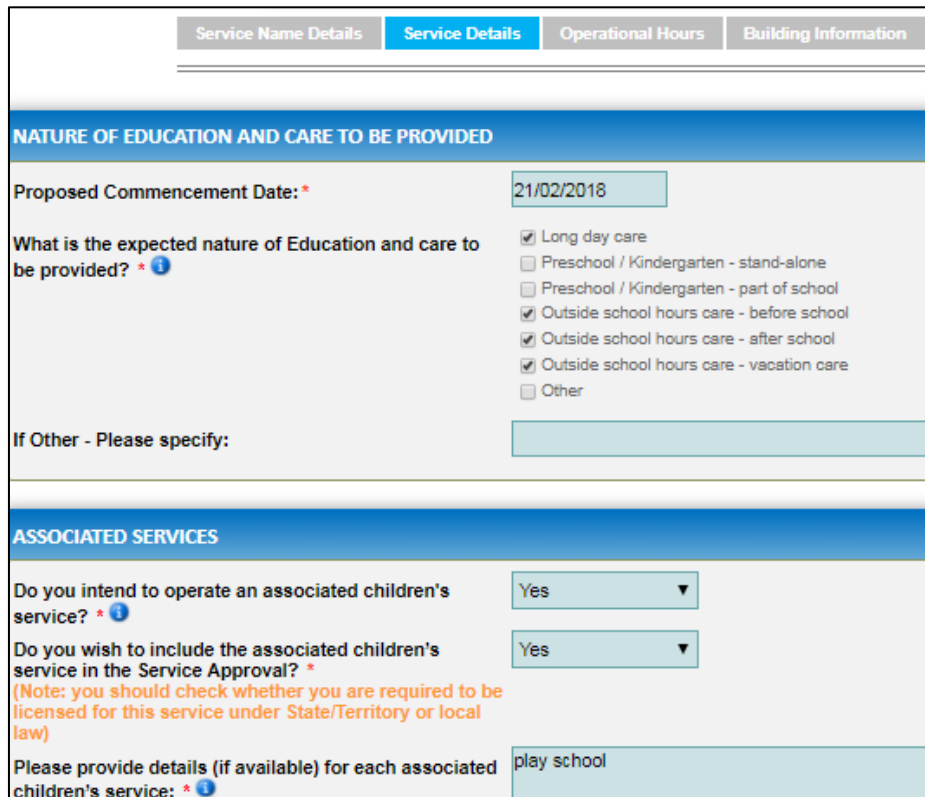


Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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Fill Details in Application for Service Approval Form

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

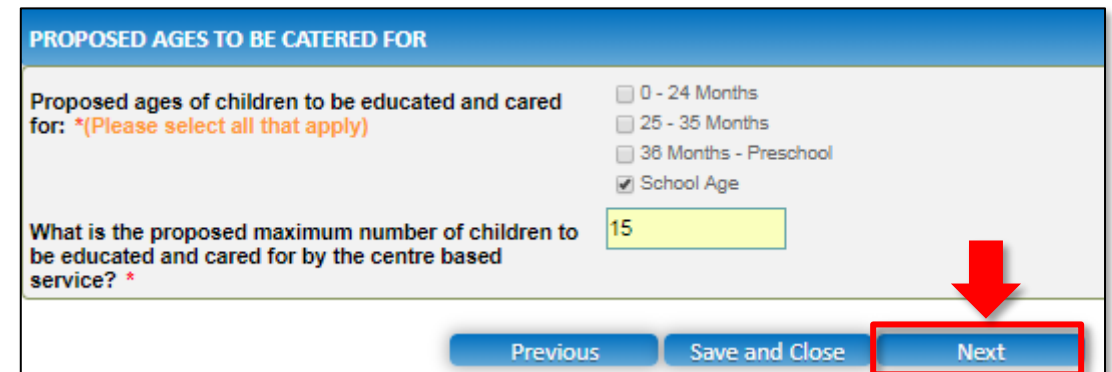


The screenshot shows the 'Service Details' section of the application form. It has four tabs: 'Service Name Details', 'Service Details', 'Operational Hours', and 'Building Information'. The 'Service Details' tab is active. Below the tabs is a section titled 'NATURE OF EDUCATION AND CARE TO BE PROVIDED'.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

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

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

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



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

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

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

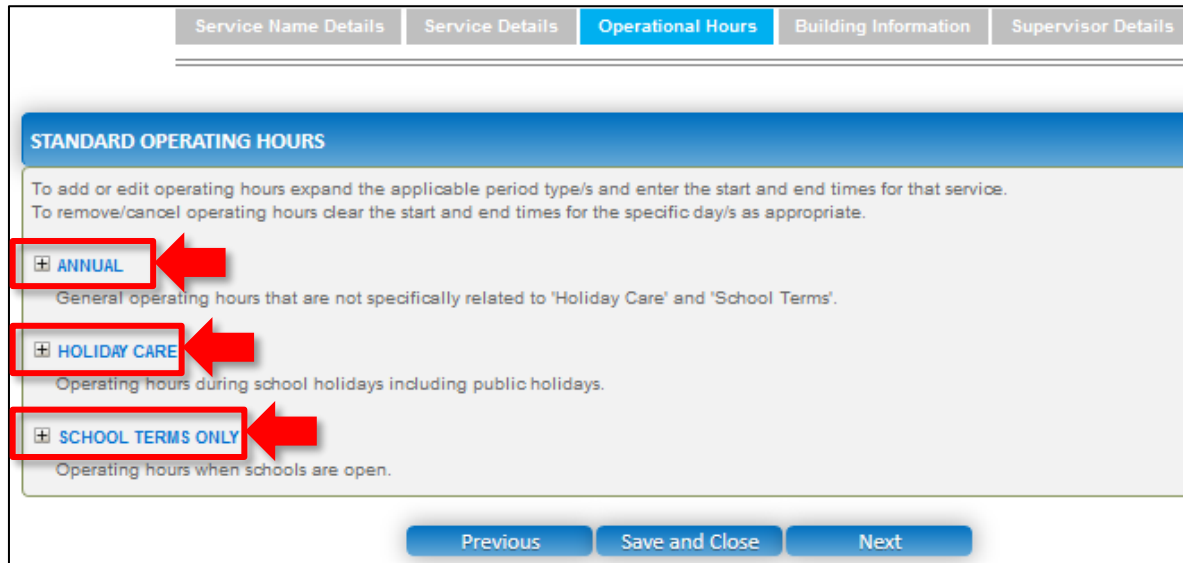
8. Click **Next** to move to the **Operational Hours** section.

[Back to Main Menu](#)

Fill Details in Application for Service Approval Form

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

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



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

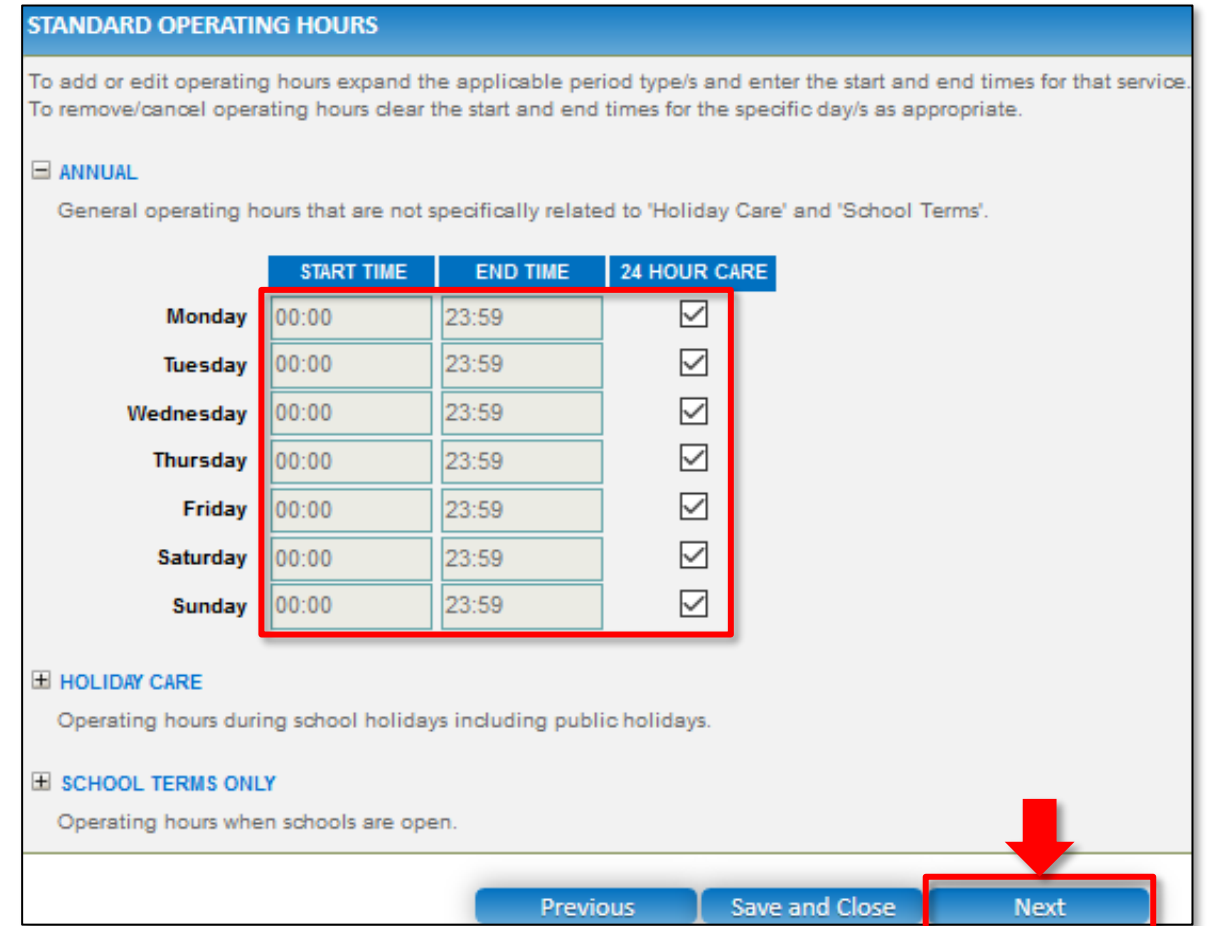
STANDARD OPERATING HOURS

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

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

Previous | Save and Close | Next

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



STANDARD OPERATING HOURS

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

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

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

HOLIDAY CARE
Operating hours during school holidays including public holidays.

SCHOOL TERMS ONLY
Operating hours when schools are open.

Previous | Save and Close | **Next**

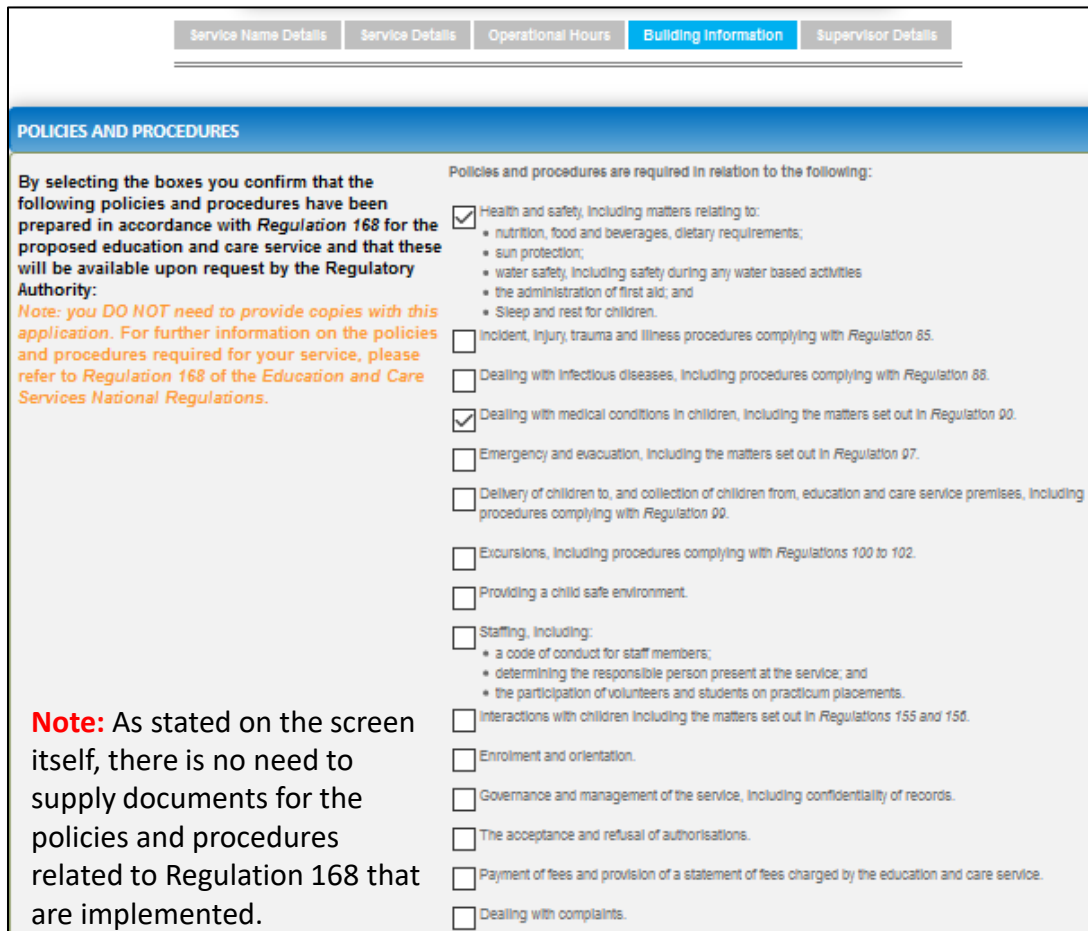
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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- Centre-based Care Service Application -

Fill Details in Application for Service Approval Form

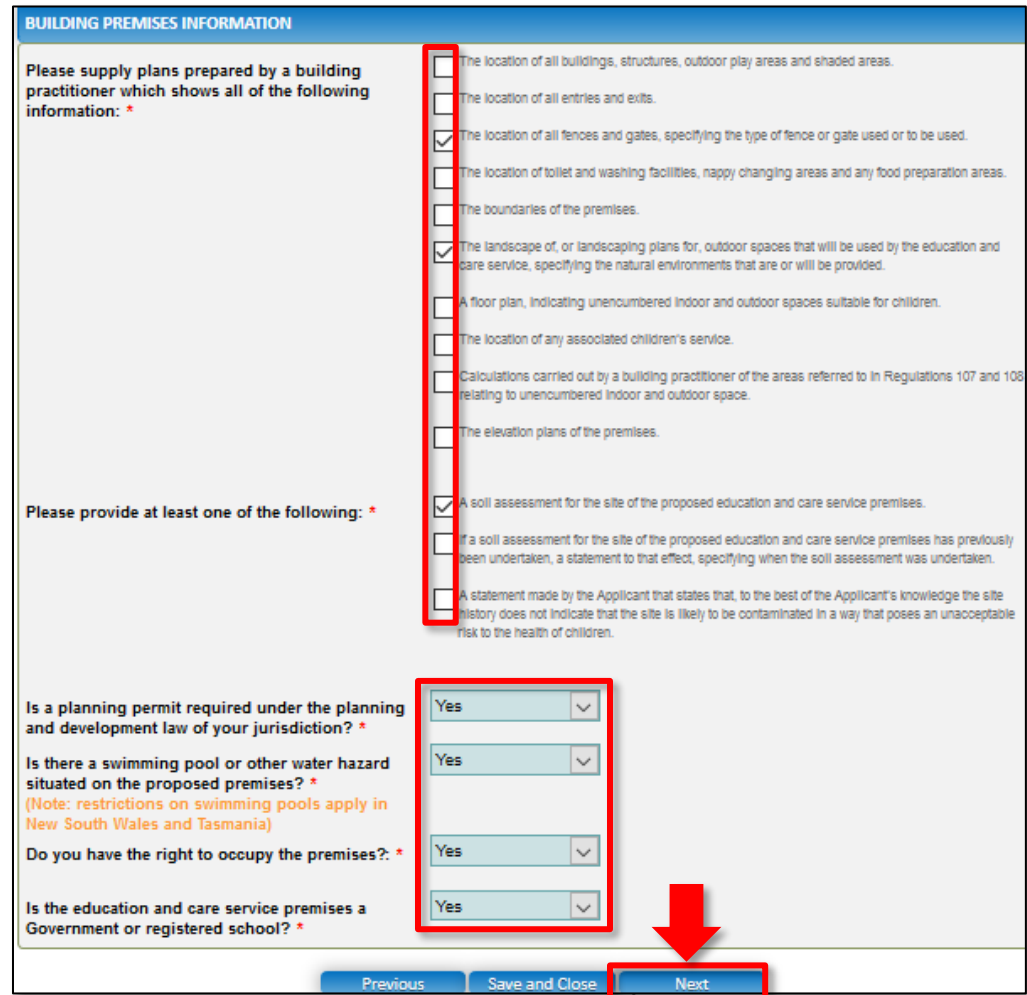
11. In the **Building Information** section, select the relevant options in the **POLICIES AND PROCEDURES** sub-section (optional).



The screenshot shows the 'POLICIES AND PROCEDURES' section of the application form. It includes a navigation bar with tabs for 'Service Name Details', 'Service Details', 'Operational Hours', 'Building Information', and 'Supervisor Details'. The 'Building Information' tab is selected. Below the navigation bar, there is a section titled 'POLICIES AND PROCEDURES' with a blue header. The content includes a note about providing copies of policies and procedures, followed by a list of checkboxes for various policies and procedures. A red box highlights the 'Health and safety' checkbox, which is checked. Other checkboxes include 'Incident, injury, trauma and illness procedures', 'Dealing with infectious diseases', 'Dealing with medical conditions in children', 'Emergency and evacuation', 'Delivery of children to, and collection of children from', 'Excursions', 'Providing a child safe environment', 'Staffing', 'Interactions with children', 'Enrolment and orientation', 'Governance and management of the service', 'The acceptance and refusal of authorisations', 'Payment of fees and provision of a statement of fees', and 'Dealing with complaints'.

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

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



The screenshot shows the 'BUILDING PREMISES INFORMATION' section of the application form. It includes a blue header with the title 'BUILDING PREMISES INFORMATION'. The content includes a note about providing plans prepared by a building practitioner, followed by a list of checkboxes for various building premises information. A red box highlights the first two checkboxes, which are checked. Other checkboxes include 'The location of all fences and gates', 'The location of toilet and washing facilities', 'The boundaries of the premises', 'The landscape of, or landscaping plans for, outdoor spaces', 'A floor plan', 'The location of any associated children's service', 'Calculations carried out by a building practitioner', 'The elevation plans of the premises', and 'A soil assessment for the site of the proposed education and care service premises'. Below the checkboxes, there are four dropdown menus for 'Is a planning permit required under the planning and development law of your jurisdiction?', 'Is there a swimming pool or other water hazard situated on the proposed premises?', 'Do you have the right to occupy the premises?', and 'Is the education and care service premises a Government or registered school?'. A red arrow points to the 'Next' button at the bottom right of the form.

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

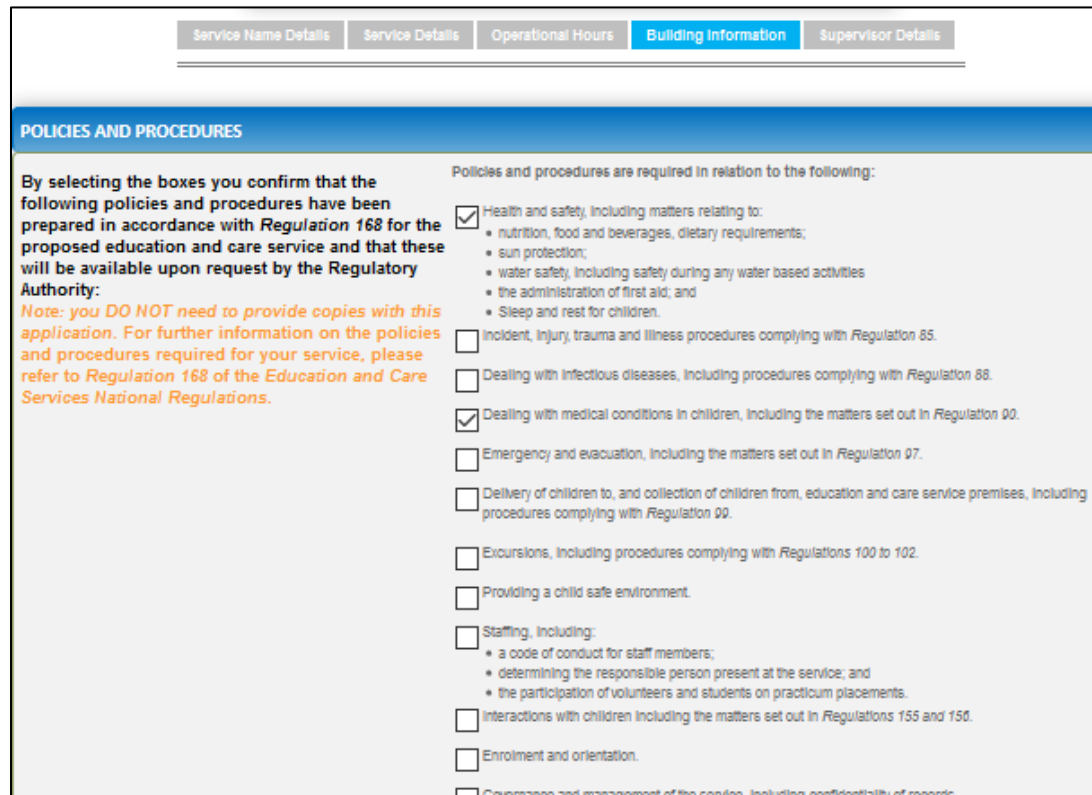
Note: In the **Submission** stage you will be asked to attach documents based on the options selected in the **Building Information** section.

[Back to Main Menu](#)

- Family Day Care Service Application -

Fill Details in Application for Service Approval Form

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



POLICIES AND PROCEDURES

By selecting the boxes you confirm that the following policies and procedures have been prepared in accordance with Regulation 168 for the proposed education and care service and that these will be available upon request by the Regulatory Authority:

Note: you DO NOT need to provide copies with this application. For further information on the policies and procedures required for your service, please refer to Regulation 168 of the Education and Care Services National Regulations.

Policies and procedures are required in relation to the following:

- Health and safety, including matters relating to:
 - nutrition, food and beverages, dietary requirements;
 - sun protection;
 - water safety, including safety during any water based activities
 - the administration of first aid; and
 - Sleep and rest for children.
- Incident, injury, trauma and illness procedures complying with Regulation 85.
- Dealing with infectious diseases, including procedures complying with Regulation 88.
- Dealing with medical conditions in children, including the matters set out in Regulation 90.
- Emergency and evacuation, including the matters set out in Regulation 97.
- Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99.
- Excursions, including procedures complying with Regulations 100 to 102.
- Providing a child safe environment.
- Staffing, including:
 - a code of conduct for staff members;
 - determining the responsible person present at the service; and
 - the participation of volunteers and students on practicum placements.
- Interactions with children including the matters set out in Regulations 155 and 156.
- Enrolment and orientation.
- Governance and management of the centre, including confidentiality of records.

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

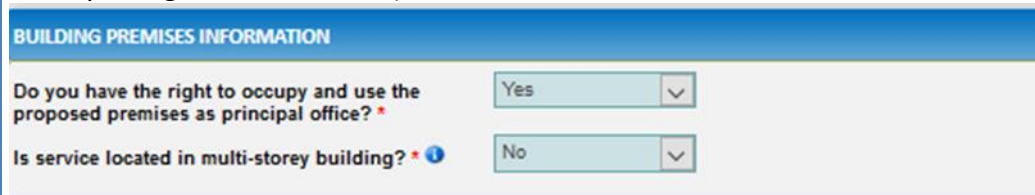
Please provide copies of the following proposed policies and procedures relating to: *

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

- Assessment, approval and reassessment of approved family day care venues and family day care residences (including matters to meet the requirements of Regulation 110).
- Engagement or registration of family day care educators.
- Keeping of a register of family day care educators under Regulation 153.
- Monitoring, support and supervision of family day care educators, including how the service will manage educators in remote locations.
- Assessment of family day care educators, family day care educator assistants and persons residing at family day care residences, including the matters required under Regulation 163.
- Visitors to family day care residences and venues while education and care is being provided to children as part of a family day care service.
- The provision of information, assistance and training to family day care educators.
- The engagement or registration of family day care educator assistants.
- If the family day care service will permit a family day care residence or venue with a swimming pool or something that may constitute a water hazard, a copy of the service's proposed water safety policy (Please note – swimming pools are prohibited in Tasmania for all education and care services).

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

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



BUILDING PREMISES INFORMATION

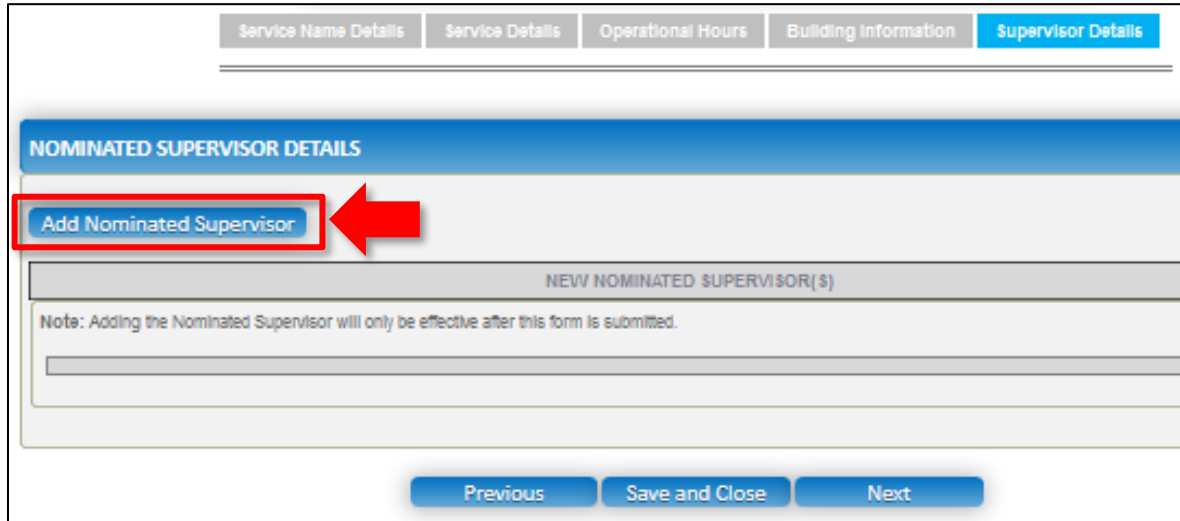
Do you have the right to occupy and use the proposed premises as principal office? *

Is service located in multi-storey building? *

[Back to Main Menu](#)

Fill Details in Application for Service Approval Form

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



Service Name Details Service Details Operational Hours Building Information Supervisor Details

NOMINATED SUPERVISOR DETAILS

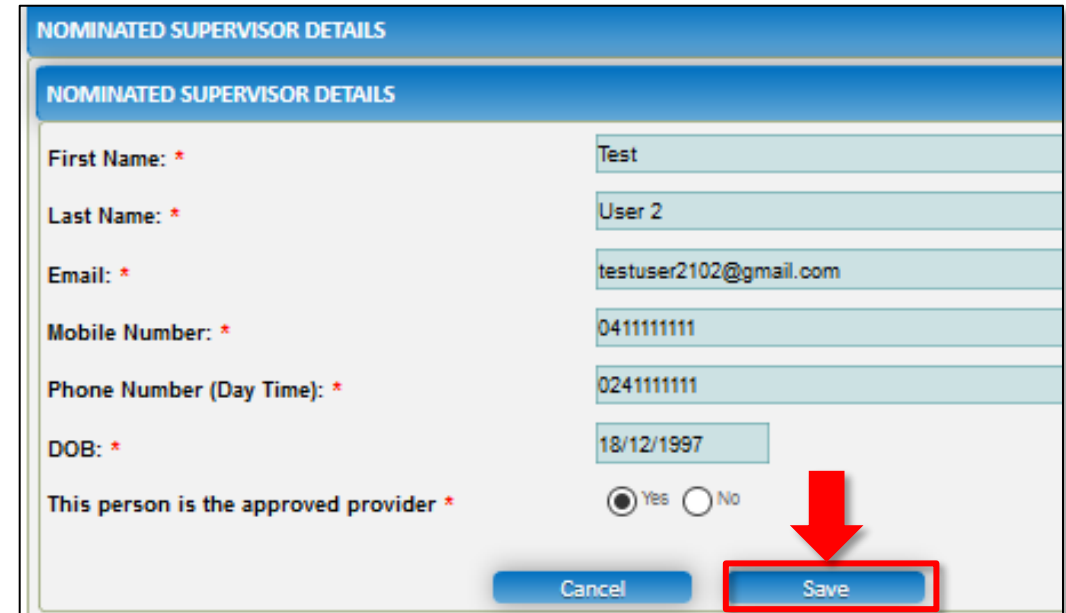
Add Nominated Supervisor

NEW NOMINATED SUPERVISOR(S)

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

Previous Save and Close Next

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

NOMINATED SUPERVISOR DETAILS

First Name: * Test

Last Name: * User 2

Email: * testuser2102@gmail.com

Mobile Number: * 0411111111

Phone Number (Day Time): * 0241111111

DOB: * 18/12/1997

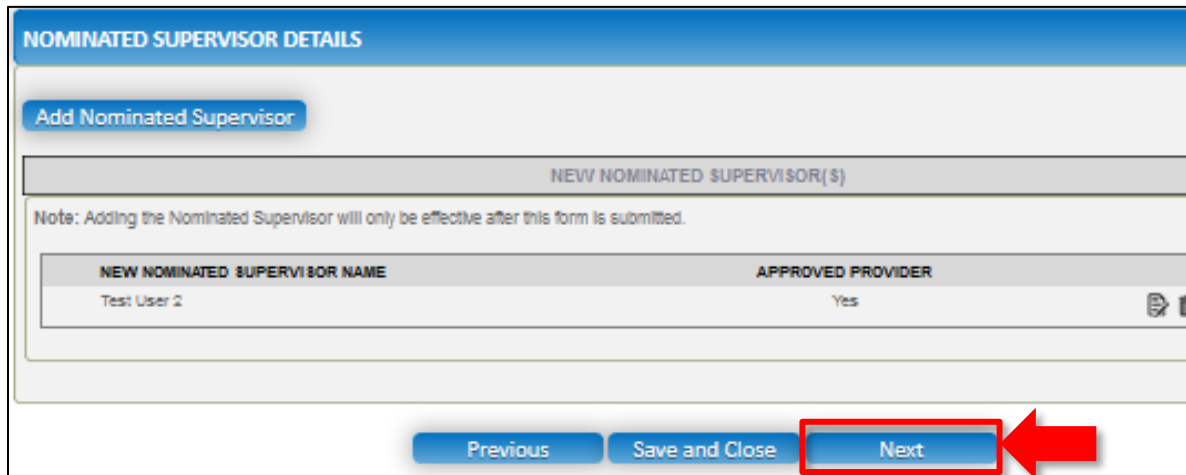
This person is the approved provider * Yes No

Cancel Save

[Back to Main Menu](#)

Fill Details in Application for Service Approval Form

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



NOMINATED SUPERVISOR DETAILS

Add Nominated Supervisor

NEW NOMINATED SUPERVISOR(S)

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

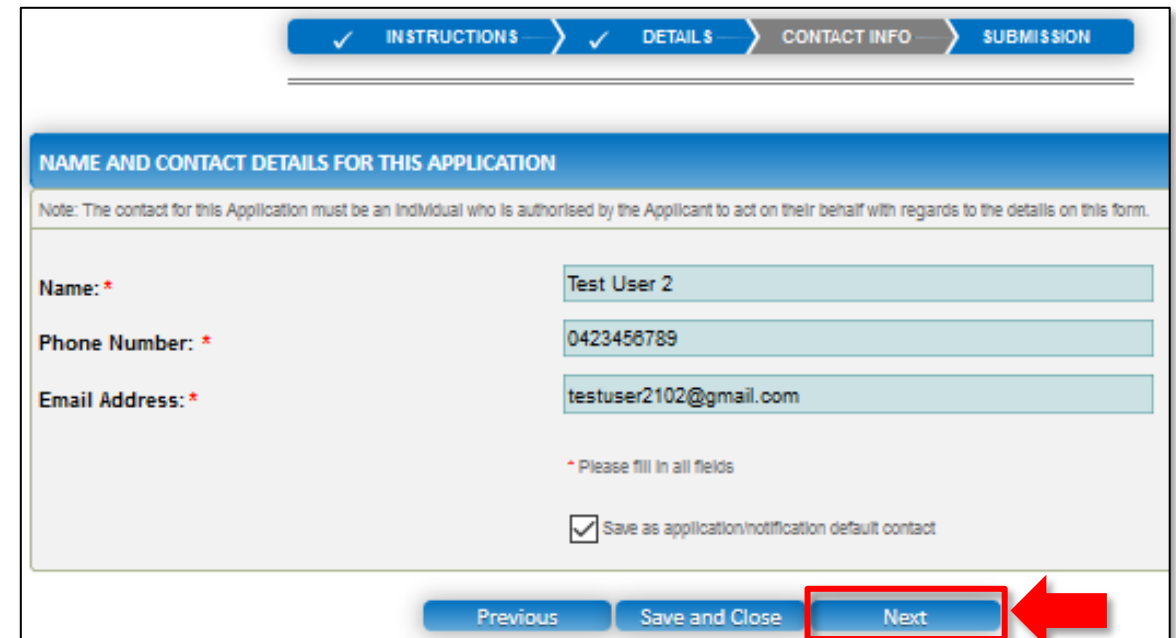
NEW NOMINATED SUPERVISOR NAME	APPROVED PROVIDER
Test User 2	Yes

Previous Save and Close **Next**

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

Provide Contact Details in Application for Service Approval Form

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



INSTRUCTIONS ✓ → DETAILS ✓ → **CONTACT INFO** → SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

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

Name: * Test User 2

Phone Number: * 0423456789

Email Address: * testuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

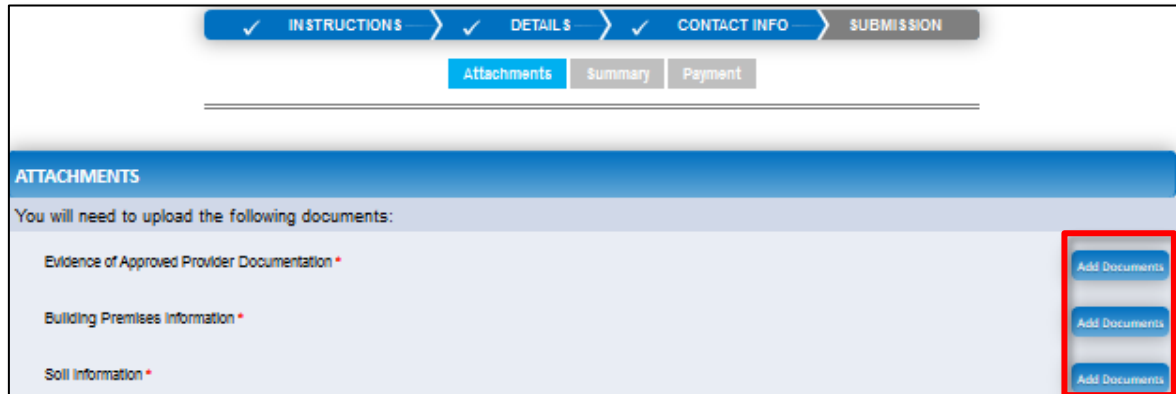
Previous Save and Close **Next**

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

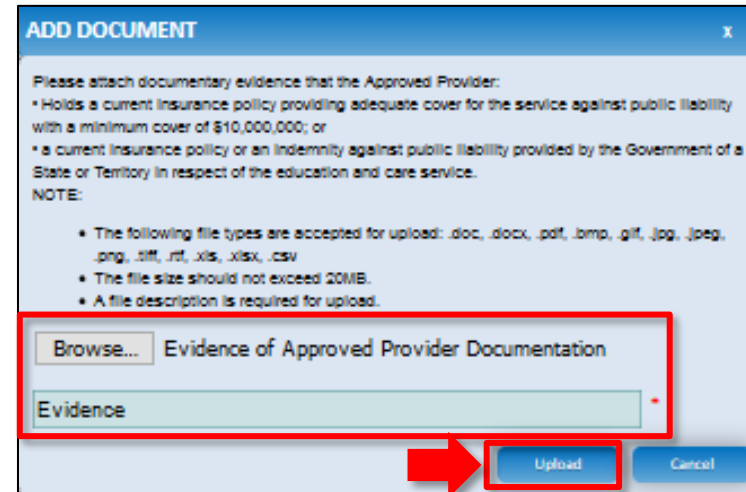
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Submit Application for Service Approval Form

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



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



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

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

Submit Application for Service Approval Form

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

Centre-based Care Service Application

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

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

Document Type	File	Description	Size	
Evidence of Approved Provider Documentation	Evidence of Approved Provider Documentation.docx	Evidence	12.01 KB	x Remove
Building Premises Information	Building Premises Information.docx	Information	12.05 KB	x Remove
Soil Information	Soil Information.docx	Soil Info	12.06 KB	x Remove
Planning Permit Under the Planning and Development Law	Planning Permit Under the Planning and Development Law.docx	Planning Permit	11.98 KB	x Remove
Swimming Pool / Water Hazards	Swimming Pool - Water Hazards.docx	Swimming Pool / Water Hazards	12.16 KB	x Remove
Right To Occupy	Right To Occupy.docx	Right	12.19 KB	x Remove

Total Files: 6

Total Size: 72.44 KB

Previous

Save and Close

Next

Family Day Care Service Application

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

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

Document Type	File	Description	Size	
Evidence of Approved Provider Documentation	Evidence of Approved Provider Documentation.docx	Evidence	12.01 KB	x Remove
Building Premises Information	Building Premises information.docx	Information	12.05 KB	x Remove
Soil information	Soil information.docx	Soil Info	12.06 KB	x Remove
Planning Permit Under the Planning and Development Law	Planning Permit Under the Planning and Development Law.docx	Planning Permit	11.98 KB	x Remove
Swimming Pool / Water Hazards	Swimming Pool - Water Hazards.docx	Swimming Pool / Water Hazards	12.16 KB	x Remove
Right To Occupy	Right To Occupy.docx	Right	12.19 KB	x Remove

Total Files: 6

Total Size: 72.44 KB

Previous

Save and Close

Next

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Submit Application for Service Approval Form

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

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

SERVICE NAME DETAILS Edit

SERVICE NAME DETAIL \$	
Service Legal Entity Name	Service Entity Sample 1
Service Trading Name	Service Trading Sample 1
Service ABN	
Service Type	Centre-based Care

PROPOSED SERVICE ADDRESS DETAIL \$

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

SERVICE CONTACT DETAIL \$

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 school Outside school hours care - after school Outside school hours care - vacation care

ASSOCIATED SERVICES

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

OPERATIONAL HOURS Edit

ANNUAL

General operating hours that are not specific

HOLIDAY CARE

Operating hours during school holidays include

SCHOOL TERMS

Operating hours when schools are open.

BUILDING INFORMATION Edit

POLICIES AND PROCEDURES

The following policies and procedures have been prepared

The following policies and procedures have NOT been prepared

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

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

Dealing with infectious diseases, including procedures complying with Regulation 88

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

Emergency and evacuation, including the matters set out in Regulation 97

Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99

Excursions, including procedures complying with Regulations 100 to 102

Providing a child safe environment

Staffing, including:

- a code of conduct for staff members;
- determining the responsible person present at the service; and
- the participation of volunteers and students on practicum placements.

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

Enrolment and orientation

Governance and management of the service, including confidentiality of records

The acceptance and refusal of authorisations

Payment of fees and provision of a statement of fees charged by the education and care service

Dealing with complaints

BUILDING PREMISES INFORMATION

Following plans prepared by a building practitioner will be submitted	The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided.
---	---

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Submit Application for Service Approval Form

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

BUILDING PREMISES INFORMATION											
Following plans prepared by a building practitioner will be submitted	The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided.										
NOMINATED SUPERVISOR DETAILS Edit											
New Nominated Supervisors Details											
<table border="1"> <thead> <tr> <th>NAME</th> <th>DOB</th> <th>PHONE NUMBER</th> <th>MOBILE NUMBER</th> <th>EMAIL</th> </tr> </thead> <tbody> <tr> <td>Test User 2</td> <td>18/12/1997</td> <td>0241111111</td> <td>0411111111</td> <td>testuser2102@gmail.com</td> </tr> </tbody> </table>	NAME	DOB	PHONE NUMBER	MOBILE NUMBER	EMAIL	Test User 2	18/12/1997	0241111111	0411111111	testuser2102@gmail.com	
NAME	DOB	PHONE NUMBER	MOBILE NUMBER	EMAIL							
Test User 2	18/12/1997	0241111111	0411111111	testuser2102@gmail.com							
APPLICATION CONTACT DETAILS Edit											
Name Test User 2	Phone Number 0423456789	Email Address testuser2102@gmail.com									

ATTACHMENT DETAILS		
Document Type	Description	File Name
Evidence of Approved Provider Documentation	Evidence	Evidence of Approved Provider Documentation.docx
Building Premises Information	Information	Building Premises Information.docx
Soil Information	Soil Info	Soil Information.docx
Planning Permit Under the Planning and Development Law	Planning Permit	Planning Permit Under the Planning and Development Law.docx
Swimming Pool / Water Hazards	Swimming Pool / Water Hazards	Swimming Pool - Water Hazards.docx
Right To Occupy	Right	Right To Occupy.docx

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

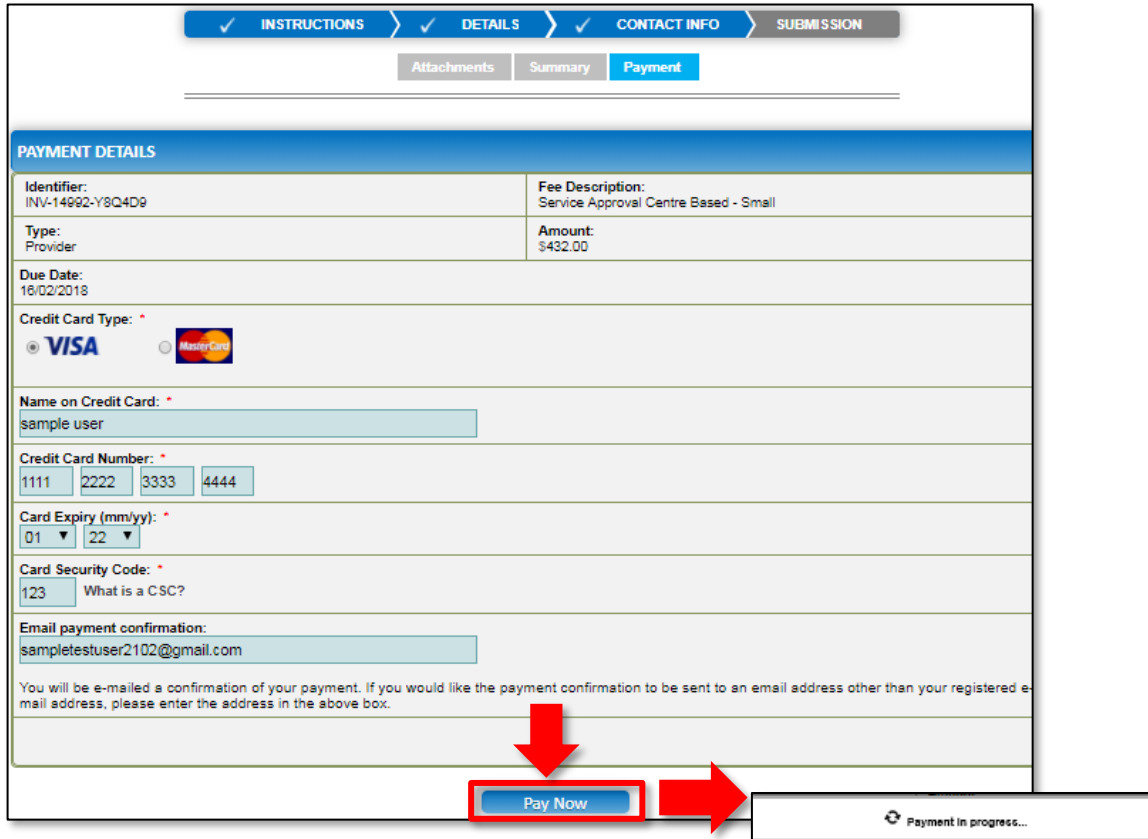
DECLARATION
<input checked="" type="checkbox"/> I declare that: ⓘ
<ol style="list-style-type: none"> The information provided in this application form (including any attachments) is true, complete and correct; I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form; The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments; I have read and understood a Provider's legal obligations under the <i>Education and Care Services National Law</i>; The Regulatory Authority is authorised to verify any information provided in this application; Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the <i>Family Assistance Law</i> and may be disclosed to other persons/authorities where authorised by the <i>Education and Care Services National Law</i> or other legislation; and I am aware that I may be subject to penalties under the <i>Education and Care Services National Law</i> if I provide false or misleading information in this form. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).
<div style="text-align: right;"> Previous Save and Close Finalise </div>

🔄 Finalising in progress...

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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.




Navigation: INSTRUCTIONS ✓ | DETAILS ✓ | CONTACT INFO ✓ | SUBMISSION

Attachments | Summary | **Payment**

PAYMENT DETAILS

Identifier: INV-14892-Y8Q4D9	Fee Description: Service Approval Centre Based - Small
Type: Provider	Amount: \$432.00
Due Date: 18/02/2018	
Credit Card Type: *	
<input checked="" type="radio"/> VISA <input type="radio"/> MasterCard	
Name on Credit Card: *	sample user
Credit Card Number: *	1111 2222 3333 4444
Card Expiry (mm/yy): *	01 22
Card Security Code: *	123 What is a CSC?
Email payment confirmation:	sampletestuser2102@gmail.com

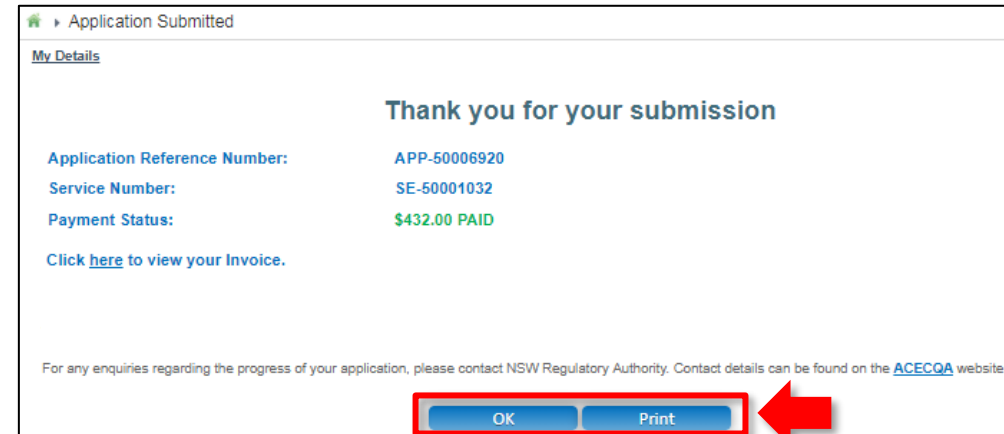
You will be e-mailed a confirmation of your payment. If you would like the payment confirmation to be sent to an email address other than your registered e-mail address, please enter the address in the above box.

Pay Now → 

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

Print or Close Application for Service Approval Form

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



Application Submitted

My Details

Thank you for your submission

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

[Click here to view your Invoice.](#)

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

OK **Print**

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Introduction

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

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

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

Table of Contents

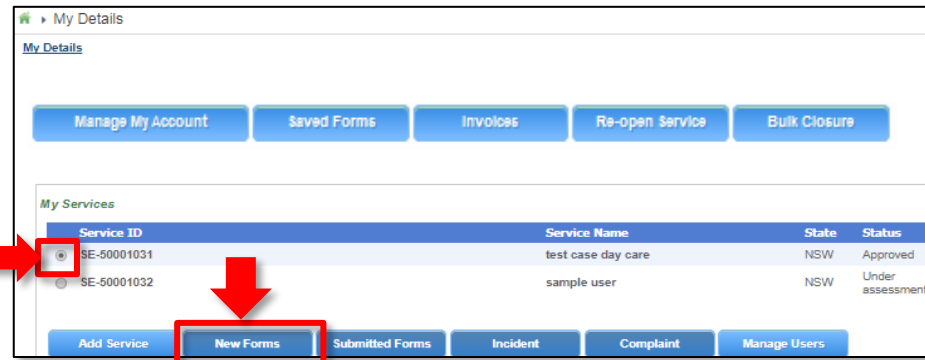
Note: the below forms can be accessed only by approved providers and services

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

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Access Application for Amendment of Service Approval Form

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



My Details

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

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

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

Select relevant Application or Notification

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

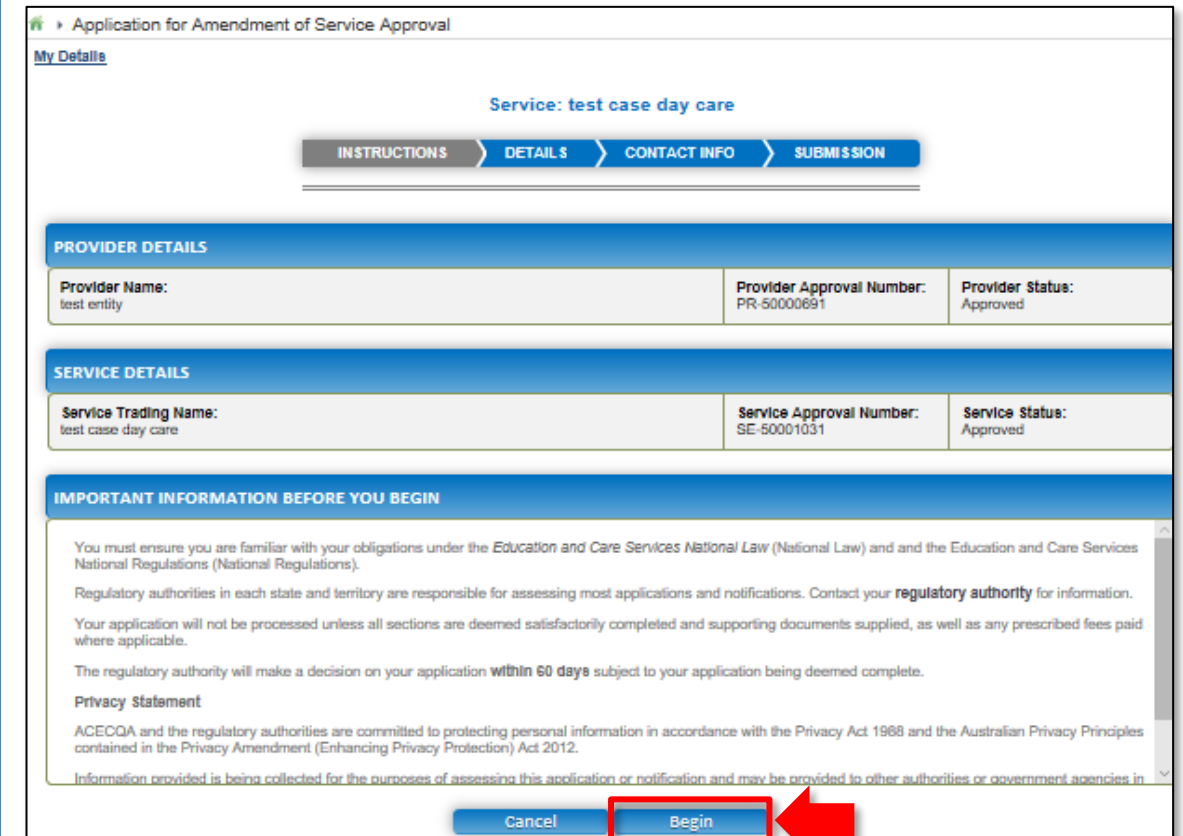
Form #	Form Name	Description
SA03	Application for Amendment of Service Approval	<p>Use this form to apply to:</p> <ul style="list-style-type: none"> Change the name of your education and care service Increase or decrease the maximum number of children that may be educated and cared for at any one time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

Apply

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.



Application for Amendment of Service Approval

My Details

Service: test case day care

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

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

SERVICE DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law (National Law)* and the *Education and Care Services National Regulations (National Regulations)*.

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

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

The regulatory authority will make a decision on your application **within 60 days** subject to your application being deemed complete.

Privacy Statement

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

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

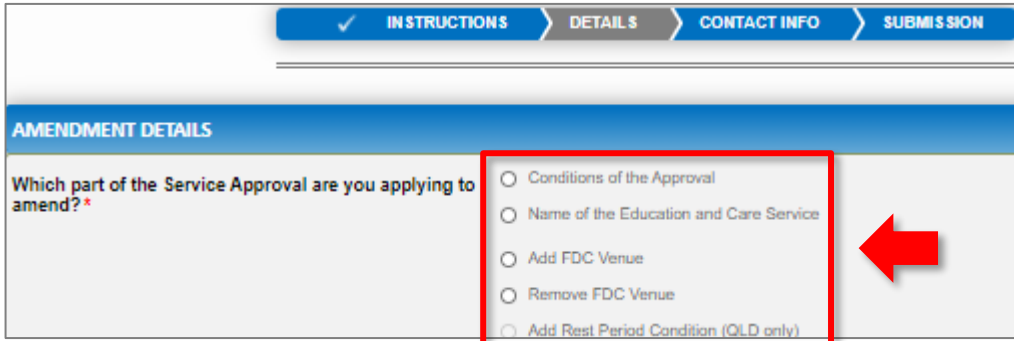
Cancel | **Begin**

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

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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.

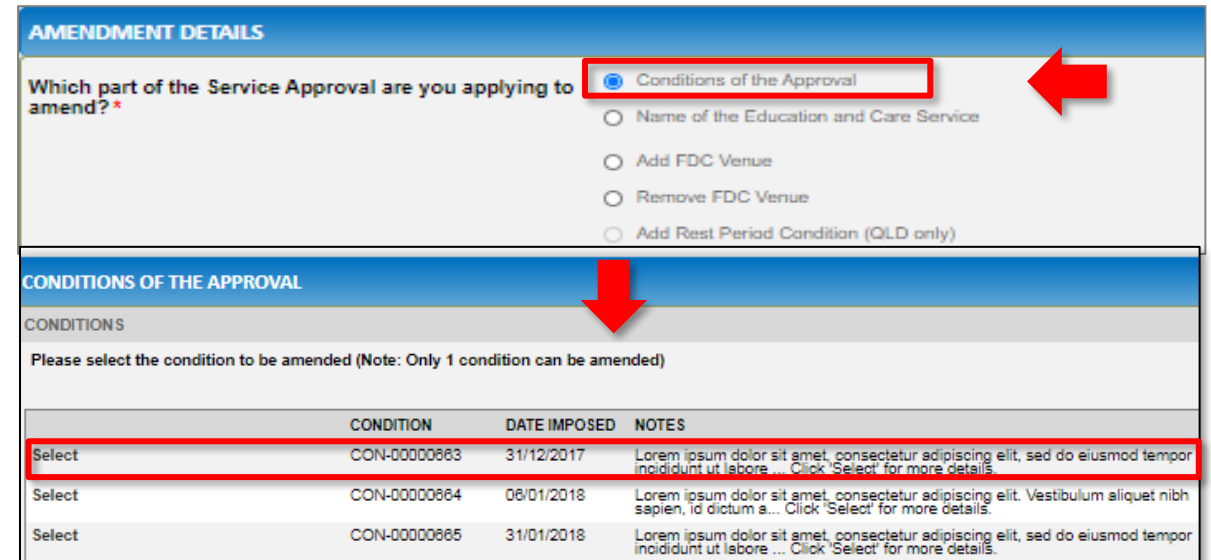


Notes:

- 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.



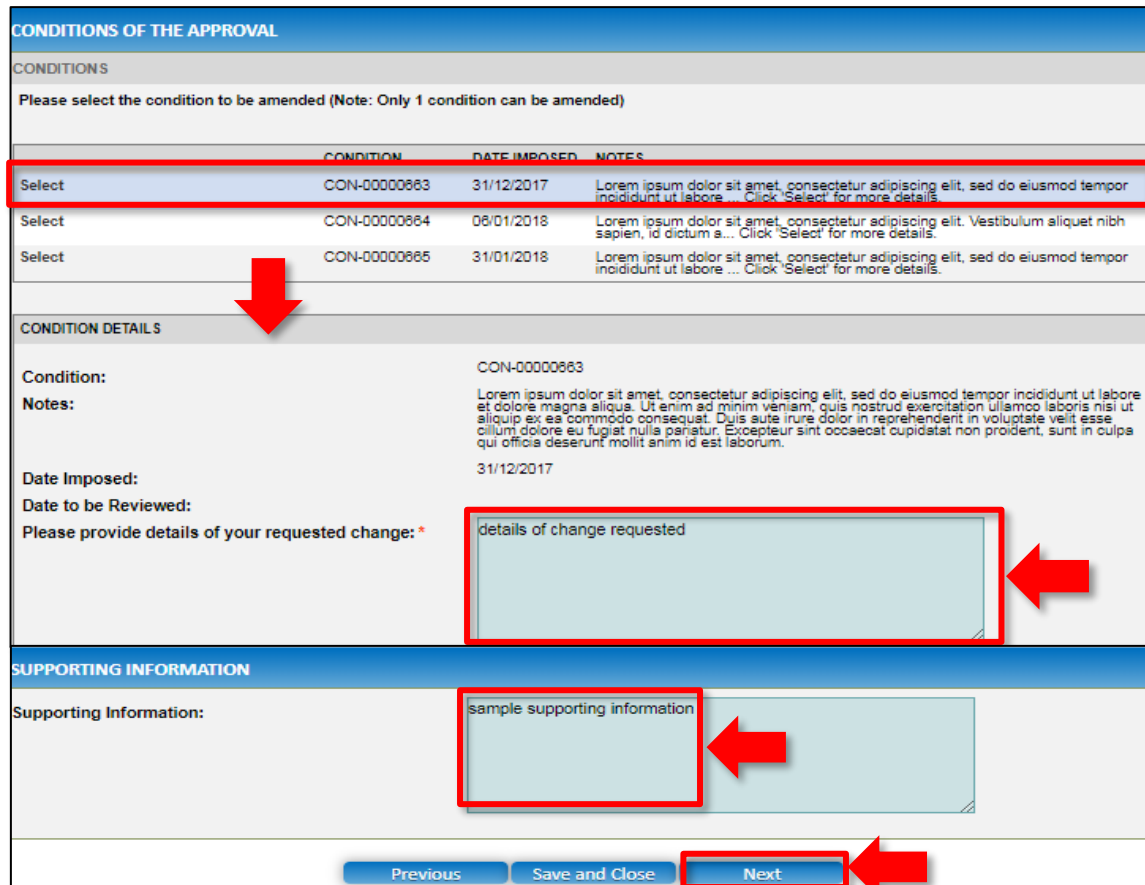
	CONDITION	DATE IMPOSED	NOTES
Select	CON-00000863	31/12/2017	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore ... Click 'Select' for more details.
Select	CON-00000864	08/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum aliquet nibh sapien, id dictum a... Click 'Select' for more details.
Select	CON-00000865	31/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore ... Click 'Select' for more details.

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

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Fill Details in Application for Amendment of Service Approval Form

2.a.1. In the **CONDITION DETAILS** sub-section, enter details of what changes you want to request in the **Please provide details of your requested change** field.



CONDITIONS OF THE APPROVAL

CONDITIONS

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

	CONDITION	DATE IMPOSED	NOTES
Select	CON-00000863	31/12/2017	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore... Click 'Select' for more details.
Select	CON-00000864	06/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum aliquet nibh sapien, id dictum s... Click 'Select' for more details.
Select	CON-00000865	31/01/2018	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore... Click 'Select' for more details.

CONDITION DETAILS

Condition: CON-00000863

Notes: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Date Imposed: 31/12/2017

Date to be Reviewed:

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

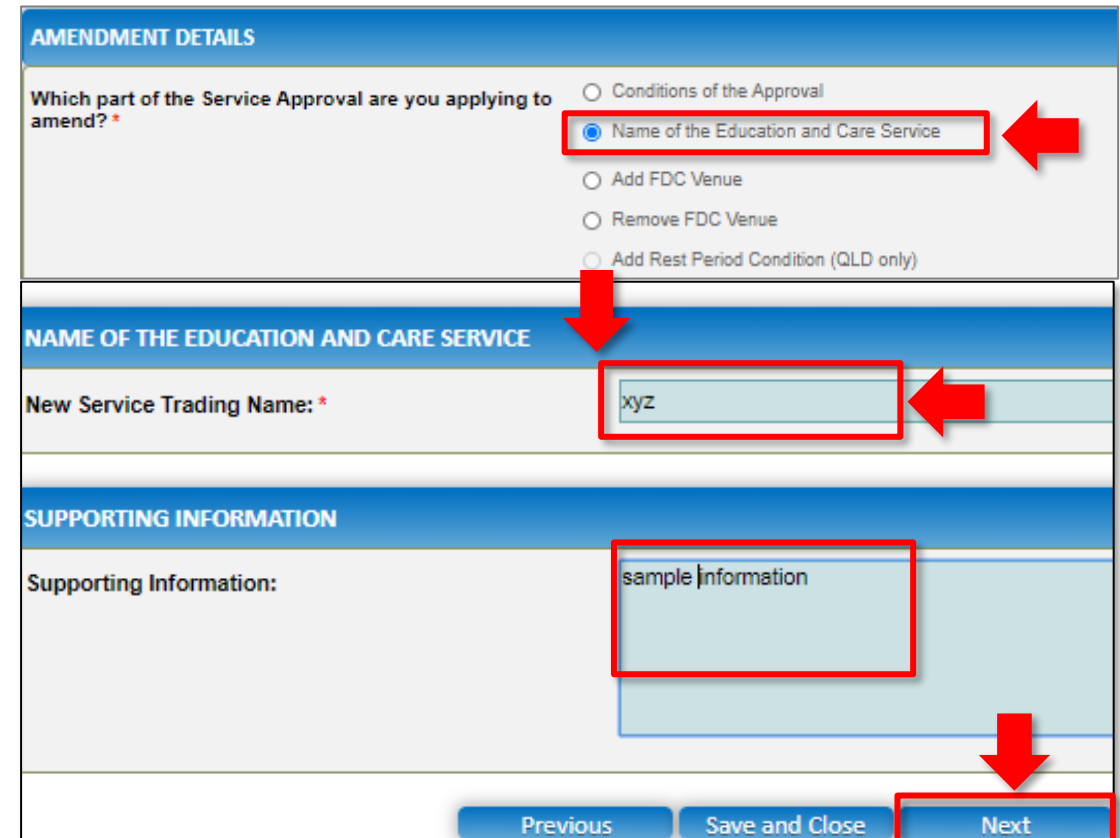
SUPPORTING INFORMATION

Supporting Information: sample supporting information

Previous Save and Close **Next**

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

2.b. If you select the **Name of the Education and Care Service** option, the **NAME OF THE EDUCATION AND CARE SERVICE** section is displayed. Fill the new trading name of the service you want to update. Also, fill the supporting details in the **SUPPORTING INFORMATION** section and click **Next**.



AMENDMENT DETAILS

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

Conditions of the Approval

Name of the Education and Care Service

Add FDC Venue

Remove FDC Venue

Add Rest Period Condition (QLD only)

NAME OF THE EDUCATION AND CARE SERVICE

New Service Trading Name: * xyz

SUPPORTING INFORMATION

Supporting Information: sample information

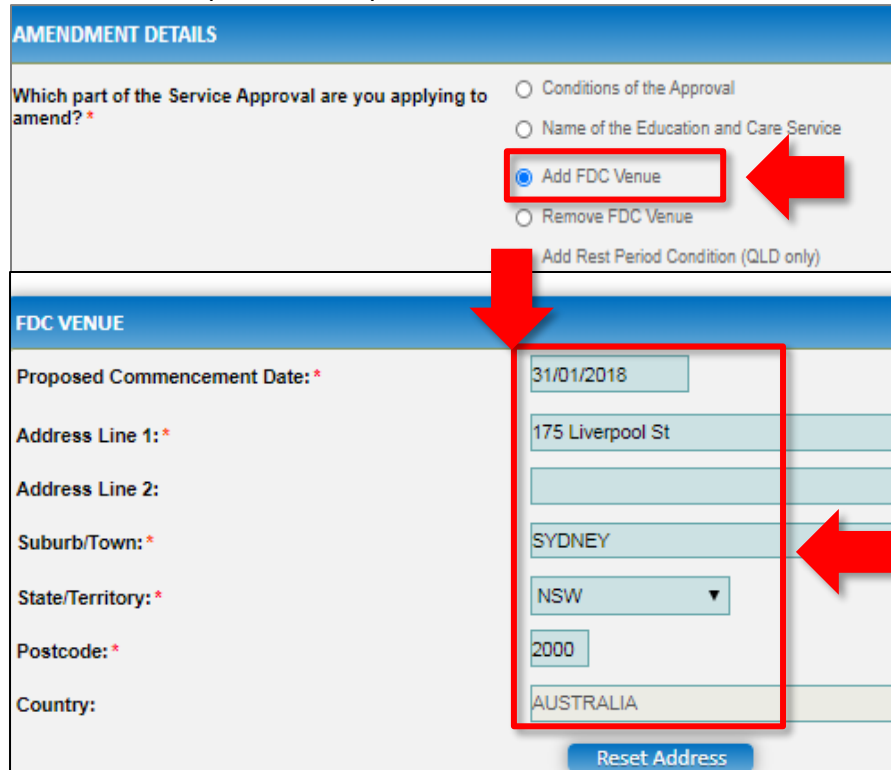
Previous Save and Close **Next**

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

[Back to Main Menu](#)

Fill Details in Application for Amendment of Service Approval Form

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



AMENDMENT DETAILS

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

- Conditions of the Approval
- Name of the Education and Care Service
- Add FDC Venue
- Remove FDC Venue

Add Rest Period Condition (QLD only)

FDC VENUE

Proposed Commencement Date: * 31/01/2018

Address Line 1: * 175 Liverpool St

Address Line 2: *

Suburb/Town: * SYDNEY

State/Territory: * NSW

Postcode: * 2000

Country: AUSTRALIA

[Reset Address](#)

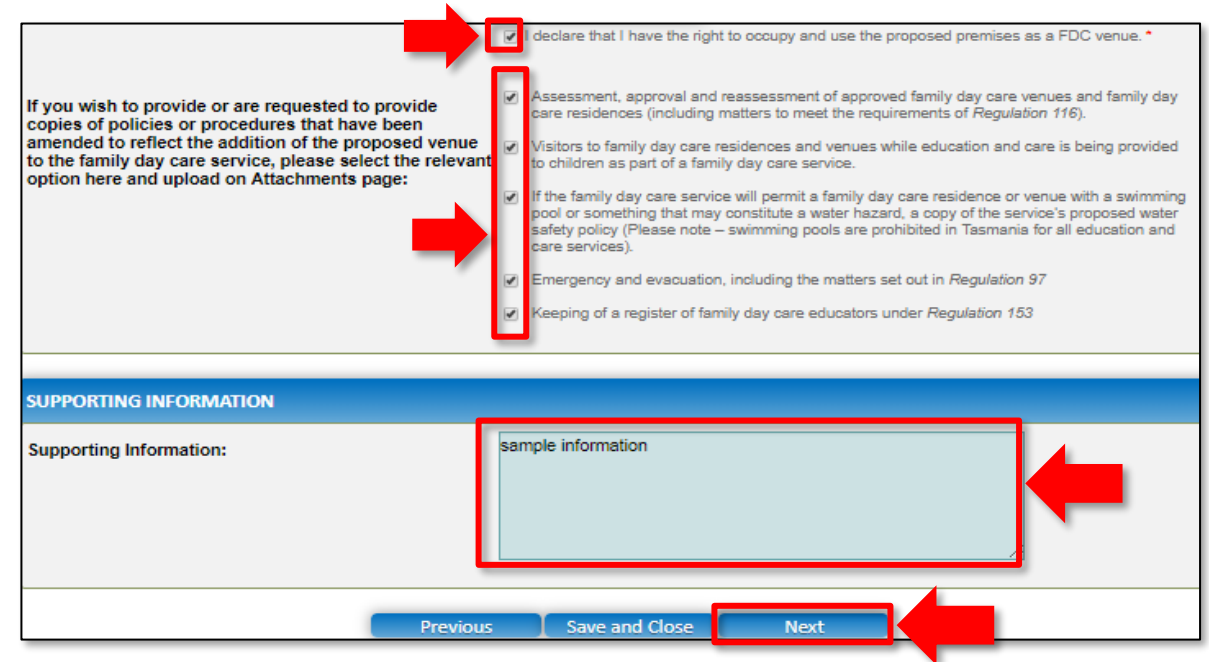
When you start filling the address, if you do not see the address in the auto-fill list of addresses, click **Cannot find address, click here to manually enter it** and then fill the address manually.

OR

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

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

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



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

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

- Assessment, approval and reassessment of approved family day care venues and family day care residences (including matters to meet the requirements of Regulation 116).
- Visitors to family day care residences and venues while education and care is being provided to children as part of a family day care service.
- If the family day care service will permit a family day care residence or venue with a swimming pool or something that may constitute a water hazard, a copy of the service's proposed water safety policy (Please note – swimming pools are prohibited in Tasmania for all education and care services).
- Emergency and evacuation, including the matters set out in Regulation 97
- Keeping of a register of family day care educators under Regulation 153

SUPPORTING INFORMATION

Supporting Information: sample information

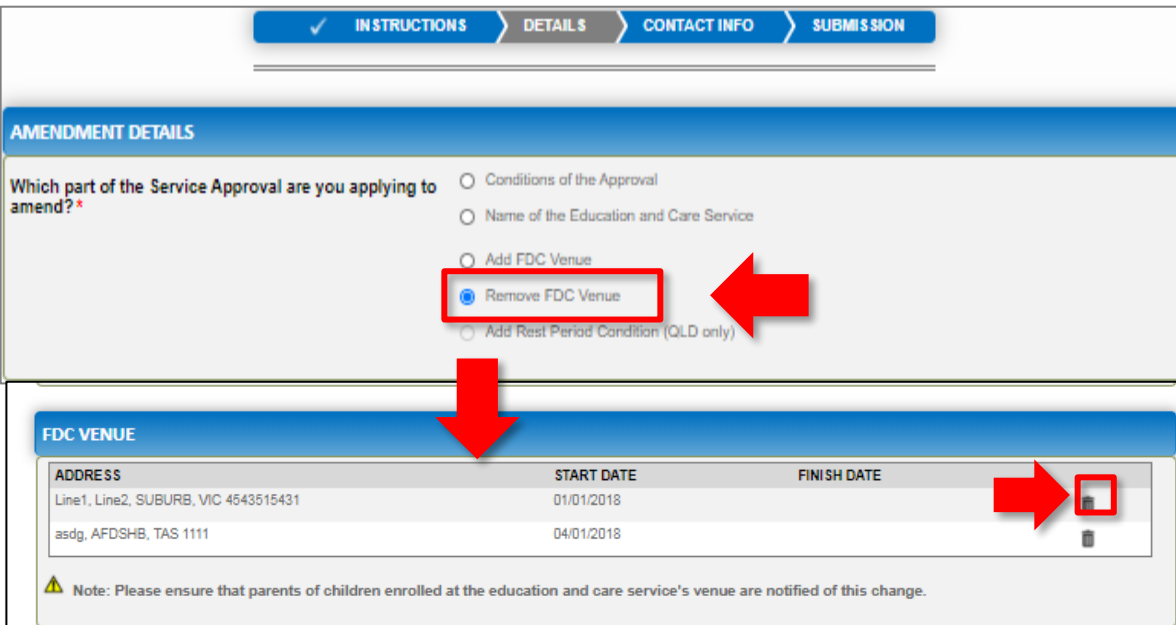
[Previous](#) [Save and Close](#) [Next](#)

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

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Fill Details in Application for Amendment of Service Approval Form

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



INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

AMENDMENT DETAILS

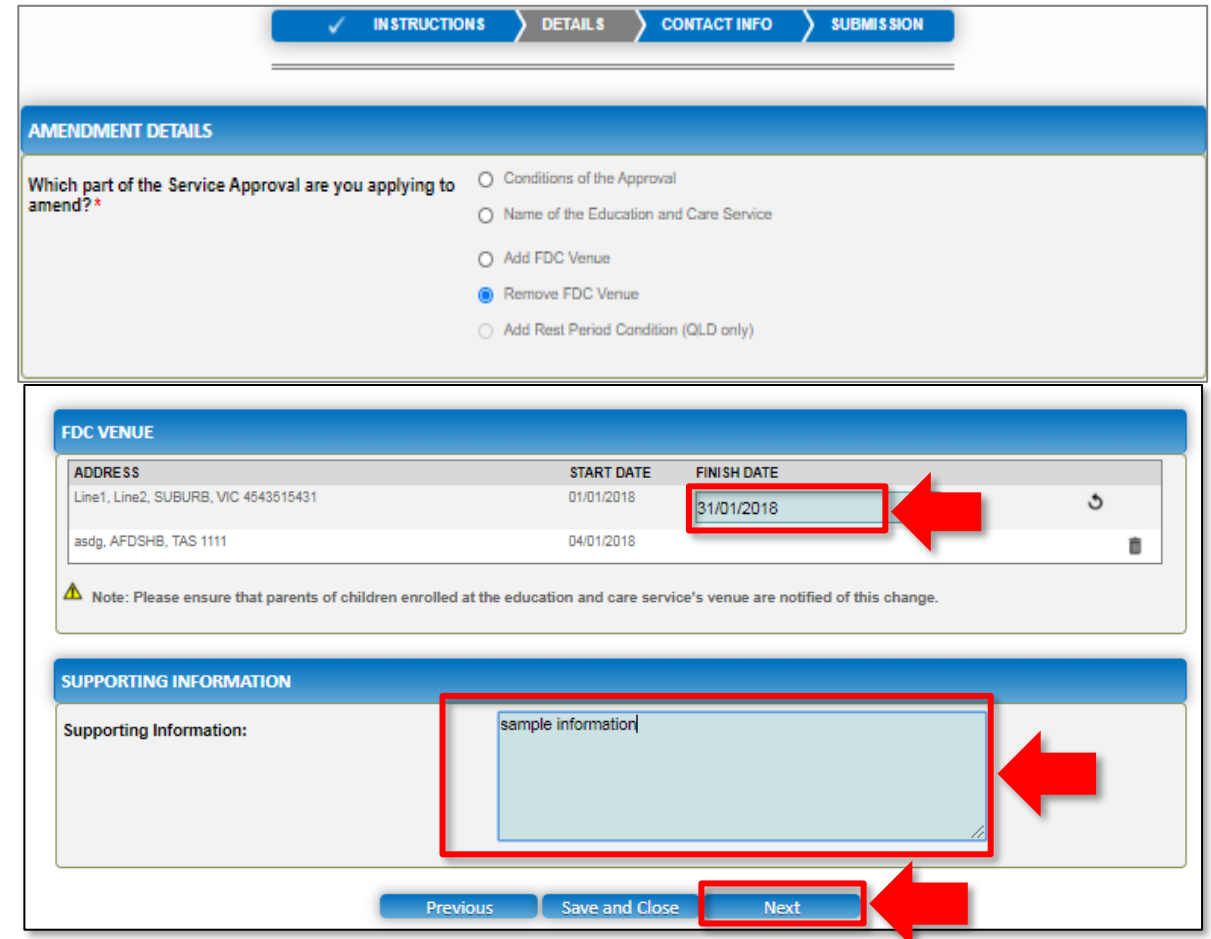
Which part of the Service Approval are you applying to amend?*

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

FDC VENUE

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

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



INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

AMENDMENT DETAILS

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

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

FDC VENUE

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

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

SUPPORTING INFORMATION

Supporting Information:

sample information

Previous | Save and Close | Next

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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.

Application for Amendment of Service Approval

[My Details](#)

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

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

Name: *

Phone Number: *

Email Address: *

* Please fill in all fields

Save as application/notification default contact

Previous Save and Close **Next**

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

Submit Application for Amendment of Service Approval Form

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

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

Attachments Summary

ATTACHMENTS

You will need to upload the following documents:

Supporting Documents **Add Documents**

No documents have been uploaded.

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

ADD DOCUMENT

Please upload any relevant documentation

NOTE:

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

Choose File gibberish.docx

sample description **Upload** Cancel

ATTACHMENTS

You will need to upload the following documents:

Supporting Documents **Add Documents**

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

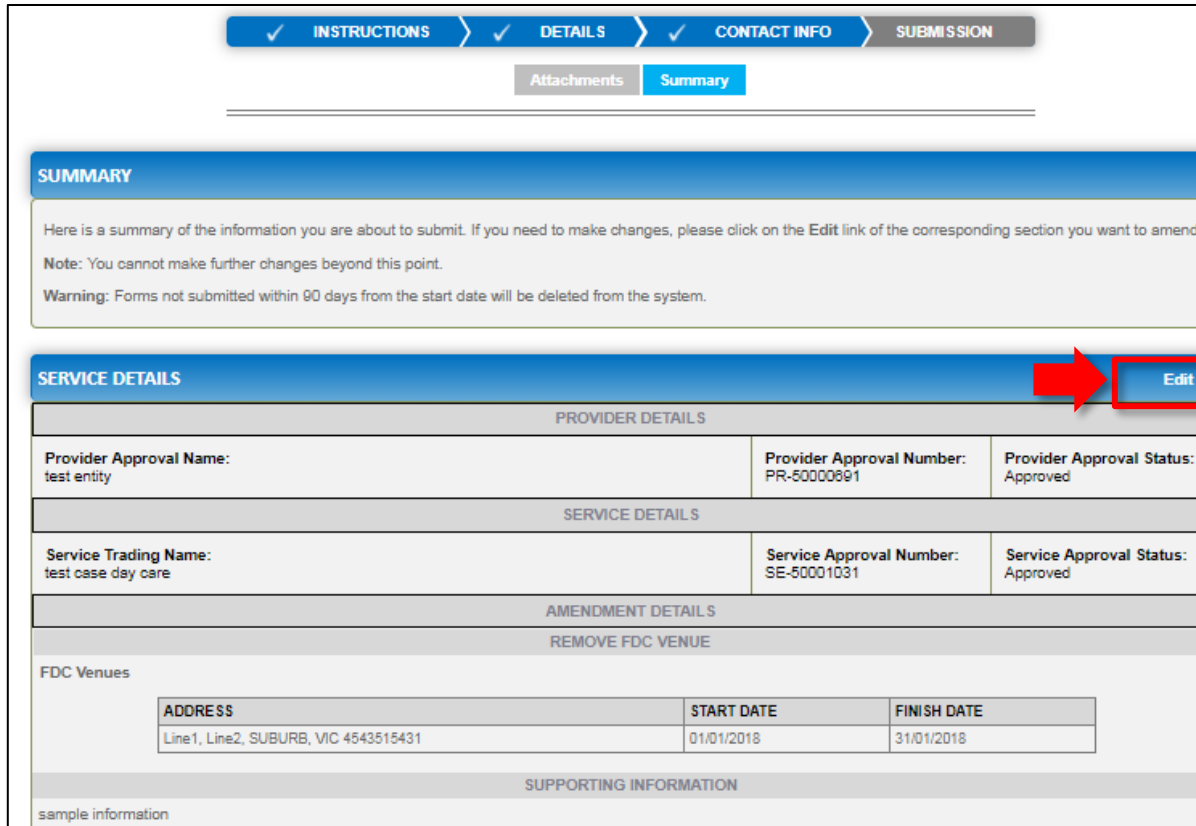
Total Files: 1 Total Size: 11.20 KB

Previous Save and Close **Next**

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Submit Application for Amendment of Service Approval Form

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



✓ INSTRUCTIONS > ✓ DETAILS > ✓ CONTACT INFO > SUBMISSION

Attachments Summary

SUMMARY

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

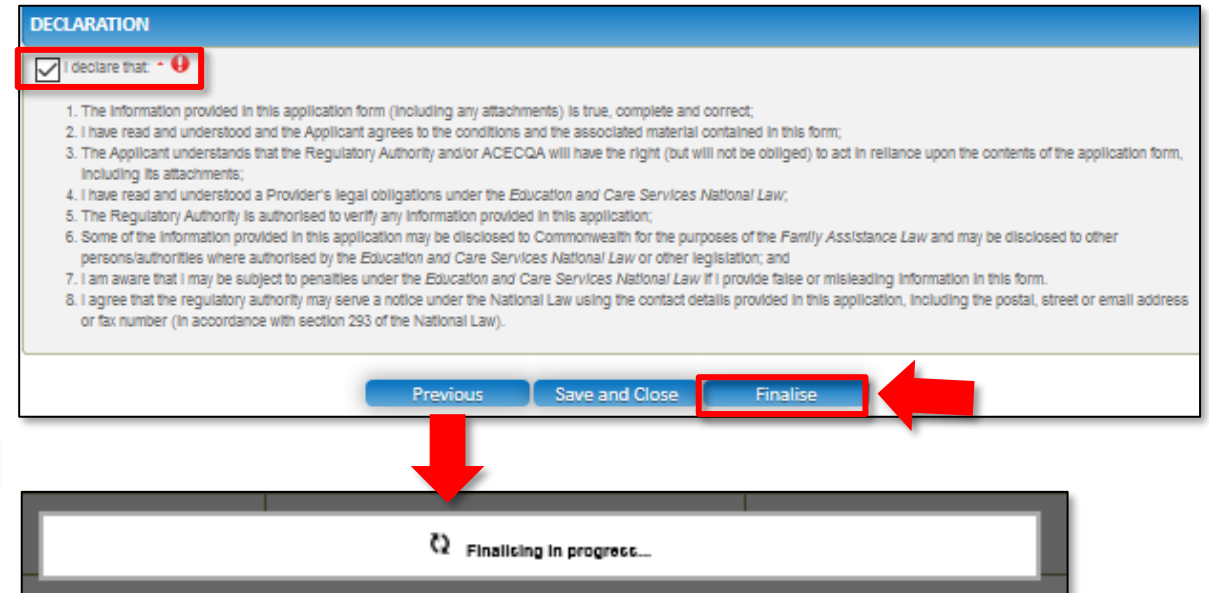
Note: You cannot make further changes beyond this point.

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

SERVICE DETAILS **Edit**

PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000891	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved
AMENDMENT DETAILS		
REMOVE FDC VENUE		
FDC Venues		
ADDRESS	START DATE	FINISH DATE
Line1, Line2, SUBURB, VIC 4543515431	01/01/2018	31/01/2018
SUPPORTING INFORMATION		
sample information		

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



DECLARATION

I declare that: ⓘ

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
- I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- The Regulatory Authority is authorised to verify any information provided in this application;
- Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
- I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
- I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

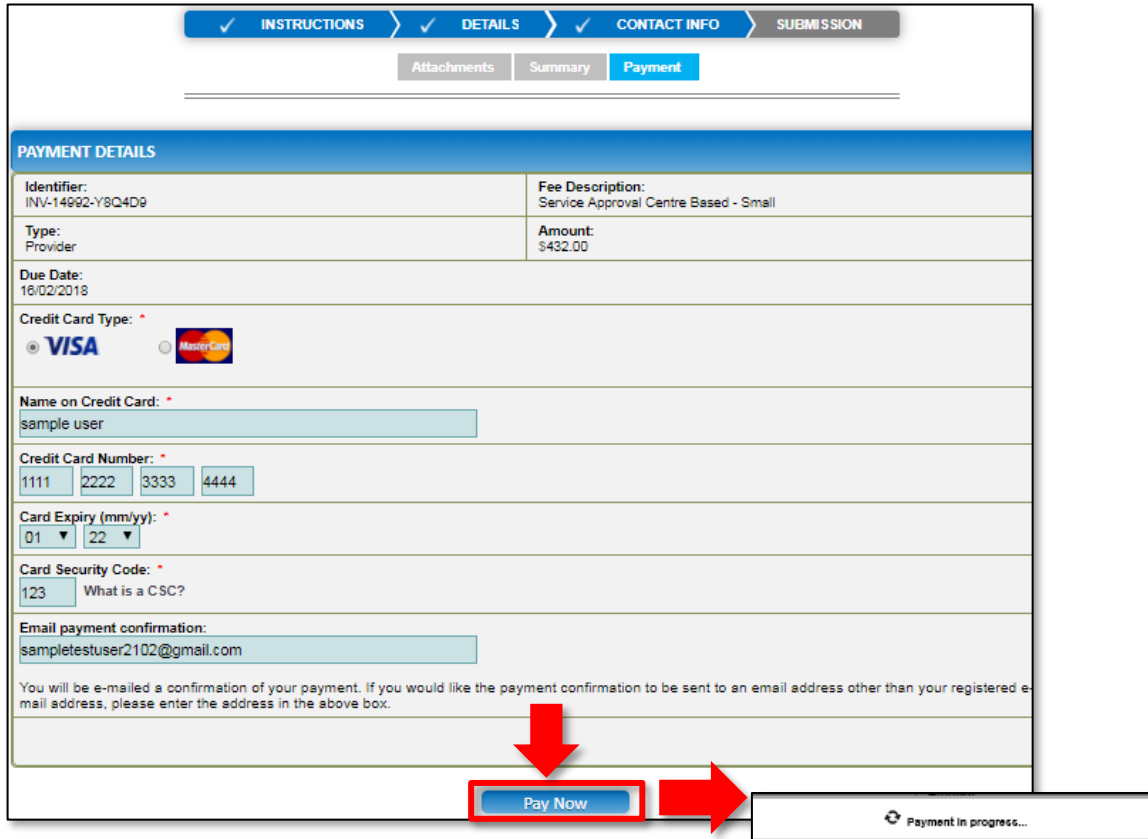
Previous Save and Close **Finalise**

Finalising in progress...

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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.




Navigation: INSTRUCTIONS ✓ | DETAILS ✓ | CONTACT INFO ✓ | SUBMISSION

Attachments | Summary | **Payment**

PAYMENT DETAILS

Identifier: INV-14892-Y8Q4D9	Fee Description: Service Approval Centre Based - Small
Type: Provider	Amount: \$432.00
Due Date: 18/02/2018	
Credit Card Type: *	
<input checked="" type="radio"/> VISA <input type="radio"/> MasterCard	
Name on Credit Card: *	sample user
Credit Card Number: *	1111 2222 3333 4444
Card Expiry (mm/yy): *	01 22
Card Security Code: *	123 What is a CSC?
Email payment confirmation:	sampletestuser2102@gmail.com

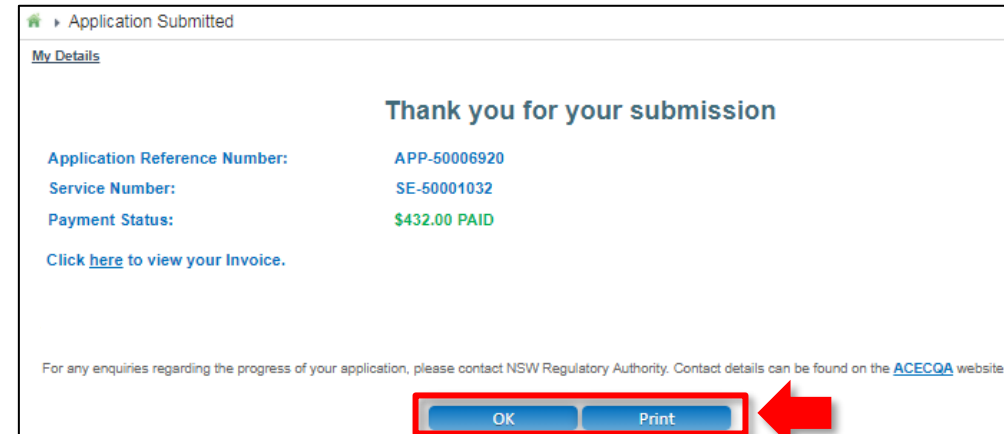
You will be e-mailed a confirmation of your payment. If you would like the payment confirmation to be sent to an email address other than your registered e-mail address, please enter the address in the above box.

Pay Now → 

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

Print or Close Application for Service Approval Form

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



Application Submitted

Thank you for your submission

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

[Click here to view your Invoice.](#)

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

OK **Print**

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Introduction

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

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

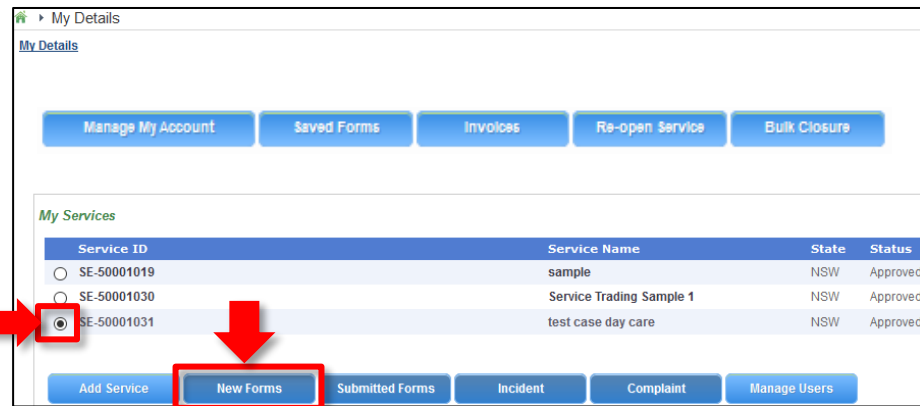
- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the **NQA IT System** portal, refer the **Register and Log-In** QRG.
- Navigated the **NQA IT System** portal, refer the **Portal Overview** QRG.
- At least one service, refer the **Application for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

Table of Contents

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

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Access Application for Voluntary Suspension of Service Approval Form



My Details

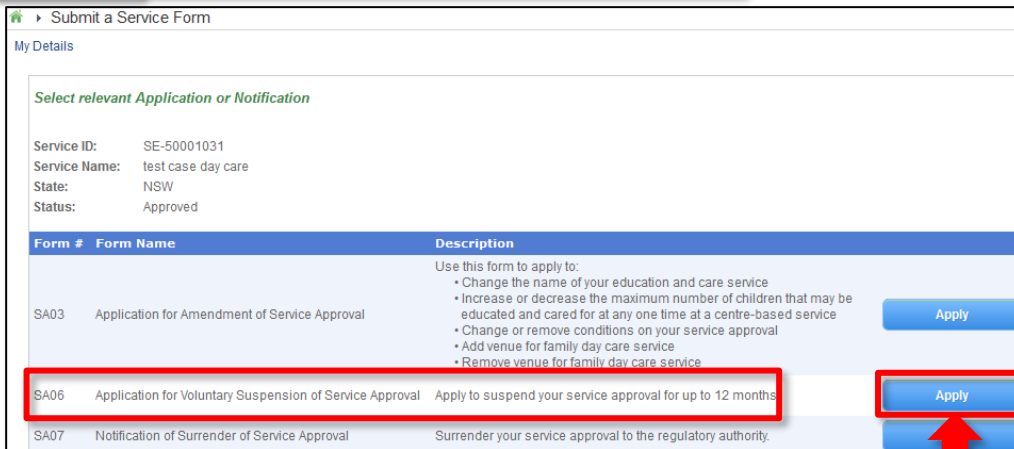
Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closure

My Services

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

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

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



Submit a Service Form

My Details

Select relevant Application or Notification

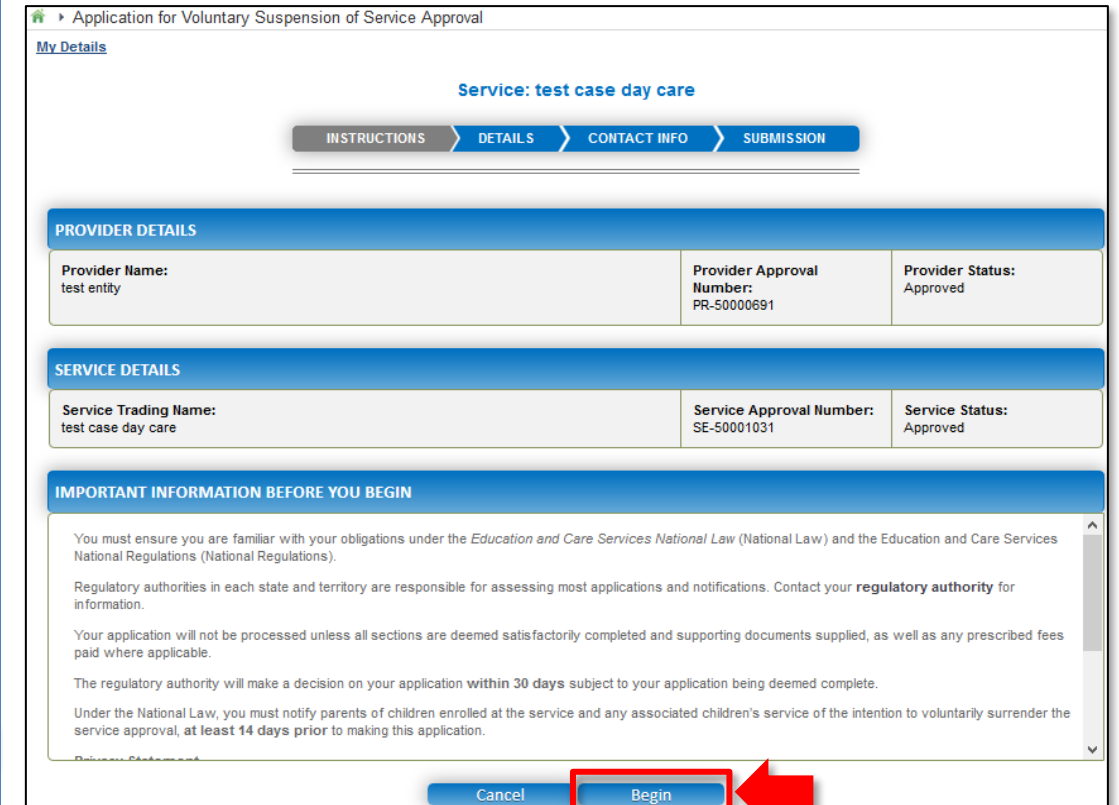
Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description
SA03	Application for Amendment of Service Approval	Use this form to apply to: <ul style="list-style-type: none"> Change the name of your education and care service Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service Change or remove conditions on your service approval Add venue for family day care service Remove venue for family day care service
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.

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

Begin Application for Voluntary Suspension of Service Approval Form

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



Application for Voluntary Suspension of Service Approval

My Details

Service: test case day care

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

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

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law (National Law)* and the *Education and Care Services National Regulations (National Regulations)*.

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

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

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

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

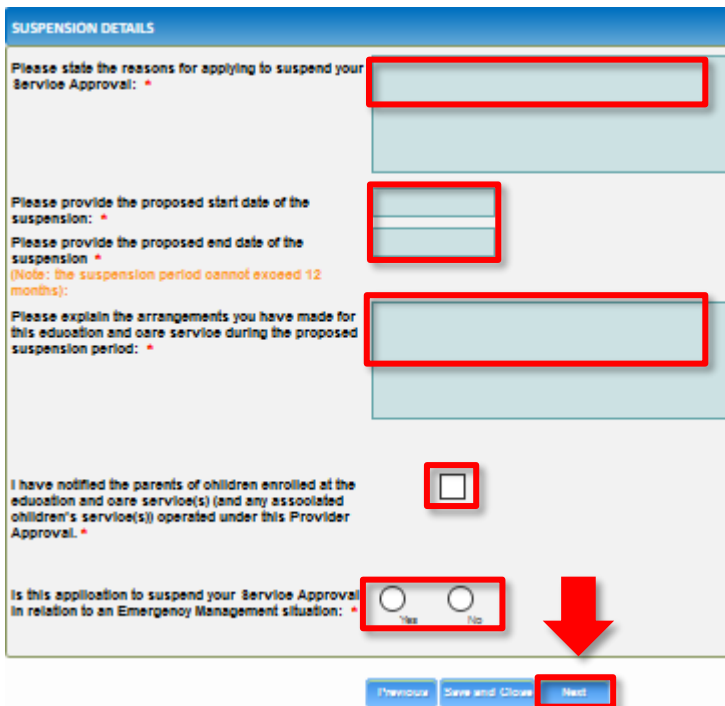
Cancel | **Begin**

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

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Fill Details in Application for Voluntary Suspension of Service Approval Form

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



SUSPENSION DETAILS

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

Please provide the proposed start date of the suspension: *

Please provide the proposed end date of the suspension *

(Note: the suspension period cannot exceed 12 months):

Please explain the arrangements you have made for this education and care service during the proposed suspension period: *

I have notified the parents of children enrolled at the education and care service(s) (and any associated children's service(s)) operated under this Provider Approval.

Is this application to suspend your Service Approval in relation to an Emergency Management situation: Yes No

Previous Save and Close **Next**

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

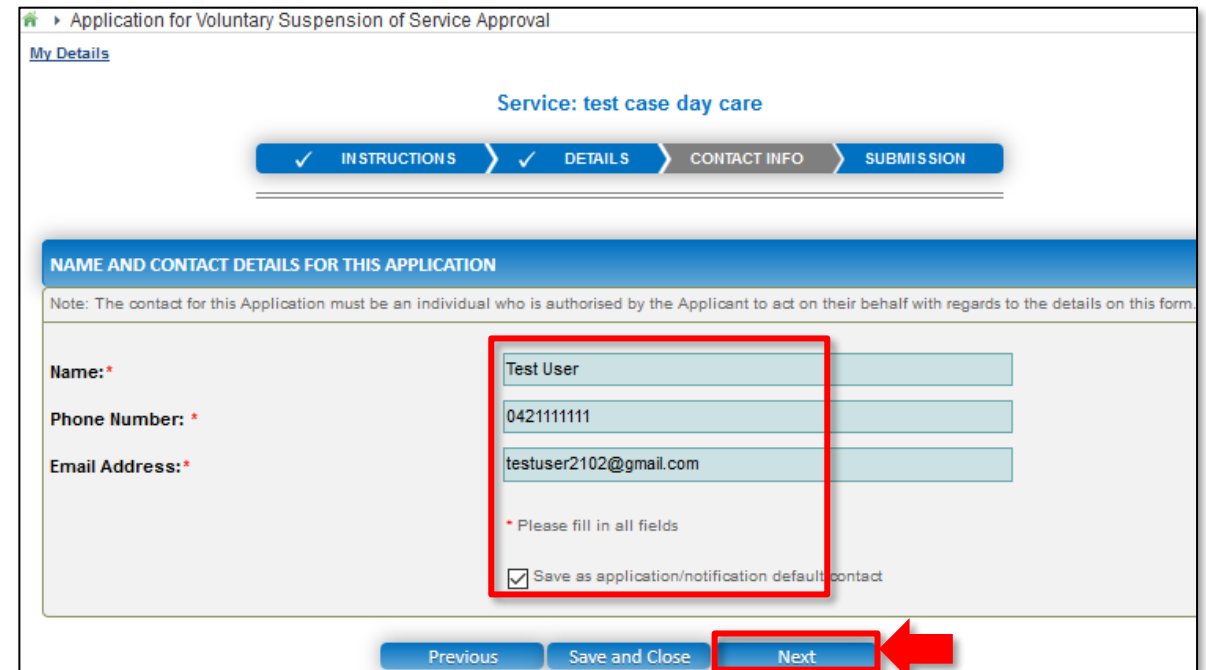
Note: For assistance in filling in voluntary suspension details related to an emergency management situation, refer to the [Emergency Management Help Guide](#)

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

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

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

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



Application for Voluntary Suspension of Service Approval

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

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

Name: * Test User

Phone Number: * 0421111111

Email Address: * testuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

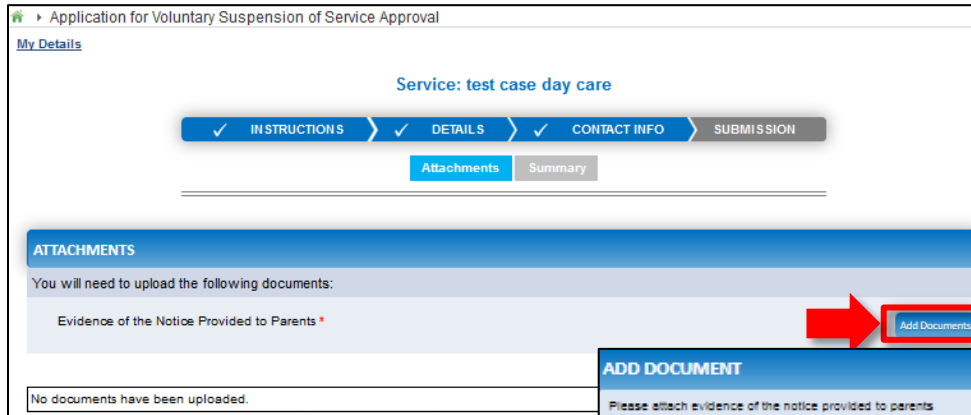
Previous Save and Close **Next**

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

[Back to Main Menu](#)

Submit Application for Voluntary Suspension of Service Approval Form

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



Application for Voluntary Suspension of Service Approval

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary

ATTACHMENTS

You will need to upload the following documents:

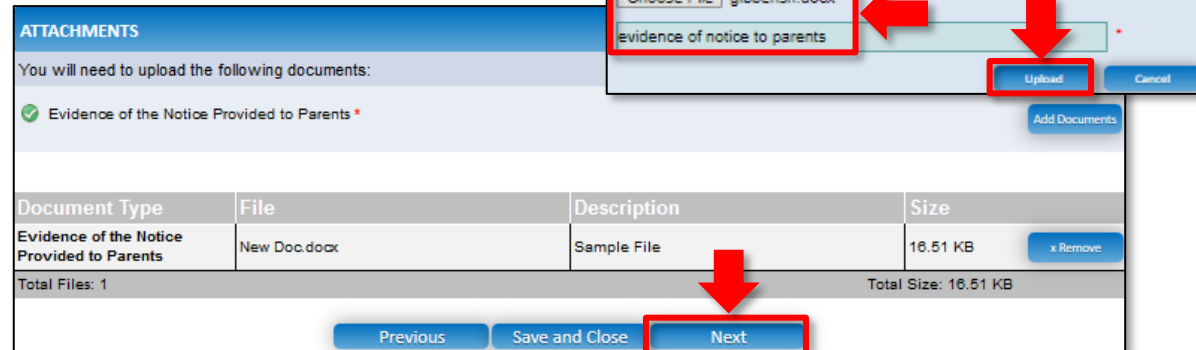
Evidence of the Notice Provided to Parents *

[Add Documents](#)

No documents have been uploaded.

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

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



ADD DOCUMENT

Please attach evidence of the notice provided to parents

NOTE:

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

Choose File | gibberish.docx

evidence of notice to parents *

[Upload](#) [Cancel](#)

[Add Documents](#)

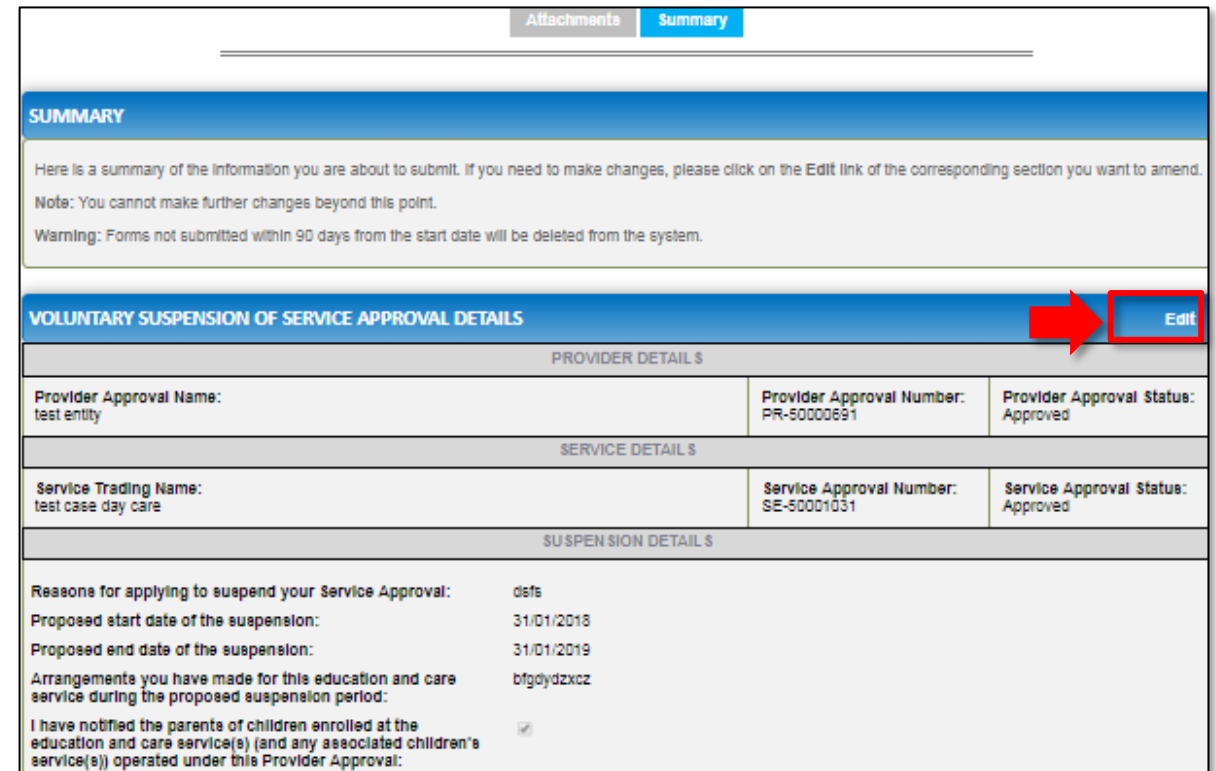
Document Type	File	Description	Size
Evidence of the Notice Provided to Parents	New Doc.docx	Sample File	16.51 KB x Remove

Total Files: 1 Total Size: 16.51 KB

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

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**.



Attachments Summary

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

VOLUNTARY SUSPENSION OF SERVICE APPROVAL DETAILS [Edit](#)

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

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

SUSPENSION DETAILS	
Reasons for applying to suspend your Service Approval:	dsfs
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:	bfgdydxcz
I have notified the parents of children enrolled at the education and care service(s) (and any associated children's service(s)) operated under this Provider Approval:	<input checked="" type="checkbox"/>

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Submit Application for Voluntary Suspension of Service Approval Form

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

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

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

DECLARATION

I declare that:

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
- I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- The Regulatory Authority is authorised to verify any information provided in this application;
- Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
- I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
- I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous Save and Close **Submit**

submission in progress...

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

Print or Close Application for Voluntary Suspension of Service Approval Form

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

Application Submitted

My Details

Thank you for your submission

Application Reference Number: APP-50006969

Service Number: SE-50001031

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

OK **Print**

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Introduction

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

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

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

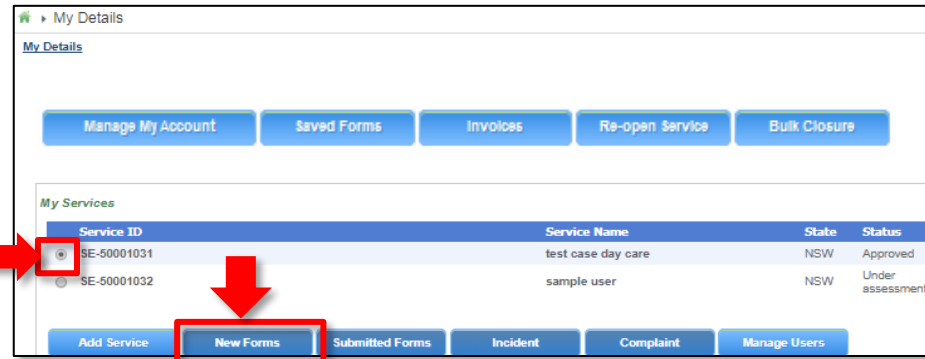
Table of Contents

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

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Access Application for Service or Temporary Waiver Form

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



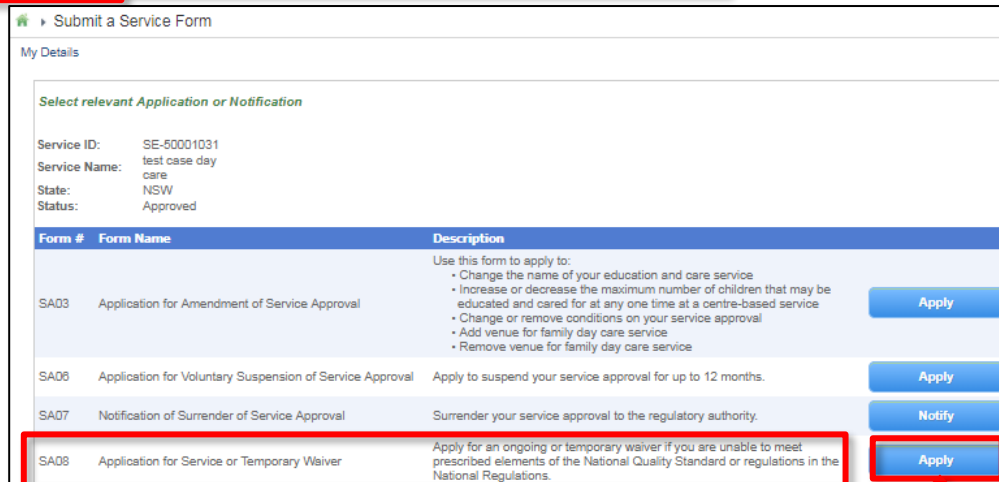
My Details

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

My Services

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

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



Submit a Service Form

My Details

Select relevant Application or Notification

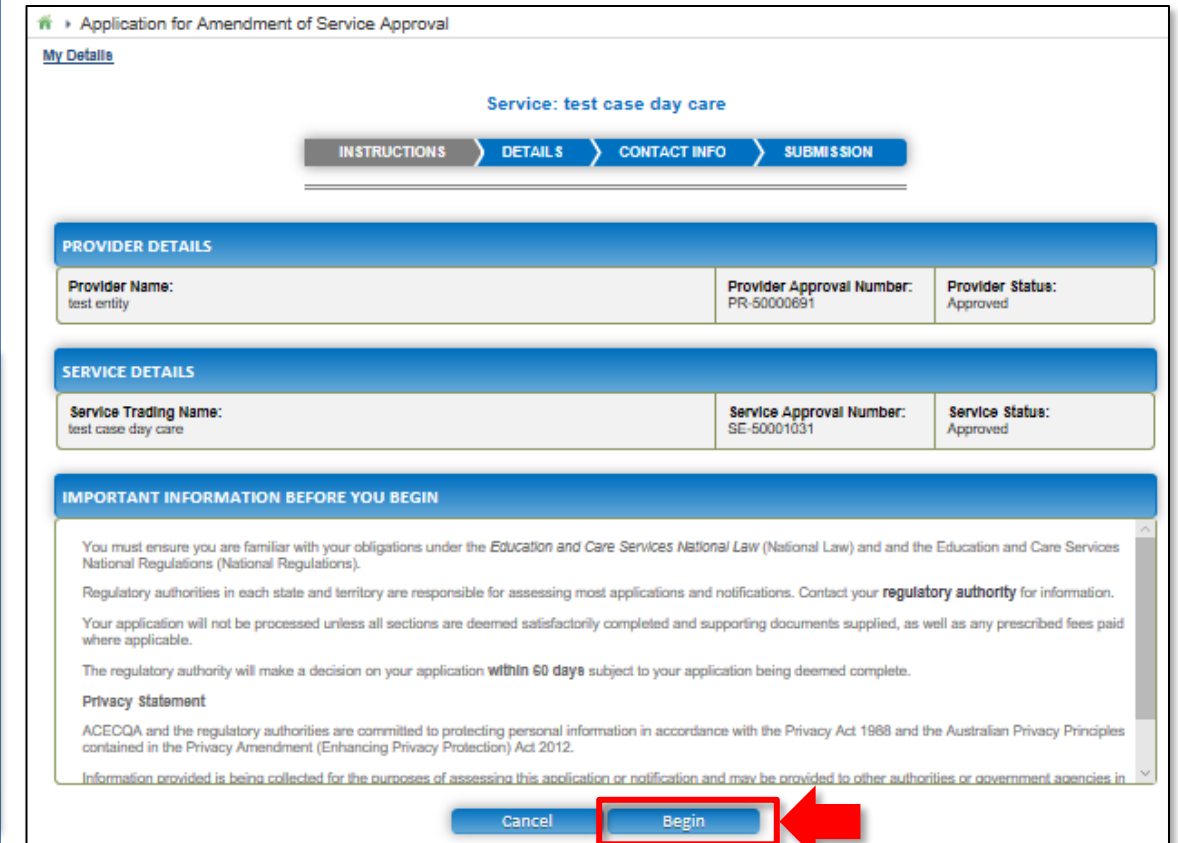
Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description	Action
SA03	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	Apply
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Apply
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notify
SA08	Application for Service or Temporary Waiver	Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the National Regulations.	Apply

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

Begin Application for Service or Temporary Waiver Form

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



Application for Amendment of Service Approval

My Details

Service: test case day care

INSTRUCTIONS | DETAILS | CONTACT INFO | SUBMISSION

PROVIDER DETAILS

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

SERVICE DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the Education and Care Services National Law (National Law) and the Education and Care Services National Regulations (National Regulations).
Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.
Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.
The regulatory authority will make a decision on your application **within 60 days** subject to your application being deemed complete.

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

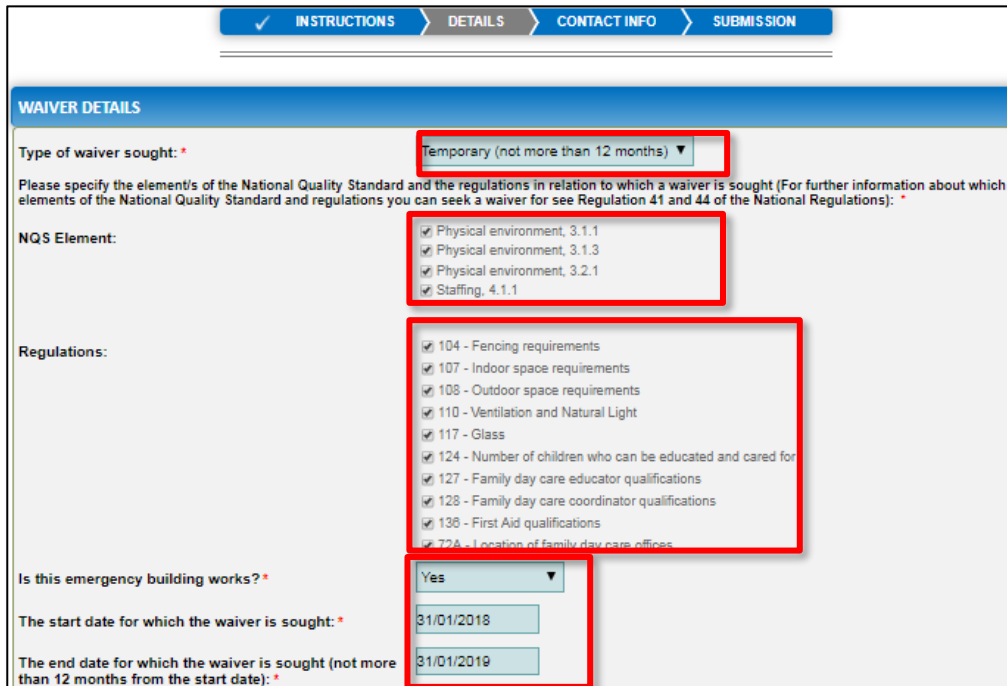
Cancel | **Begin**

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

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Fill Details in Application for Service or Temporary Waiver Form

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

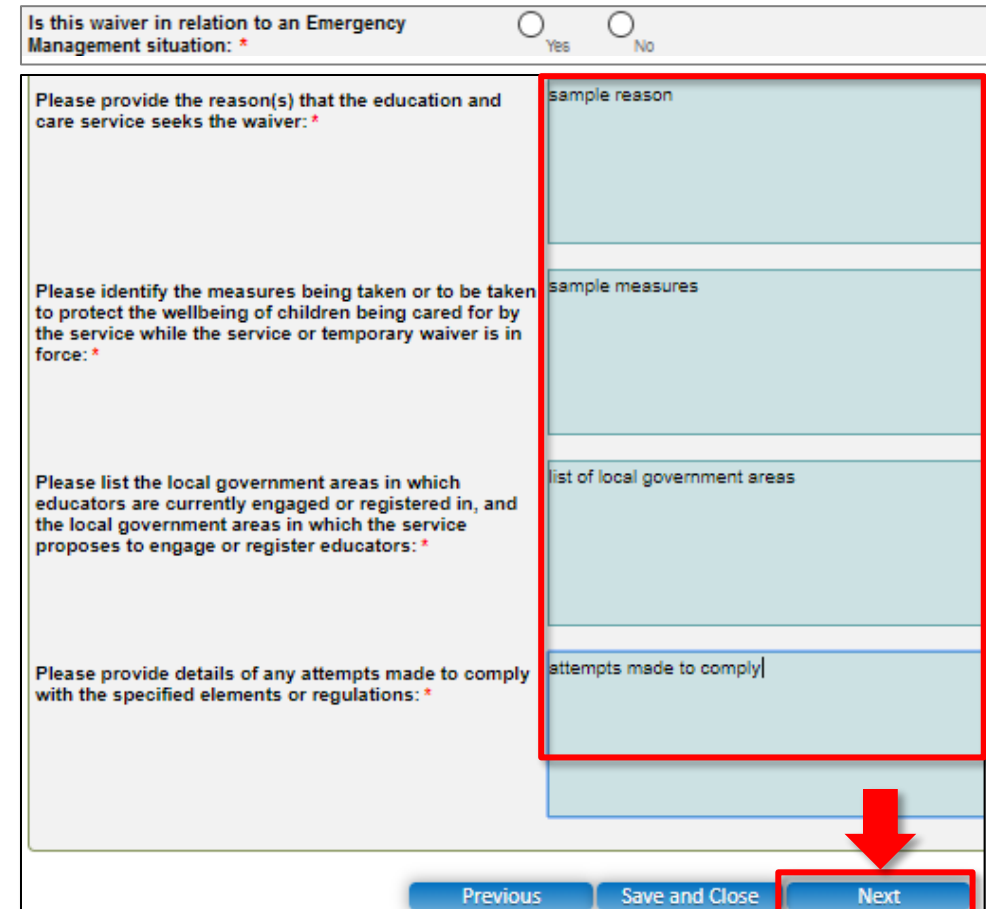


The screenshot shows the 'WAIVER DETAILS' section of the application form. It includes a progress bar with 'INSTRUCTIONS', 'DETAILS', 'CONTACT INFO', and 'SUBMISSION' tabs. The 'Type of waiver sought' dropdown is set to 'Temporary (not more than 12 months)'. Below this, there are sections for 'NQS Element' and 'Regulations', both with multiple checkboxes selected. The 'Is this emergency building works?' dropdown is set to 'Yes'. At the bottom, there are date pickers for 'The start date for which the waiver is sought' (31/01/2018) and 'The end date for which the waiver is sought (not more than 12 months from the start date)' (31/01/2019).

2. Select whether this is an emergency building works, and select the waiver start and end dates.

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

3. Provide the requested details.



The screenshot shows a form titled 'Is this waiver in relation to an Emergency Management situation?'. It has two radio buttons for 'Yes' and 'No'. Below the radio buttons are four text input areas, each with a red box around it: 'Please provide the reason(s) that the education and care service seeks the waiver:', 'Please identify the measures being taken or to be taken to protect the wellbeing of children being cared for by the service while the service or temporary waiver is in force:', '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:', and 'Please provide details of any attempts made to comply with the specified elements or regulations:'. At the bottom right, there is a red arrow pointing to the 'Next' button.

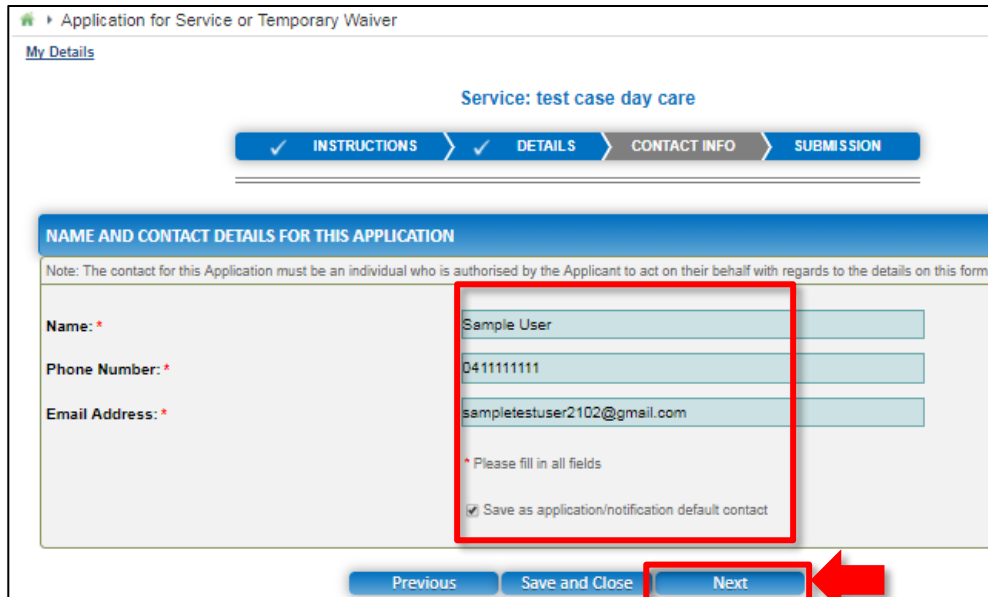
4. To finalise the information provided in the **DETAILS** stage and to move to the **CONTACT INFO** stage, click **Next**.

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

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Fill Contact Info in Application for Service or Temporary Waiver Form [Submit Application for Service or Temporary Waiver Form](#)

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



Application for Service or Temporary Waiver

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

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

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

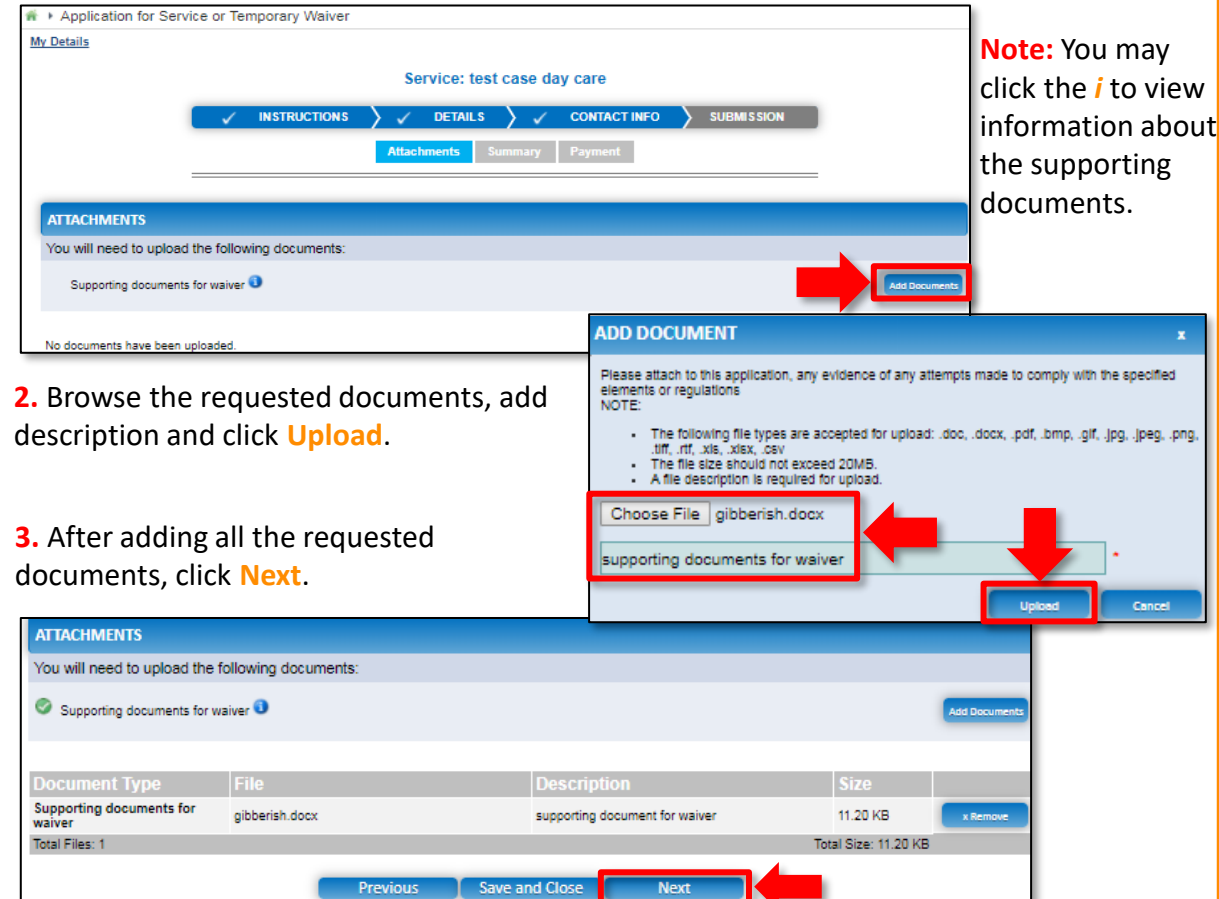
* Please fill in all fields

Save as application/notification default contact

Previous Save and Close **Next**

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

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



Application for Service or Temporary Waiver

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

Supporting documents for waiver

No documents have been uploaded.

Add Documents

ADD DOCUMENT

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

NOTE:

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

Choose File gibberish.docx

supporting documents for waiver

Upload Cancel

ATTACHMENTS

You will need to upload the following documents:

Supporting documents for waiver

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

Previous Save and Close **Next**

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

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

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Submit Application for Service or Temporary Waiver Form

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

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

SERVICE WAIVER DETAILS Edit

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

Is this emergency building works:	Yes
The start date for which the waiver is sought:	31/01/2018
The end date for which the waiver is sought:	31/01/2019
Please provide the reason(s) that the education and care service seeks the waiver:	sample reason
Please identify the measures being taken or to be taken to protect the wellbeing of children being cared for by the service while the service or temporary waiver is in force:	sample measures
Please list the local government areas in which educators are currently engaged or registered in, and the local government areas in which the service proposes to engage or register educators:	list of local government areas
Please provide details of any attempts made to comply with the specified elements or regulations:	attempts made to comply

NOTIFIER'S DETAILS Edit

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

ATTACHMENT DETAILS Edit

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

DECLARATION

I declare that:

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
- I have read and understood a Provider's legal obligations under the Education and Care Services National Law;
- The Regulatory Authority is authorised to verify any information provided in this application;
- Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation; and
- I am aware that I may be subject to penalties under the Education and Care Services National Law if I provide false or misleading information in this form.
- I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous
Save and Close
Finalise

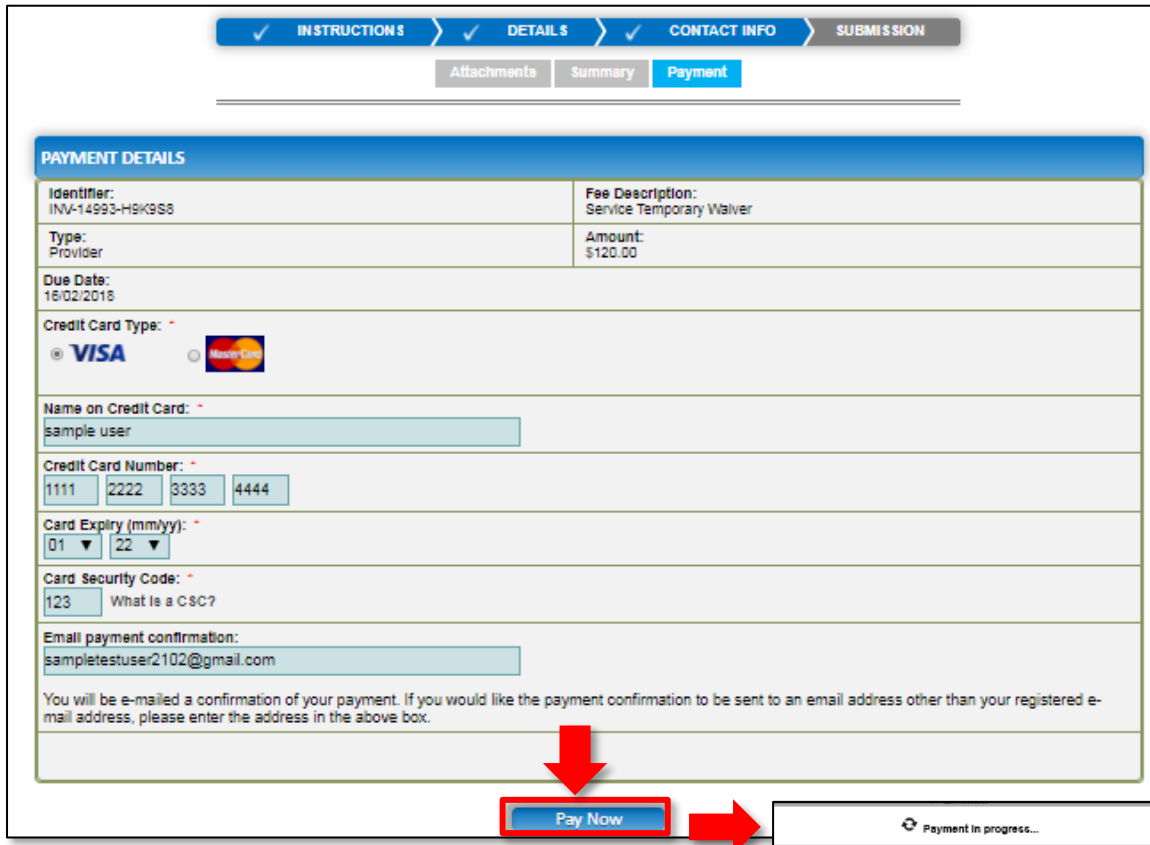
Finalising in progress...

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

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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.



Navigation: INSTRUCTIONS ✓ | DETAILS ✓ | CONTACT INFO ✓ | SUBMISSION

Attachments | Summary | **Payment**

PAYMENT DETAILS

Identifier: INV-14993-H9K9S8	Fee Description: Service Temporary Waiver
Type: Provider	Amount: \$120.00
Due Date: 16/02/2018	
Credit Card Type: - VISA	
Name on Credit Card: - sample user	
Credit Card Number: - 1111 2222 3333 4444	
Card Expiry (mm/yy): - 01 22	
Card Security Code: - 123	What is a CSC?
Email payment confirmation: sampletestuser2102@gmail.com	

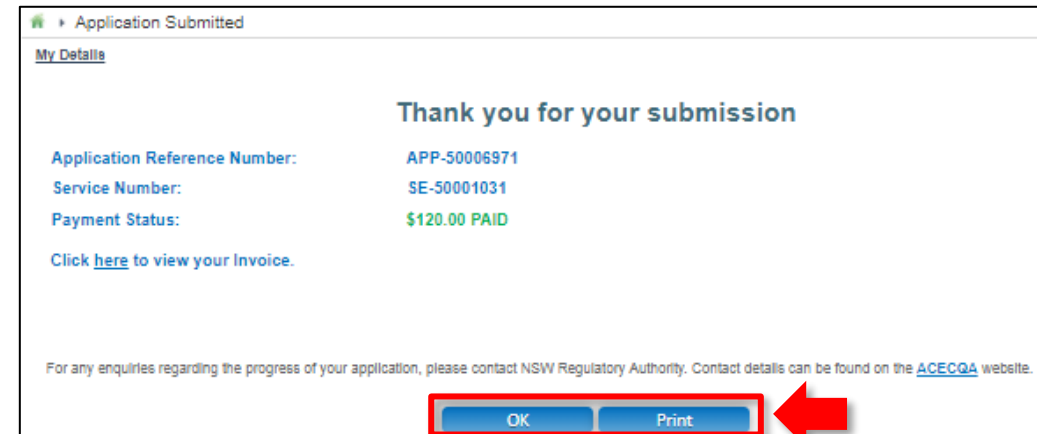
You will be e-mailed a confirmation of your payment. If you would like the payment confirmation to be sent to an email address other than your registered e-mail address, please enter the address in the above box.

Pay Now → Payment in progress...

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

Print or Close Application for Service or Temporary Waiver Form

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



Application Submitted

[My Details](#)

Thank you for your submission

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

Click [here](#) to view your Invoice.

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

OK **Print**

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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.

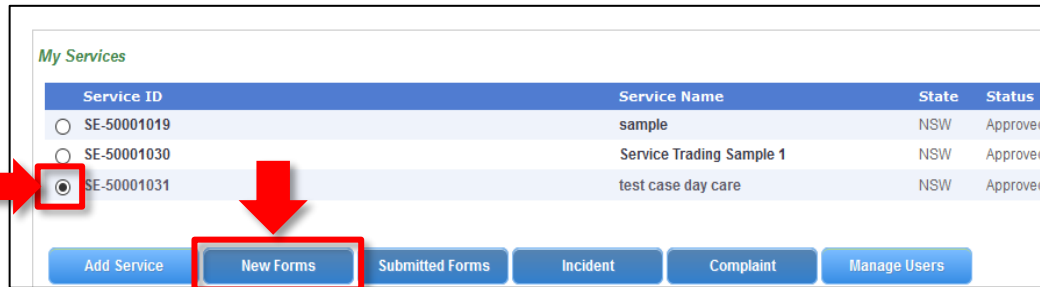
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- **Access Application for CCS Approval (Provider and Service)**
- **Begin Application for CCS Approval (Provider and Service)**
- **Provider and Service Eligibility**
- **Fill in Provider Details:**
 - **Person with Management or Control (PMC)**
 - **PMC for out of scope providers**
 - **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**

[Back to Main Menu](#)

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**.



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

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

To start the application, click **Apply**.

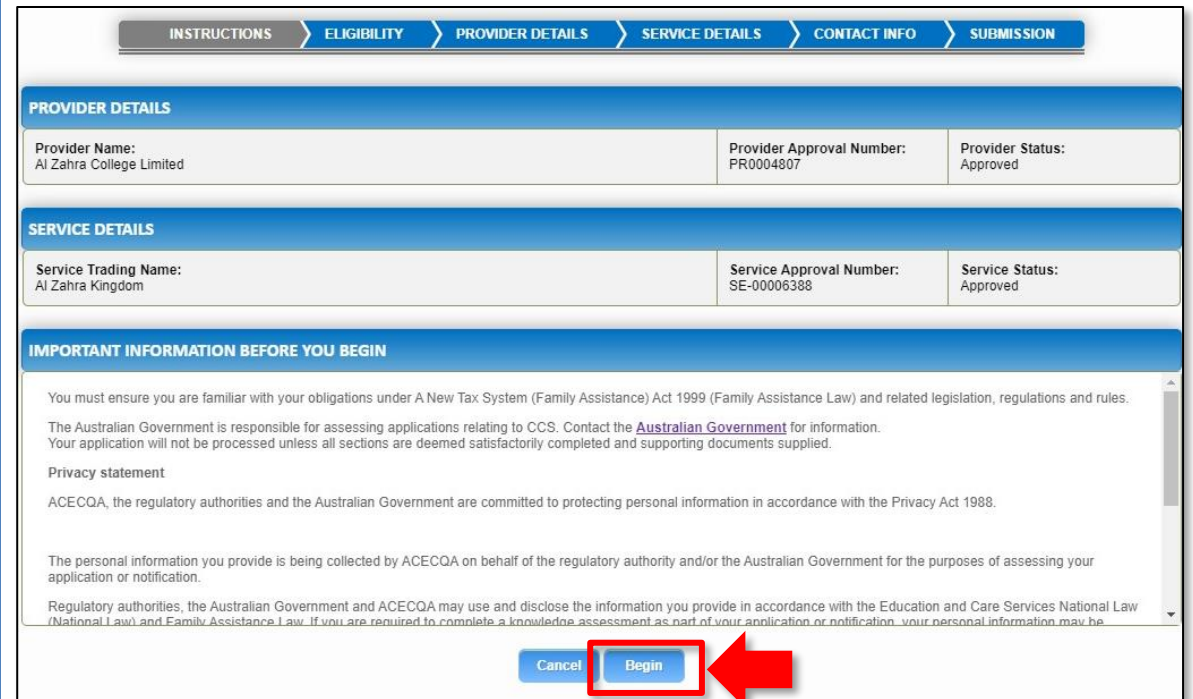


Form #	Form Name	Description
CCS01	Application for CCS Provider and Service Approval	<p>An application to become an approved provider to administer Child Care Subsidy (CCS) in respect of one service.</p> <p>Note: National Law (NL) provider and service approvals are required to make this application,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

Buttons: **Apply**

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.



Navigation: INSTRUCTIONS > ELIGIBILITY > PROVIDER DETAILS > SERVICE DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

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
---	---	-----------------------------

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under A New Tax System (Family Assistance) Act 1999 (Family Assistance Law) and related legislation, regulations and rules.

The Australian Government is responsible for assessing applications relating to CCS. Contact the [Australian Government](#) for information. Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied.

Privacy statement

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

The personal information you provide is being collected by ACECQA on behalf of the regulatory authority and/or the Australian Government for the purposes of assessing your application or notification.

Regulatory authorities, the Australian Government and ACECQA may use and disclose the information you provide in accordance with the Education and Care Services National Law (National Law) and Family Assistance Law. If you are required to complete a knowledge assessment as part of your application or notification, your personal information may be

Buttons: Cancel, **Begin**

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 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 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 proper person to be involved in the administration of CCS and ACCS? *

Yes No

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 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)? *

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)? *

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)? *

Yes No

Previous Save and Close Next

Fill in Provider Details

APPLICANT DETAILS

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

1. PLEASE FILL IN THE APPLICANT ENTITY DETAILS

Provider Name: * ABR Test Provider A

What is your Legal Entity Type? * Company

Company: * Public

ABR Entity Name: * DEPARTMENT OF EDUCATION

ABN: * 76337613647 Validate ABN

ACN (if applicable): * Check ACN

PRODA Organization ID: * 6851507498 Clear PRODA Org ID

Are you a Trustee? * Yes No

Phone Number: * 000000000

Mobile Number: * 000000001

Fax Number: * i.g 0212345678, 1800000000

Email: * vicusual@providerA@gmail.com

2. PLEASE FILL IN THE PROVIDER DETAILS

Is the provider for profit or not-for-profit? * Profit Non-for-profit

Is the provider a charitable institution? * Yes No

Does the Provider have an Ultimate Holding Entity? * Yes No

3. PLEASE FILL IN THE APPLICANT ADDRESS DETAILS

Street Address of the Applicant's Principal Office

Address Line 1: * 80 Collins St

Address Line 2: *

Suburb/Town: * MELBOURNE

State/Territory: * VIC

Postcode: * 3000

Country: * AUSTRALIA New Address

Postal Address of the Applicant

Postal address same as above

4. PERSONS WITH MANAGEMENT OR CONTROL

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

Name: *

ID: *

Previous Save and Close Next

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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Fill in Provider Details: PMC

3

4. PERSONS WITH MANAGEMENT OR CONTROL

Each individual who will be "a person with management or control" of an education and care service must also complete a Declaration of Fitness and Propriety and submit it with this application. ³

NAME	PRODA ID	WORKING WITH CHILDREN CHECK
Mr Sergio Russo DDS		

3.a

Previous Save and Close 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.

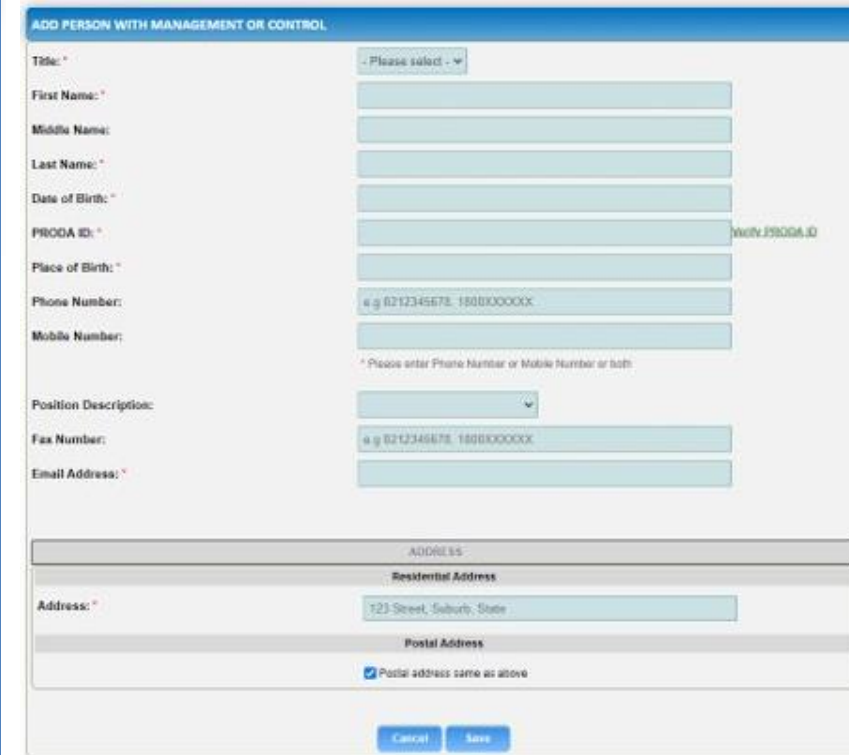
4b. To add additional PMCs, please separately complete Notification of Change of Information About Approved Provider (PA08).

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

Add PMC

Fill in Provider Details: PMC for out of scope providers

6. Complete the details for PMCs.



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

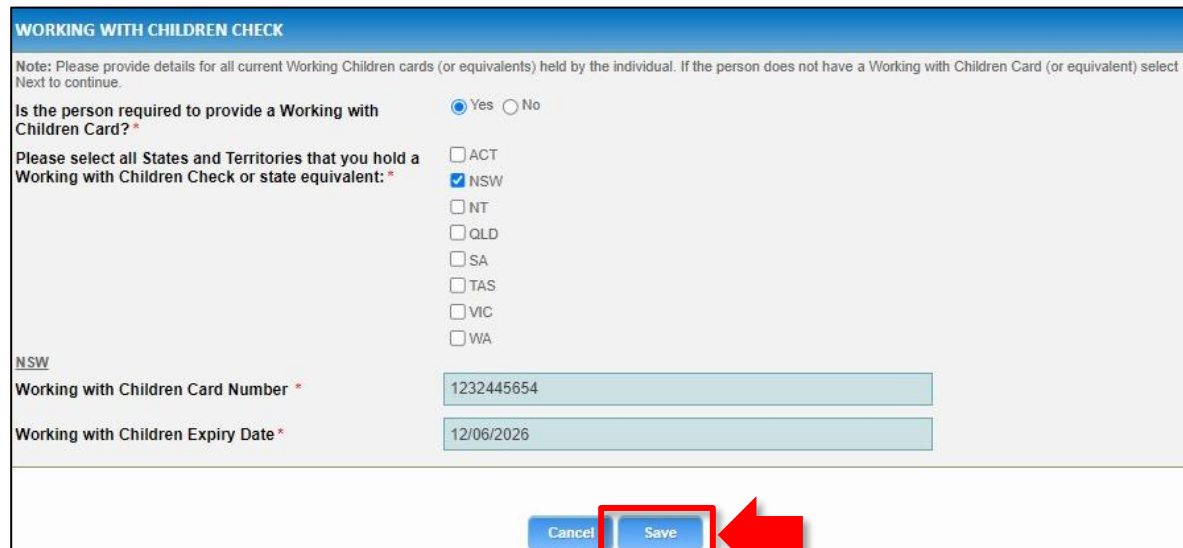
Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.

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Fill in Provider Details: PMC for out of scope providers

8. Complete the **Working with Children Check** details, selecting each state and territory in which the PMC hold a Working with Children Check.

9. Click **Save** to update the PMC.



WORKING WITH CHILDREN CHECK

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 equivalent) select Next to continue.

Is the person required to provide a Working with Children Card? * Yes No

Please select all States and Territories that you hold a Working with Children Check or state equivalent: *

ACT
 NSW
 NT
 QLD
 SA
 TAS
 VIC
 WA

NSW

Working with Children Card Number * 1232445654

Working with Children Expiry Date * 12/06/2026

Cancel Save

10. Once all PMCs have been added, click **Next** to move to the **Partnership** or **Unincorporated Body** or **Banking** section. This will depend on information already supplied.

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 Unincorporated Body Member Details

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**.



ADD UNINCORPORATED BODY DETAILS

PRODA ID: * PRODA ID verification

Surname: *

Date of Birth: *

Cancel Save

Previous Save and Close Next

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

Application for CCS Approval (Provider and Service) (CCS01)

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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 BSB: *	<input type="text" value="012-004"/>
Bank account number: *	<input type="text" value="1234567890"/>
Bank account name: *	<input type="text" value="Josh Bollinger"/>

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 DETAILS**, **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	PROVIDER DETAILS	SERVICE DETAILS	CONTACT INFO	SUBMISSION
			Service Name Details	Trustee, Governance and Finance	External Management
				Operational Details	Operational Hours
				Australian Government Website	Fees and Inclusions
					Service Personnel Overview

1. PLEASE FILL IN THE SERVICE NAME DETAILS

Service Legal Entity Name:	<input type="text"/>
Service Trading Name: *	<input type="text" value="Al Zahra Kingdom"/>
Service ABN:	<input type="text"/>
Service Type: *	<input type="text" value="Out of Scope"/>

PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS

Phone Number:	<input type="text" value="02 9599 0161"/>
Mobile Number:	<input type="text"/>

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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.

TRUST/TRUSTEE

Is the provider acting in the capacity of a trustee in the operation of this service? * Yes No

Trust ABN: * [Validate ABN](#)

Trust Name: *

GOVERNANCE

Please outline the arrangement in place for managing day-to-day operations of the child care Service to ensure compliance with the Family Assistance Law. Alternatively, please attached a document outlining the governance arrangements for your Service.

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)

SERVICE FINANCIAL DETAILS

Account details for payment(s) made under the Family Assistance Law to your child care Service Use Provider Bank Account

BSB *

Account Number *

Account Name *

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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** sub-section, 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 rest with the Provider. The Provider must ensure all external organisations or individuals understand and administer their responsibilities under the Family Assistance Law.

Does the Provider propose to enter into an agreement with another entity to provide day to day administration or management of the service on its behalf?
 Yes No

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

EXTERNAL MANAGEMENT ADDRESS

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: * Evidence of a signed agreement with the 'External Management' or attached any additional information (mandatory)

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Fill in Operational Details

1. In the **Operational Details** section, in the **PROPOSED COMMENCEMENT DATE** sub-section, 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 OWNERSHIP 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 *

What is the proposed start date for your CCS Service Approval to take effect? *

IMPORTANT

You should be aware that approval of your application is subject to the service satisfying the relevant legislative requirements. You may advise families that you are seeking approval to operate for the purposes of CCS.

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.

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 the purpose of providing child care? *

CHANGE OF OWNERSHIP OF AN EXISTING SERVICE

Is the applicant purchasing or taking over the operation of an existing child care Service approved under the Family Assistance Law? * Yes No

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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.

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

+ HOLIDAY CARE

Operating hours during school holidays including public holidays.

+ SCHOOL TERMS ONLY

Operating hours when schools are open.

Previous
Save and Close
Next

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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 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 *

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.

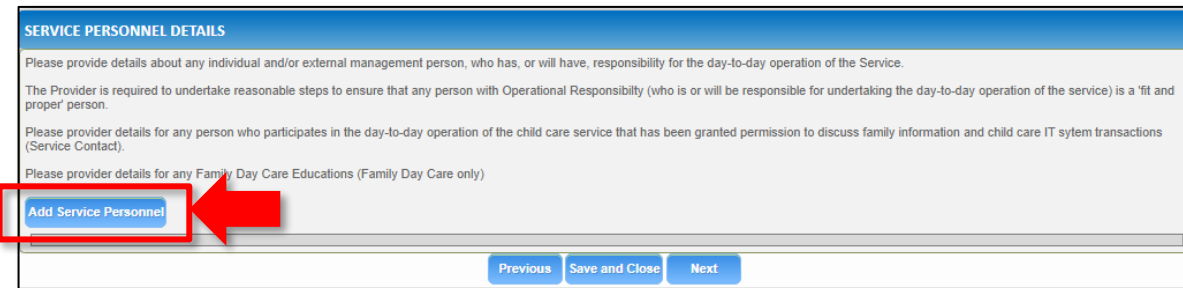
	HOURLY	HALF DAY	FULL DAY	BEFORE SCHOOL	AFTER SCHOOL
Age Group	0-12 Months		13-24 Months		25-35 Months
NO Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Non-Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nappies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excursions/ Incursions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usual Fee	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ 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** sub-section, 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 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 (Service Contact).

Please provide details for any Family Day Care Educators (Family Day Care only)

Add Service Personnel

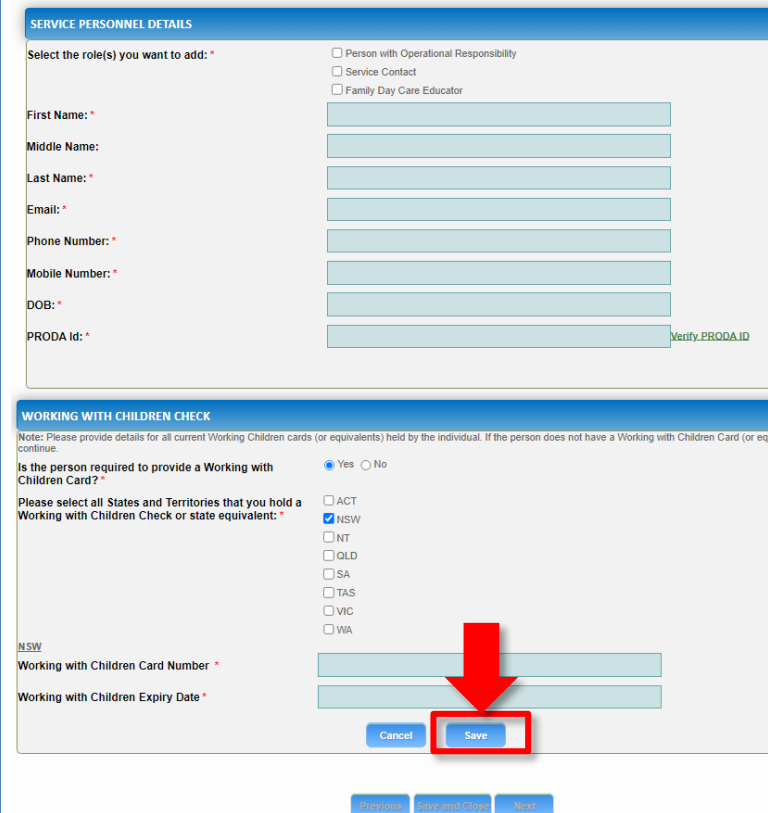
Previous Save and Close Next

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** sub-sections. Click **Save**.



SERVICE PERSONNEL DETAILS

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 ID

WORKING WITH CHILDREN CHECK

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 equivalent), continue.

Is the person required to provide a Working with Children Card? * Yes No

Please select all States and Territories that you hold a Working with Children Check or state equivalent: *

ACT
 NSW
 NT
 QLD
 SA
 TAS
 VIC
 WA

NSW

Working with Children Card Number: *

Working with Children Expiry Date: *

Cancel **Save**

Previous Save and Close Next

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

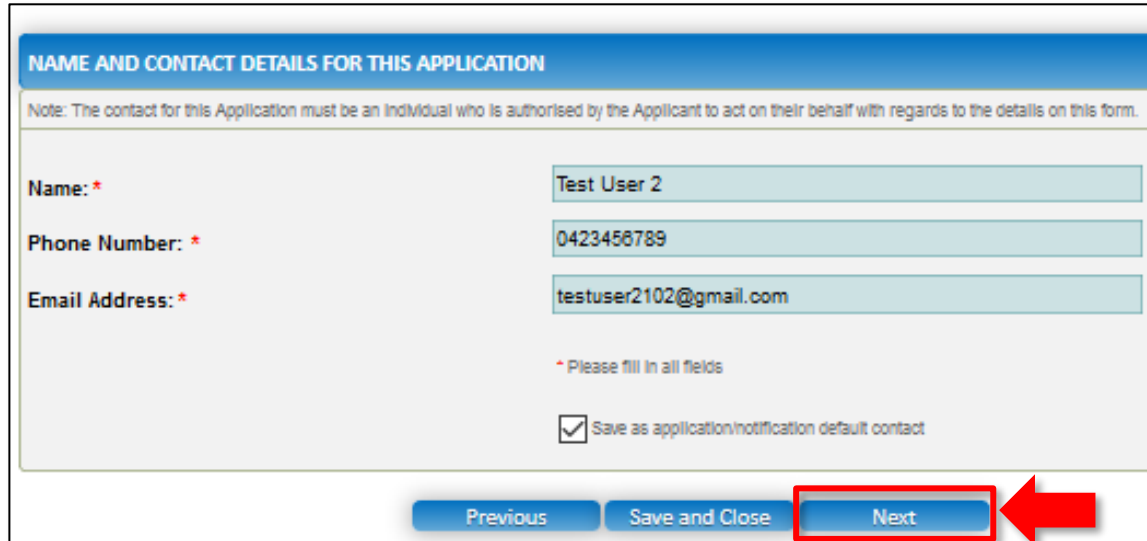
Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.

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

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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**.



NAME AND CONTACT DETAILS FOR THIS APPLICATION

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

Name: *

Phone Number: *

Email Address: *

* Please fill in all fields

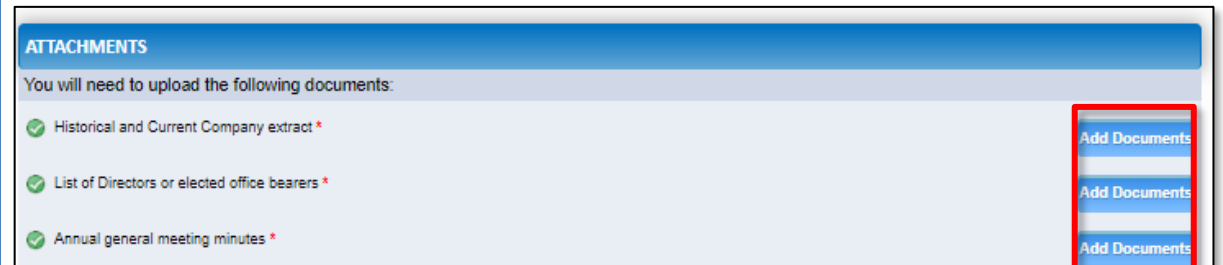
Save as application/notification default contact

Previous 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.



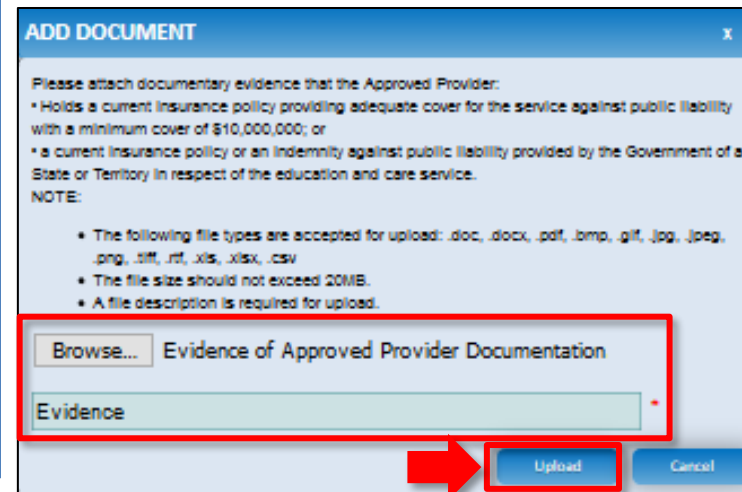
ATTACHMENTS

You will need to upload the following documents:

- Historical and Current Company extract *
- List of Directors or elected office bearers *
- Annual general meeting minutes *

Add Documents Add Documents 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:

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

Browse... Evidence of Approved Provider Documentation

Evidence

Upload Cancel

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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

SERVICE NAME DETAILS Edit

SERVICE NAME DETAIL \$	
Service Legal Entity Name	Service Entity Sample 1
Service Trading Name	Service Trading Sample 1
Service ABN	
Service Type	Centre-based Care

PROPOSED SERVICE ADDRESS DETAIL \$

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

SERVICE CONTACT DETAIL \$

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 school Outside school hours care - after school Outside school hours care - vacation care

ASSOCIATED SERVICES

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

OPERATIONAL HOURS Edit

ANNUAL

General operating hours that are not specific

HOLIDAY CARE

Operating hours during school holidays include

SCHOOL TERMS

Operating hours when schools are open.

BUILDING INFORMATION Edit

POLICIES AND PROCEDURES

The following policies and procedures have been prepared

The following policies and procedures have NOT been prepared

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

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

Dealing with infectious diseases, including procedures complying with Regulation 88

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

Emergency and evacuation, including the matters set out in Regulation 97

Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99

Excursions, including procedures complying with Regulations 100 to 102

Providing a child safe environment

Staffing, including:

- a code of conduct for staff members;
- determining the responsible person present at the service; and
- the participation of volunteers and students on practicum placements.

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

Enrolment and orientation

Governance and management of the service, including confidentiality of records

The acceptance and refusal of authorisations

Payment of fees and provision of a statement of fees charged by the education and care service


Dealing with complaints

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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;
- 3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
- 4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- 5. The Regulatory Authority is authorised to verify any information provided in this application;
- 6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
- 7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
- 8. I agree that the regulatory authority may serve a notice under the *National Law* using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the *National Law*).

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



 **Finalising in progress...**

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 here to view your Invoice.](#)

A copy of your submission will be emailed to you and the application / notification contact, if different.

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

[OK](#) [Print](#)

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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.

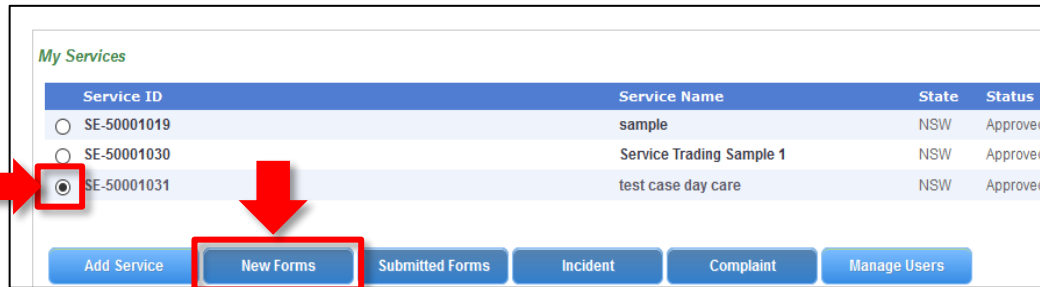
Table of Contents

- **Access Application for Child Care Subsidy – Add Service**
- **Begin Application for Child Care Subsidy – Add Service**
- **Service Eligibility**
- **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 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

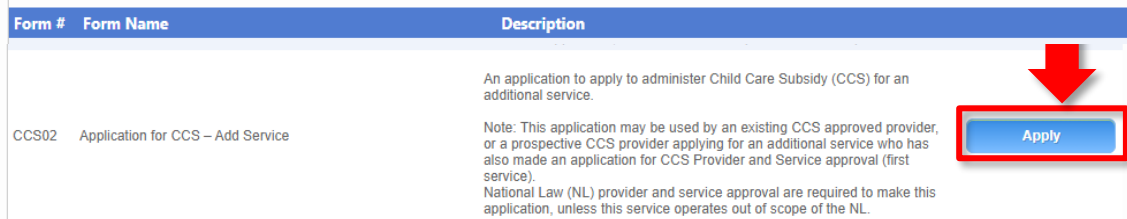
From the **My Details** page, in the **My Services** section, click the correct **Service ID**, then click **New Forms**.



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

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

To start the application, click **Apply**.

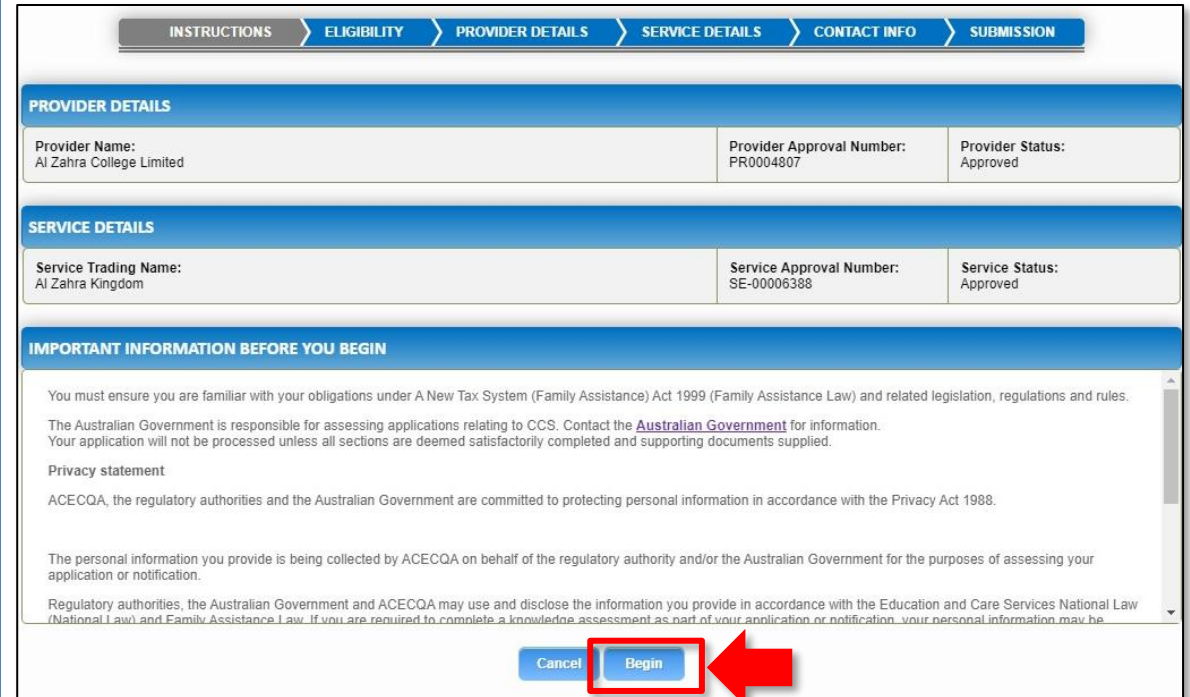


Form #	Form Name	Description
CCS02	Application for CCS – Add Service	<p>An application to apply to administer Child Care Subsidy (CCS) for an additional service.</p> <p>Note: This application may be used by an existing CCS approved provider, or a prospective CCS provider applying for an additional service 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.</p>

Buttons: **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.



Flow: INSTRUCTIONS > ELIGIBILITY > PROVIDER DETAILS > SERVICE DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

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
---	---	-----------------------------

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under A New Tax System (Family Assistance) Act 1999 (Family Assistance Law) and related legislation, regulations and rules.

The Australian Government is responsible for assessing applications relating to CCS. Contact the [Australian Government](#) for information. Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied.

Privacy statement

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

The personal information you provide is being collected by ACECQA on behalf of the regulatory authority and/or the Australian Government for the purposes of assessing your application or notification.

Regulatory authorities, the Australian Government and ACECQA may use and disclose the information you provide in accordance with the Education and Care Services National Law (National Law) and Family Assistance Law. If you are required to complete a knowledge assessment as part of your application or notification, your personal information may be used for this purpose.

Buttons: Cancel, **Begin**

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 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)? *

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)? *

Yes No

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 DETAILS**, **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 ***.

1. PLEASE FILL IN THE SERVICE NAME DETAILS

Service Legal Entity Name:

Service Trading Name: *

Service ABN:

Service Type: *

PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS

Phone Number:

Mobile 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.

TRUST/TRUSTEE

Is the provider acting in the capacity of a trustee in the operation of this service? * Yes No

Trust ABN: * [Validate ABN](#)

Trust Name: *

GOVERNANCE

Please outline the arrangement in place for managing day-to-day operations of the child care Service to ensure compliance with the Family Assistance Law. Alternatively, please attached a document outlining the governance arrangements for your Service.

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)

SERVICE FINANCIAL DETAILS

Account details for payment(s) made under the Family Assistance Law to your child care Service Use Provider Bank Account

BSB *

Account Number *

Account Name *

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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** sub-section, 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 rest with the Provider. The Provider must ensure all external organisations or individuals understand and administer their responsibilities under the Family Assistance Law.

Does the Provider propose to enter into an agreement with another entity to provide day to day administration or management of the service on its behalf?
 Yes No

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

EXTERNAL MANAGEMENT ADDRESS

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: * Evidence of a signed agreement with the 'External Management' or attached any additional information (mandatory)

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Fill in Operational Details

1. In the **Operational Details** section, in the **PROPOSED COMMENCEMENT DATE** sub-section, 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 OWNERSHIP 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 *

What is the proposed start date for your CCS Service Approval to take effect? *

IMPORTANT

You should be aware that approval of your application is subject to the service satisfying the relevant legislative requirements. You may advise families that you are seeking approval to operate for the purposes of CCS.

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.

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 the purpose of providing child care? *

CHANGE OF OWNERSHIP OF AN EXISTING SERVICE

Is the applicant purchasing or taking over the operation of an existing child care Service approved under the Family Assistance Law? * Yes No

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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.

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

+ HOLIDAY CARE

Operating hours during school holidays including public holidays.

+ SCHOOL TERMS ONLY

Operating hours when schools are open.

Previous
Save and Close
Next

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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 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 *

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.

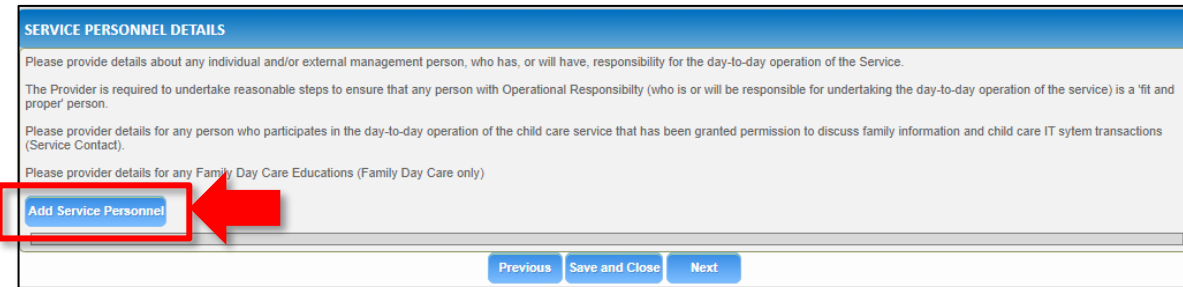
	HOURLY	HALF DAY	FULL DAY	BEFORE SCHOOL	AFTER SCHOOL
Age Group	0-12 Months	13-24 Months	25-35 Months	36 Months to Pre School	Over Pre-School Age
NO Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Non-Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nappies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excursions/ Incursions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usual Fee	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ 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** sub-section, click **Add Service Personnel**.

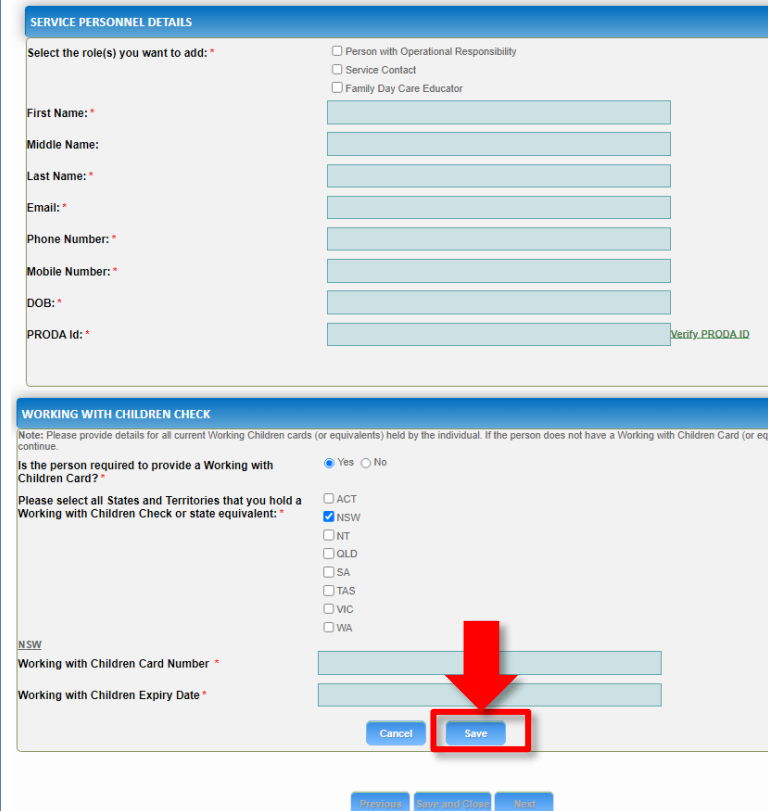


For a **Person with operational responsibility** provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service

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** sub-sections. Click **Save**.



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

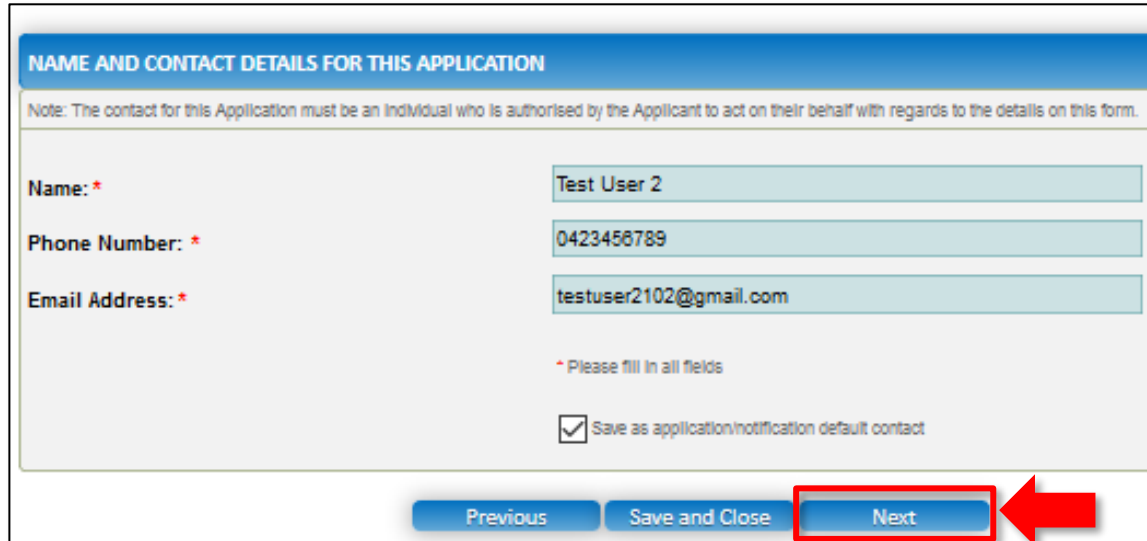
3. You will need to enter their **Surname**, **Date of Birth** and **PRODA ID** then click **Verify PRODA ID**.

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**.



NAME AND CONTACT DETAILS FOR THIS APPLICATION

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

Name: *

Phone Number: *

Email Address: *

* Please fill in all fields

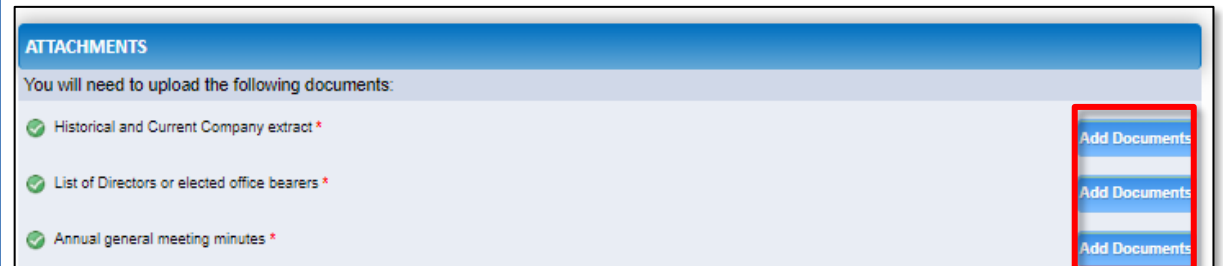
Save as application/notification default contact

Previous 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.



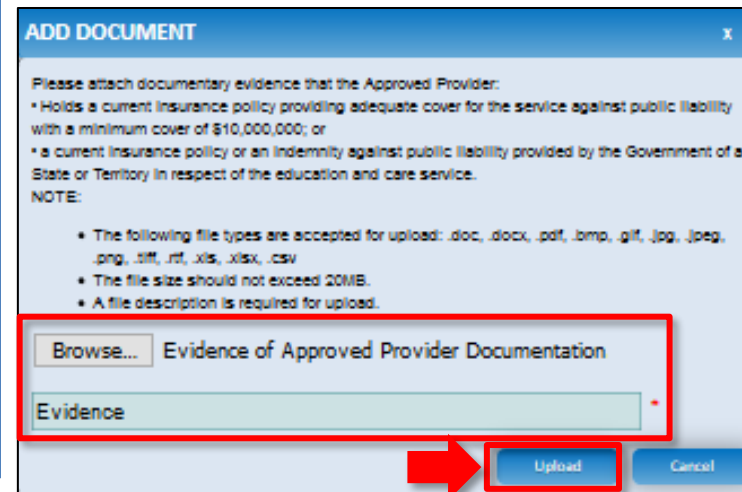
ATTACHMENTS

You will need to upload the following documents:

- Historical and Current Company extract *
- List of Directors or elected office bearers *
- Annual general meeting minutes *

Add Documents Add Documents 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:

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

Browse... Evidence of Approved Provider Documentation

Evidence

Upload Cancel

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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

SERVICE NAME DETAILS Edit

SERVICE NAME DETAIL \$	
Service Legal Entity Name	Service Entity Sample 1
Service Trading Name	Service Trading Sample 1
Service ABN	
Service Type	Centre-based Care

PROPOSED SERVICE ADDRESS DETAIL \$

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

SERVICE CONTACT DETAIL \$

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 school Outside school hours care - after school Outside school hours care - vacation care

ASSOCIATED SERVICES

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

OPERATIONAL HOURS Edit

ANNUAL

General operating hours that are not specific

HOLIDAY CARE

Operating hours during school holidays include

SCHOOL TERMS

Operating hours when schools are open.

BUILDING INFORMATION Edit

POLICIES AND PROCEDURES

The following policies and procedures have been prepared

The following policies and procedures have NOT been prepared

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

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

Dealing with infectious diseases, including procedures complying with Regulation 88

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

Emergency and evacuation, including the matters set out in Regulation 97

Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99

Excursions, including procedures complying with Regulations 100 to 102

Providing a child safe environment

Staffing, including:

- a code of conduct for staff members;
- determining the responsible person present at the service; and
- the participation of volunteers and students on practicum placements.

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

Enrolment and orientation

Governance and management of the service, including confidentiality of records

The acceptance and refusal of authorisations

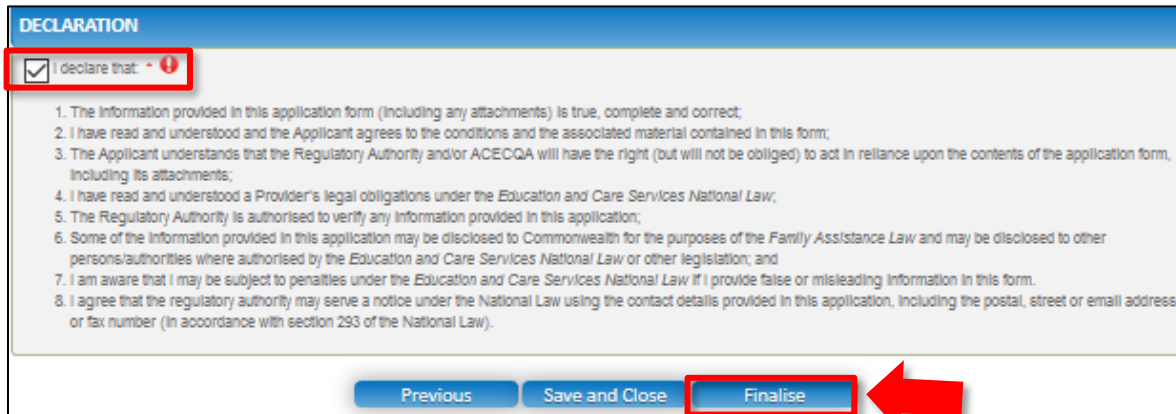
Payment of fees and provision of a statement of fees charged by the education and care service

Dealing with complaints


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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**.

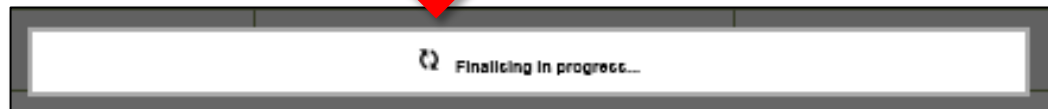



DECLARATION

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;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the Education and Care Services National Law;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation; and
7. I am aware that I may be subject to penalties under the Education and Care Services National Law if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

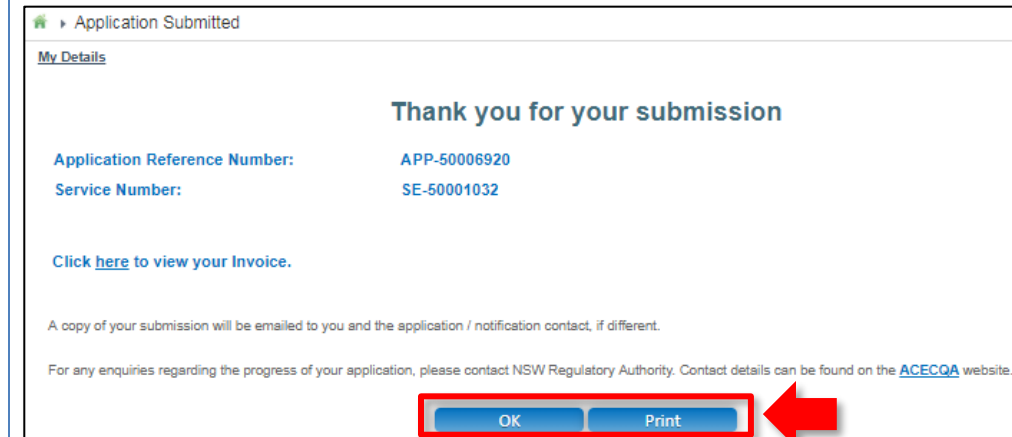
[Previous](#) [Save and Close](#) **Finalise**



 Finalising in progress...

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 here to view your Invoice.](#)

A copy of your submission will be emailed to you and the application / notification contact, if different.

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

[OK](#) [Print](#)

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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 - **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 Provider and Service Approval (Transferred NL Service)**

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
<input type="radio"/> PR-QLD00044	AEIOU Foundation	QLD	Out of Scope	Approved	CURRENT
<input type="radio"/> PR-50010985	Lee Bowyer	NSW	In Scope	Approved	
<input type="radio"/> PR-50011207	Wayne Bennett	NSW	In Scope	Approved	
<input type="radio"/> PR-50010910	Funtastic	NSW	In Scope	Approved	CURRENT
<input type="radio"/> PR-40013202	123 4 567	NSW	In Scope	Approved	
<input checked="" type="radio"/> PR-50011245	Test	NSW	In Scope	Invalid	
<input type="radio"/> PR-50011181	Phil's Kids Club	NSW	In Scope	Surrendered	
<input type="radio"/> PR-50011949	Big Kids PLC	NSW	In Scope	Under Assessment	
<input type="radio"/> PR-50011892	Phil's Kids Club	NSW	In Scope	Under Assessment	
<input type="radio"/> PR-50011778	My Child Care	NSW	In Scope	Under Assessment	

1 2

[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**.

CCS03	Application for CCS Provider and Service Approval (Transferred NL Service)	<p>An application to become an approved provider to administer Child Care Subsidy (CCS) in respect of one service being received as part of a Transfer of Service Approval under the National Law.</p> <p>A SA04/05 Notification of Transfer of Service Approval (NL) must have been lodged with the National Law Regulator prior to starting this form.</p> <p>An application to apply to administer Child Care Subsidy (CCS) for an additional service that is being received as part of a Transfer of Service</p>
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[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.

INSTRUCTIONS > ELIGIBILITY > PROVIDER DETAILS > SERVICE DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

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
---	---	-----------------------------

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under A New Tax System (Family Assistance) Act 1999 (Family Assistance Law) and related legislation, regulations and rules.

The Australian Government is responsible for assessing applications relating to CCS. Contact the [Australian Government](#) for information. Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied.

Privacy statement

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

The personal information you provide is being collected by ACECQA on behalf of the regulatory authority and/or the Australian Government for the purposes of assessing your application or notification.

Regulatory authorities, the Australian Government and ACECQA may use and disclose the information you provide in accordance with the Education and Care Services National Law (National Law) and Family Assistance Law. If you are required to complete a knowledge assessment as part of your application or notification, your personal information may be

[Cancel](#) [Begin](#)

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

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 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 proper person to be involved in the administration of CCS and ACCS? *

Yes No

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 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)? *

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)? *

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**.

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-0000739	04/06/2023	SE-5000775	Shaz Service1

TRANSFER DETAILS

Service ID: SE-5000775
 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	

Next ←

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

Fill in Provider Details

APPLICANT DETAILS

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

1. PLEASE FILL IN THE APPLICANT ENTITY DETAILS

Provider Name: ABR Test Provider A
 What is your Legal Entity Type?: Company
 Company: Public
 ABR Entity Name: DEPARTMENT OF EDUCATION
 ABN: 76337613647 Validate ABN
 ACN (if applicable): Check ACN
 PRODA Organization ID: 8851507498 Clear PRODA Org ID Verify PRODA Org ID
 Are you a Trustee?: Yes No
 Phone Number: 000000000
 Mobile Number: 000000001
 Fax Number: i.g 0212345678, 1800000000
 Email: vicccsa@providerA@gmail.com

2. PLEASE FILL IN THE PROVIDER DETAILS

Is the provider for profit or not-for-profit?: Profit Non-for-profit
 Is the provider a charitable institution?: Yes No
 Does the Provider have an Ultimate Holding Entity?: Yes No

3. PLEASE FILL IN THE APPLICANT ADDRESS DETAILS

Street Address of the Applicant's Principal Office
 Address Line 1: 80 Collins St
 Address Line 2:
 Suburb/Town: MELBOURNE
 State/Territory: VIC
 Postcode: 3000
 Country: AUSTRALIA Map Address

Postal Address of the Applicant
 Postal address same as above

4. PERSONS WITH MANAGEMENT OR CONTROL

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

NAME: [Input Field]

Next

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**.

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.

Fill in Provider Details: PMC

4. PERSONS WITH MANAGEMENT OR CONTROL

Each individual who will be "a person with management or control" of an education and care service must also complete a Declaration of Fitness and Propriety and submit it with this application. ³

NAME	PRODA ID	WORKING WITH CHILDREN CHECK
Mr Sergio Russo DDS		

4

Previous Save and Close

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.

ADD PERSON WITH MANAGEMENT OR CONTROL

Title: *

First Name: *

Middle Name:

Last Name: *

Date of Birth: *

PRODA ID: *

Place of Birth: *

Phone Number:

Mobile Number:

* Please enter Phone Number or Mobile Number or both

Position Description:

Fax Number:

Email Address: *

ADDRESS

Residential Address

Address: *

Postal Address

Postal address same as above


Cancel Save

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.

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.



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**.



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: *	<input type="text" value="012-004"/>
Bank account number: *	<input type="text" value="1234567890"/>
Bank account name: *	<input type="text" value="Josh Bollinger"/>
<p> <input type="button" value="Previous"/> <input type="button" value="Save and Close"/> <input type="button" value="Next"/> </p>	

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 DETAILS**, **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 ***.

<input checked="" type="checkbox"/> INSTRUCTIONS <input checked="" type="checkbox"/> ELIGIBILITY <input checked="" type="checkbox"/> PROVIDER DETAILS <input type="checkbox"/> SERVICE DETAILS <input type="checkbox"/> CONTACT INFO <input type="checkbox"/> SUBMISSION	
<input type="checkbox"/> Service Name Details <input type="checkbox"/> Trustee, Governance and Finance <input type="checkbox"/> External Management <input type="checkbox"/> Operational Details <input type="checkbox"/> Operational Hours <input type="checkbox"/> Australian Government Website <input type="checkbox"/> Fees and Inclusions <input type="checkbox"/> Service Personnel Overview	
1. PLEASE FILL IN THE SERVICE NAME DETAILS	
Service Legal Entity Name:	<input type="text"/>
Service Trading Name: *	<input type="text" value="Al Zahra Kingdom"/>
Service ABN:	<input type="text"/>
Service Type: *	<input type="text" value="Out of Scope"/>
PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS	
Phone Number:	<input type="text" value="02 9599 0161"/>
Mobile Number:	<input type="text"/>

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.

TRUST/TRUSTEE

Is the provider acting in the capacity of a trustee in the operation of this service? * Yes No

Trust ABN: * [Validate ABN](#)

Trust Name: *

GOVERNANCE

Please outline the arrangement in place for managing day-to-day operations of the child care Service to ensure compliance with the Family Assistance Law. Alternatively, please attached a document outlining the governance arrangements for your Service.

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)

SERVICE FINANCIAL DETAILS

Account details for payment(s) made under the Family Assistance Law to your child care Service Use Provider Bank Account

BSB *

Account Number *

Account Name *

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

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** sub-section, 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 rest with the Provider. The Provider must ensure all external organisations or individuals understand and administer their responsibilities under the Family Assistance Law.

Does the Provider propose to enter into an agreement with another entity to provide day to day administration or management of the service on its behalf?
 Yes No

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

EXTERNAL MANAGEMENT ADDRESS

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: * Evidence of a signed agreement with the 'External Management' or attached any additional information (mandatory)

Fill in Operational Details

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

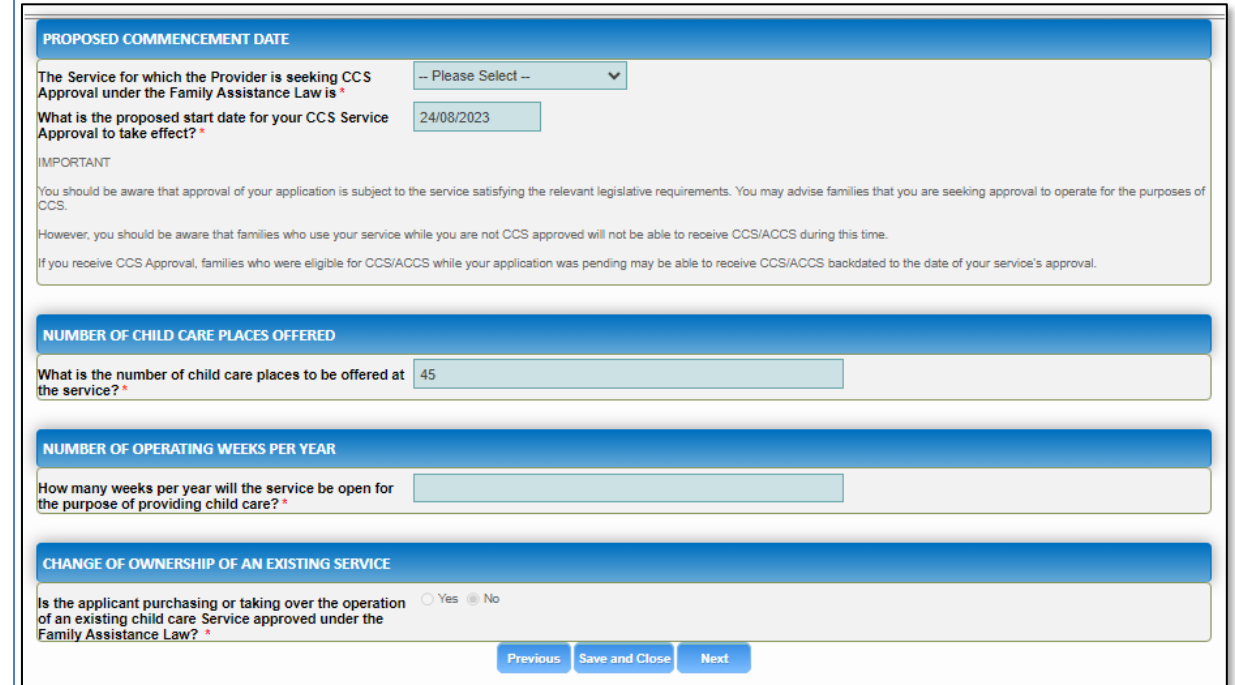
If you are applying for Centre-Based Care, you must select **Centre-Based Care** OR **Outside School Hours Care**. Select the service type that you will primarily operate.

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 OWNERSHIP 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 *

What is the proposed start date for your CCS Service Approval to take effect? *

IMPORTANT

You should be aware that approval of your application is subject to the service satisfying the relevant legislative requirements. You may advise families that you are seeking approval to operate for the purposes of CCS.

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.

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 the purpose of providing child care? *

CHANGE OF OWNERSHIP OF AN EXISTING SERVICE

Is the applicant purchasing or taking over the operation of an existing child care Service approved under the Family Assistance Law? * Yes No

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.

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

+ HOLIDAY CARE

Operating hours during school holidays including public holidays.

+ SCHOOL TERMS ONLY

Operating hours when schools are open.

Previous
Save and Close
Next

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.

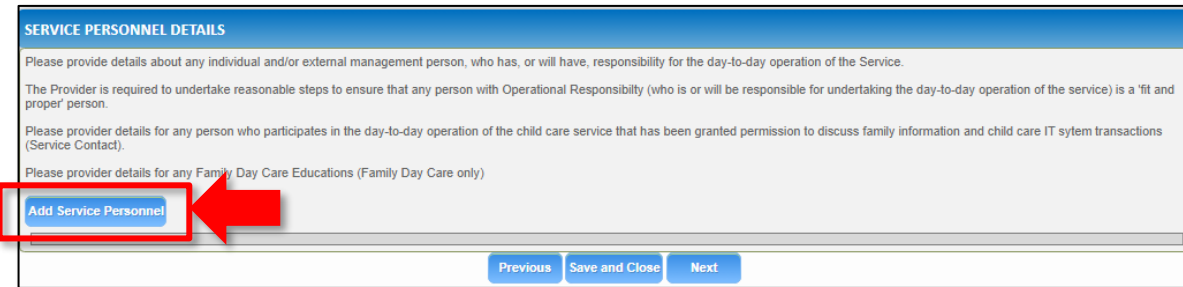
	0-12 Months	13-24 Months	25-35 Months	36 Months to Pre School	Over Pre-School Age
NO Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Non-Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nappies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excursions/ Incursions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usual Fee	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>

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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** sub-section, 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 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 (Service Contact).

Please provide details for any Family Day Care Educators (Family Day Care only)

Add Service Personnel

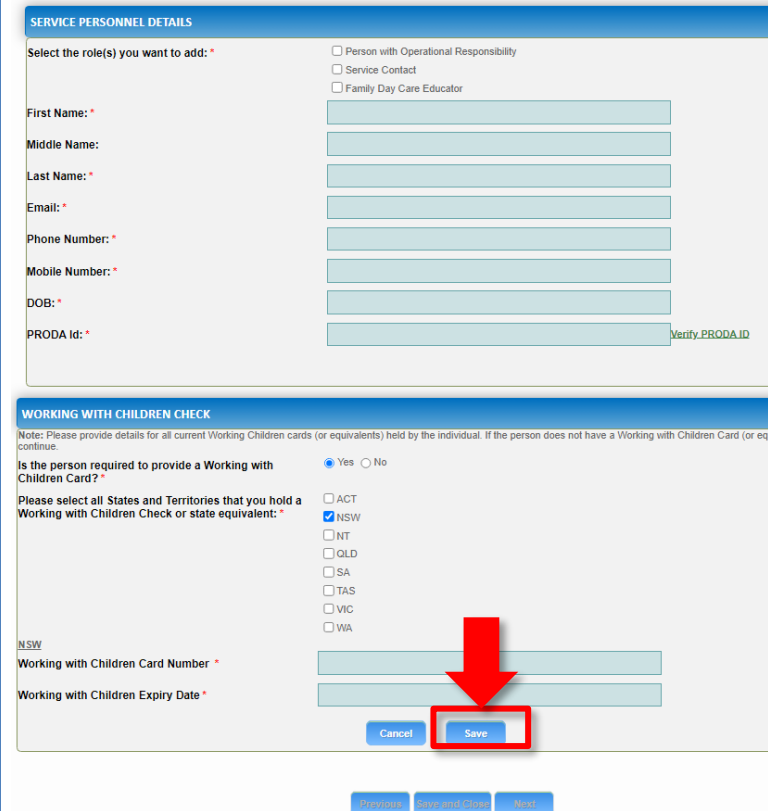
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For a **Person with operational responsibility** provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service

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** sub-sections. Click **Save**.



SERVICE PERSONNEL DETAILS

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 ID](#)

WORKING WITH CHILDREN CHECK

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 equivalent), continue.

Is the person required to provide a Working with Children Card? * Yes No

Please select all States and Territories that you hold a Working with Children Check or state equivalent: *

ACT
 NSW
 NT
 QLD
 SA
 TAS
 VIC
 WA

NSW

Working with Children Card Number: *

Working with Children Expiry Date: *

[Cancel](#) [Save](#)

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

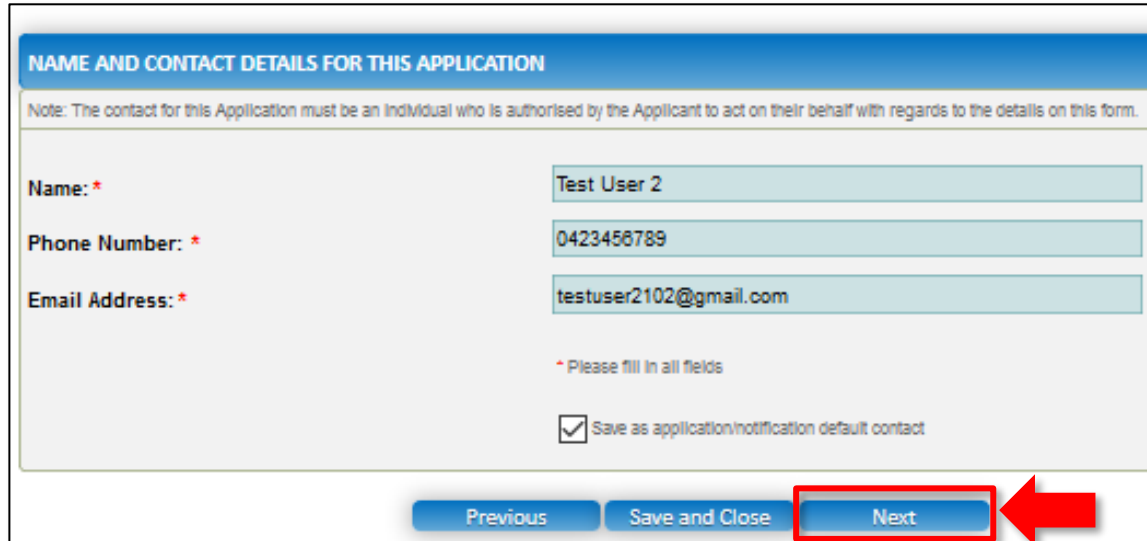
3. You will need to enter their **Surname**, **Date of Birth** and **PRODA ID** then click **Verify PRODA ID**.

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

- 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 CONTACT DETAILS FOR THIS APPLICATION

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

Name: *

Phone Number: *

Email Address: *

* Please fill in all fields

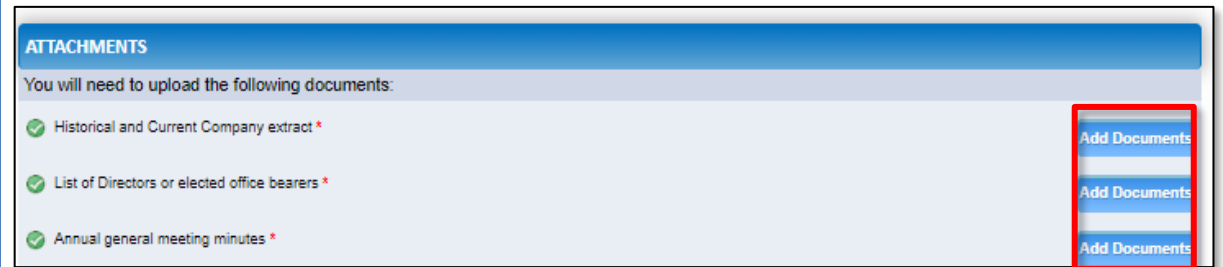
Save as application/notification default contact

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

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

Upload Attachments

- 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.



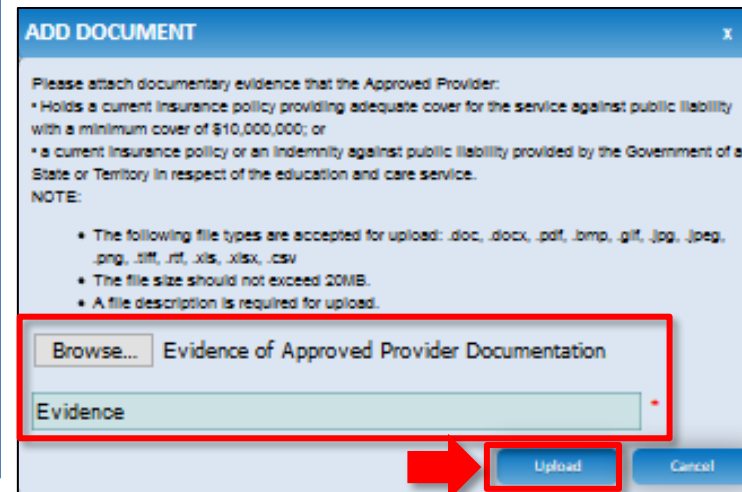
ATTACHMENTS

You will need to upload the following documents:

- Historical and Current Company extract *
- List of Directors or elected office bearers *
- Annual general meeting minutes *

[Add Documents](#)
[Add Documents](#)
[Add Documents](#)

- 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:

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

[Browse...](#) Evidence of Approved Provider Documentation

Evidence

[Upload](#) [Cancel](#)

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

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

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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

SERVICE NAME DETAILS Edit

SERVICE NAME DETAIL \$	
Service Legal Entity Name	Service Entity Sample 1
Service Trading Name	Service Trading Sample 1
Service ABN	
Service Type	Centre-based Care

PROPOSED SERVICE ADDRESS DETAIL \$

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

SERVICE CONTACT DETAIL \$

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 school Outside school hours care - after school Outside school hours care - vacation care

ASSOCIATED SERVICES

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

OPERATIONAL HOURS Edit

ANNUAL

General operating hours that are not specific

HOLIDAY CARE

Operating hours during school holidays include

SCHOOL TERMS

Operating hours when schools are open.

BUILDING INFORMATION Edit

POLICIES AND PROCEDURES

The following policies and procedures have been prepared

The following policies and procedures have NOT been prepared

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

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

Dealing with infectious diseases, including procedures complying with Regulation 88

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

Emergency and evacuation, including the matters set out in Regulation 97

Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99

Excursions, including procedures complying with Regulations 100 to 102

Providing a child safe environment

Staffing, including:

- a code of conduct for staff members;
- determining the responsible person present at the service; and
- the participation of volunteers and students on practicum placements.

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

Enrolment and orientation

Governance and management of the service, including confidentiality of records

The acceptance and refusal of authorisations

Payment of fees and provision of a statement of fees charged by the education and care service

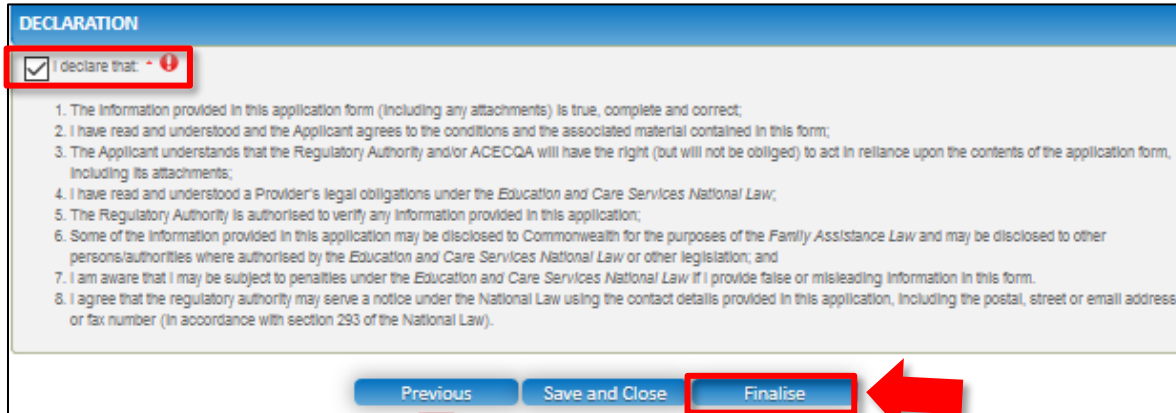
Dealing with complaints

BUILDING PREMISES INFORMATION


Following plans prepared by a building practitioner will be submitted	The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided.
---	---

Submit the application

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

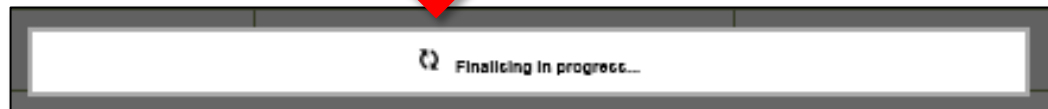



DECLARATION

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;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the Education and Care Services National Law;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation; and
7. I am aware that I may be subject to penalties under the Education and Care Services National Law if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

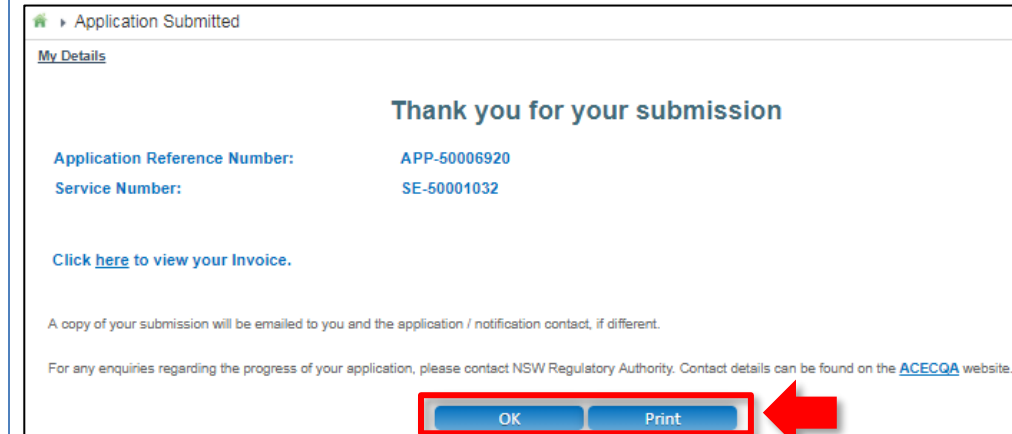
[Previous](#) [Save and Close](#) **[Finalise](#)**



 Finalising in progress...

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.



Application Submitted

My Details

Thank you for your submission

Application Reference Number: APP-50006920
Service Number: SE-50001032

[Click here to view your Invoice.](#)

A copy of your submission will be emailed to you and the application / notification contact, if different.

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

[OK](#) [Print](#)

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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.

Table of Contents

- **Access Transfer Application for Child Care Subsidy – Add Service**
- **Begin Transfer Application for Child Care Subsidy – Add Service**
- **Service Eligibility**
- **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 Transfer Application for Child Care Subsidy – Add Service**
- **Print or Close Transfer Application for Child Care Subsidy – Add Service**

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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
<input type="radio"/> PR-QLD00044	AEIOU Foundation	QLD	Out of Scope	Approved	CURRENT
<input type="radio"/> PR-50010985	Lee Bowyer	NSW	In Scope	Approved	
<input type="radio"/> PR-50011207	Wayne Bennett	NSW	In Scope	Approved	
<input type="radio"/> PR-50010910	Funtastic	NSW	In Scope	Approved	CURRENT
<input type="radio"/> PR-40013202	123 4 567	NSW	In Scope	Approved	
<input checked="" type="radio"/> PR-50011245	Test	NSW	In Scope	Invalid	
<input type="radio"/> PR-50011181	Phil's Kids Club	NSW	In Scope	Surrendered	
<input type="radio"/> PR-50011949	Big Kids PLC	NSW	In Scope	Under Assessment	
<input type="radio"/> PR-50011892	Phil Kent	NSW	In Scope	Under Assessment	
<input type="radio"/> PR-50011778	M... Child Care	NSW	In Scope	Under Assessment	

1 2

Add Provider **New Forms** Submitted Forms Manage Users

To start the application, click **Apply**.

CCS04 Application for CCS – Add Service (Transferred NL Service)

An application to apply to administer Child Care Subsidy (CCS) for an additional service that is being received as part of a Transfer of Service Approval under the National Law.

Note: This application may be used by an existing CCS approved provider, who is to receive an existing service as part of a Transfer of service Approval under the National Law.

A SA04/05 Notification of Transfer of Service Approval (NL) must have been lodged with the National Law Regulator prior to starting this form.

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.

INSTRUCTIONS > ELIGIBILITY > PROVIDER DETAILS > SERVICE DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under A New Tax System (Family Assistance) Act 1999 (Family Assistance Law) and related legislation, regulations and rules.

The Australian Government is responsible for assessing applications relating to CCS. Contact the [Australian Government](#) for information. Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied.

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

The personal information you provide is being collected by ACECQA on behalf of the regulatory authority and/or the Australian Government for the purposes of assessing your application or notification.

Regulatory authorities, the Australian Government and ACECQA may use and disclose the information you provide in accordance with the Education and Care Services National Law (National Law) and Family Assistance Law. If you are required to complete a knowledge assessment as part of your application or notification, your personal information may be used for this purpose.

Cancel **Begin**

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

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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? *

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)? *

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)? *

Yes No

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:

Select	TRANSFER ID	PROPOSED TRANSFER DATE	SERVICE ID	SERVICE NAME
<input type="radio"/>	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.

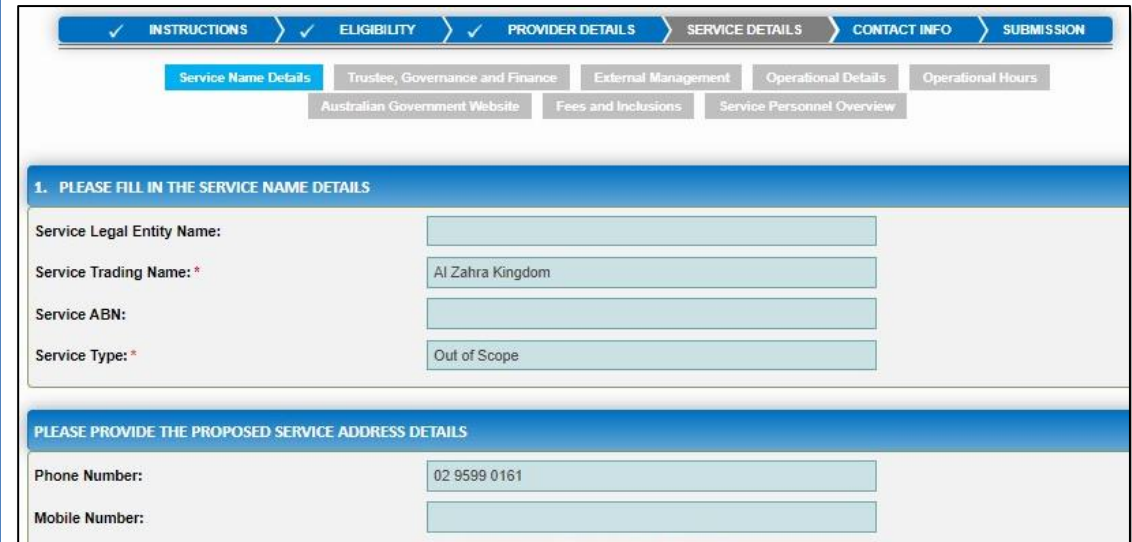
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Fill in Service Details

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 DETAILS**, **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 ***.



The screenshot shows the 'SERVICE DETAILS' stage of the NQA IT System. The navigation bar includes: INSTRUCTIONS (checked), ELIGIBILITY (checked), PROVIDER DETAILS (checked), SERVICE DETAILS (active), CONTACT INFO, and SUBMISSION. Below the navigation bar, there are tabs for: Service Name Details (active), Trustee, Governance and Finance, External Management, Operational Details, and Operational Hours. Underneath these tabs are links for: Australian Government Website, Fees and Inclusions, and Service Personnel Overview.

1. PLEASE FILL IN THE SERVICE NAME DETAILS

Service Legal Entity Name:	<input type="text"/>
Service Trading Name: *	<input type="text" value="Al Zahra Kingdom"/>
Service ABN:	<input type="text"/>
Service Type: *	<input type="text" value="Out of Scope"/>

PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS

Phone Number:	<input type="text" value="02 9599 0161"/>
Mobile Number:	<input type="text"/>

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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.

TRUST/TRUSTEE

Is the provider acting in the capacity of a trustee in the operation of this service? * Yes No

Trust ABN: * [Validate ABN](#)

Trust Name: *

GOVERNANCE

Please outline the arrangement in place for managing day-to-day operations of the child care Service to ensure compliance with the Family Assistance Law. Alternatively, please attached a document outlining the governance arrangements for your Service.

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)

SERVICE FINANCIAL DETAILS

Account details for payment(s) made under the Family Assistance Law to your child care Service Use Provider Bank Account

BSB *

Account Number *

Account Name *

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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** sub-section, 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 rest with the Provider. The Provider must ensure all external organisations or individuals understand and administer their responsibilities under the Family Assistance Law.

Does the Provider propose to enter into an agreement with another entity to provide day to day administration or management of the service on its behalf?
 Yes No

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

EXTERNAL MANAGEMENT ADDRESS

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: * Evidence of a signed agreement with the 'External Management' or attached any additional information (mandatory)

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Fill in Operational Details

1. In the **Operational Details** section, in the **PROPOSED COMMENCEMENT DATE** sub-section, 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 OWNERSHIP 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 *

What is the proposed start date for your CCS Service Approval to take effect? *

IMPORTANT

You should be aware that approval of your application is subject to the service satisfying the relevant legislative requirements. You may advise families that you are seeking approval to operate for the purposes of CCS.

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.

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 the purpose of providing child care? *

CHANGE OF OWNERSHIP OF AN EXISTING SERVICE

Is the applicant purchasing or taking over the operation of an existing child care Service approved under the Family Assistance Law? * Yes No

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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.

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

+ HOLIDAY CARE

Operating hours during school holidays including public holidays.

+ SCHOOL TERMS ONLY

Operating hours when schools are open.

Previous
Save and Close
Next

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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 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 *

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.

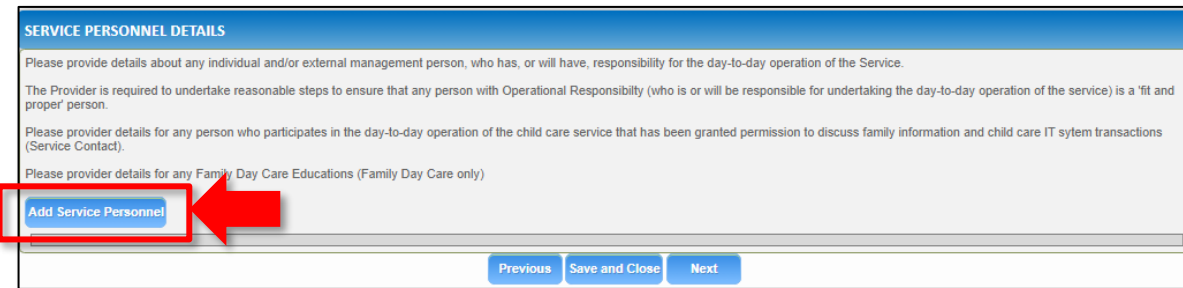
	HOURLY	HALF DAY	FULL DAY	BEFORE SCHOOL	AFTER SCHOOL
Age Group	0-12 Months	13-24 Months	25-35 Months	36 Months to Pre School	Over Pre-School Age
NO Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Non-Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nappies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excursions/ Incursions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usual Fee	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>

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

[Back to Main Menu](#)

Fill in Service Personnel Details

1. In the **Service Personnel Details** section, in the **SERVICE PERSONNEL DETAILS** sub-section, click **Add Service Personnel**.

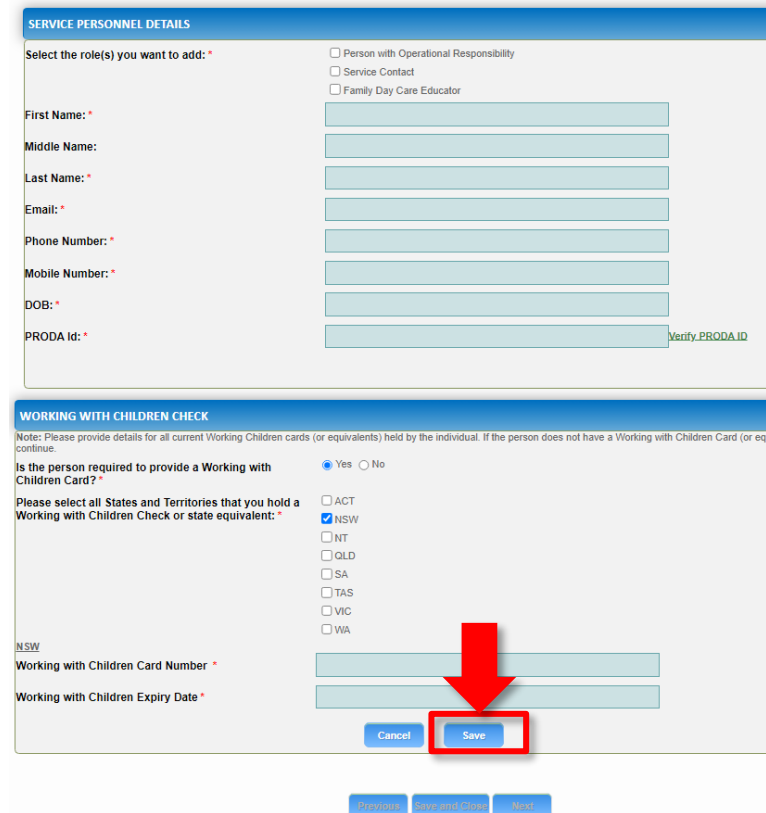


For a **Person with operational responsibility** provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service

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** sub-sections. Click **Save**.



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

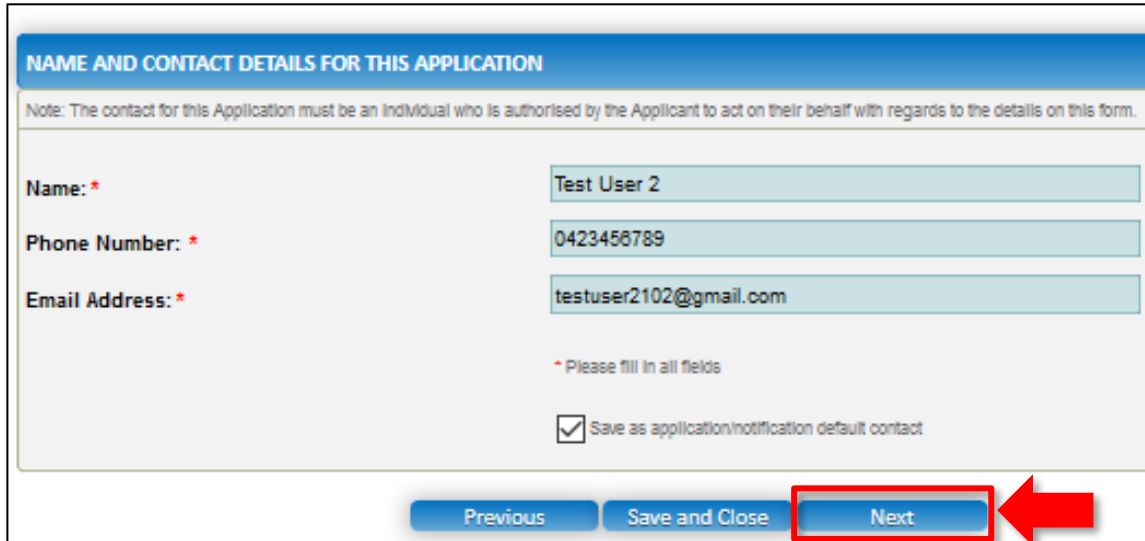
3. You will need to enter their **Surname**, **Date of Birth** and **PRODA ID** then click **Verify PRODA ID**.

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

[Back to Main Menu](#)

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 CONTACT DETAILS FOR THIS APPLICATION

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

Name: *

Phone Number: *

Email Address: *

* Please fill in all fields

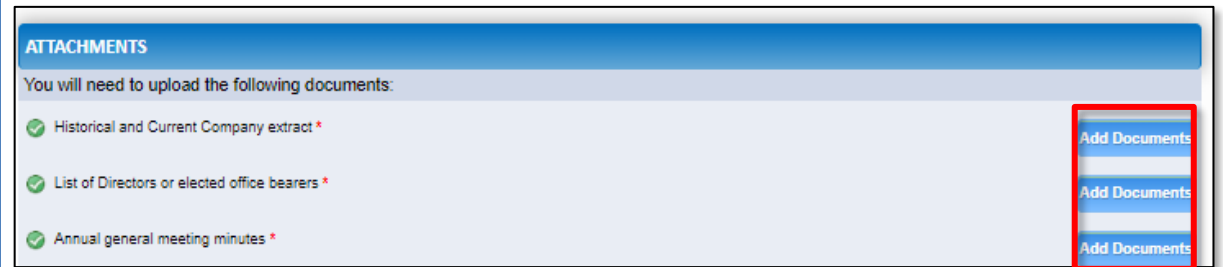
Save as application/notification default contact

Previous 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.



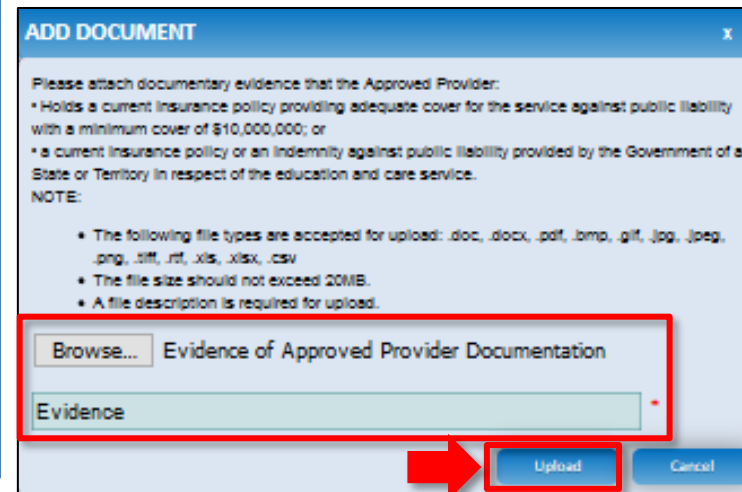
ATTACHMENTS

You will need to upload the following documents:

- Historical and Current Company extract *
- List of Directors or elected office bearers *
- Annual general meeting minutes *

Add Documents Add Documents 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:

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

Browse... Evidence of Approved Provider Documentation

Evidence

Upload Cancel

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**.

[Back to Main Menu](#)

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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

SERVICE NAME DETAILS Edit

SERVICE NAME DETAIL \$	
Service Legal Entity Name	Service Entity Sample 1
Service Trading Name	Service Trading Sample 1
Service ABN	
Service Type	Centre-based Care

PROPOSED SERVICE ADDRESS DETAIL \$

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

SERVICE CONTACT DETAIL \$

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 school Outside school hours care - after school Outside school hours care - vacation care

ASSOCIATED SERVICES

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

OPERATIONAL HOURS Edit

ANNUAL

General operating hours that are not specific

HOLIDAY CARE

Operating hours during school holidays include

SCHOOL TERMS

Operating hours when schools are open.

BUILDING INFORMATION Edit

POLICIES AND PROCEDURES

The following policies and procedures have been prepared

The following policies and procedures have NOT been prepared

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

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

Dealing with infectious diseases, including procedures complying with Regulation 88

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

Emergency and evacuation, including the matters set out in Regulation 97

Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99

Excursions, including procedures complying with Regulations 100 to 102

Providing a child safe environment

Staffing, including:

- a code of conduct for staff members;
- determining the responsible person present at the service; and
- the participation of volunteers and students on practicum placements.

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

Enrolment and orientation

Governance and management of the service, including confidentiality of records

The acceptance and refusal of authorisations

Payment of fees and provision of a statement of fees charged by the education and care service

Dealing with complaints

BUILDING PREMISES INFORMATION

Following plans prepared by a building practitioner will be submitted

The landscape of, or landscaping plans for, outdoor spaces that will be used by the education and care service, specifying the natural environments that are or will be provided.

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Submit the application

DECLARATION

I declare that: - !

1. The information provided in this application form (including any attachments) is true, complete and correct;

2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;

3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;

4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;


5. The Regulatory Authority is authorised to verify any information provided in this application;

6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and

7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.

8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous
Save and Close
Finalise

 **Finalising in progress...**

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 here to view your Invoice.](#)

A copy of your submission will be emailed to you and the application / notification contact, if different.

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

OK
Print

Application for Provider and Service Approval (JUA02)

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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.

Table of Contents

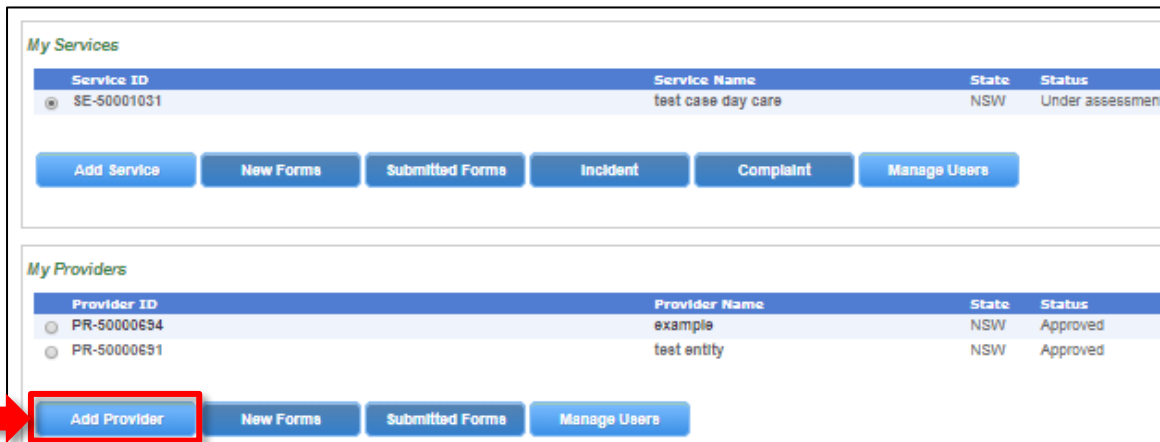
- [Access Application for Provider and Service Approval Form](#)
 - Steps to access the **Application for Provider and Service Approval** form.
- [Begin Application for Provider and Service Approval Form](#)
 - Steps to start the **Application for Provider and Service Approval** form.
- [Fill Details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

Application for Provider and Service Approval (JUA02)

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Access Application for Provider and Service Approval Form

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




My Services

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

My Providers

Provider ID	Provider Name	State	Status
PR-50000634	example	NSW	Approved
PR-50000631	test entity	NSW	Approved

Add Provider New Forms Submitted Forms Manage Users



JUA02 Application for Provider and Service Approval under NL

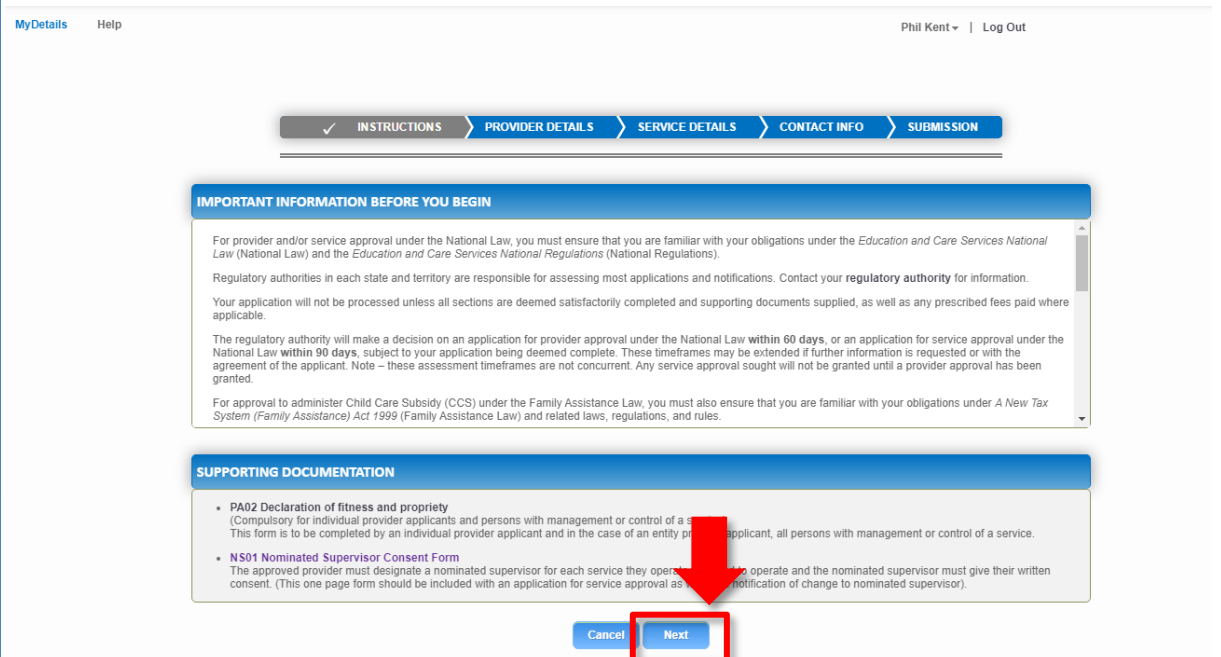
Note: Provider approval must be granted before any service approval may be granted. This is not an application to administer Child Care Subsidy (CCS). A CCS application must be made separately using the relevant application.

Apply

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**.

Begin Application for Provider and Service Approval Form

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



MyDetails Help Phil Kent | Log Out

INSTRUCTIONS PROVIDER DETAILS SERVICE DETAILS CONTACT INFO SUBMISSION

IMPORTANT INFORMATION BEFORE YOU BEGIN

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)*.

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information. Your application will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable.

The regulatory authority will make a decision on 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 granted.

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.

SUPPORTING DOCUMENTATION

- PA02 Declaration of fitness and propriety**
(Compulsory for individual provider applicants and persons with management or control of a service. This form is to be completed by an individual provider applicant and in the case of an entity provider applicant, all persons with management or control of a service.)
- NS01 Nominated Supervisor Consent Form**
The approved provider must designate a nominated supervisor for each service they operate and the nominated supervisor must give their written consent. (This one page form should be included with an application for service approval as well as a notification of change to nominated supervisor.)

Cancel **Next**

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

Application for Provider and Service Approval (JUA02)

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Fill Details in Application for Provider and Service Approval Form

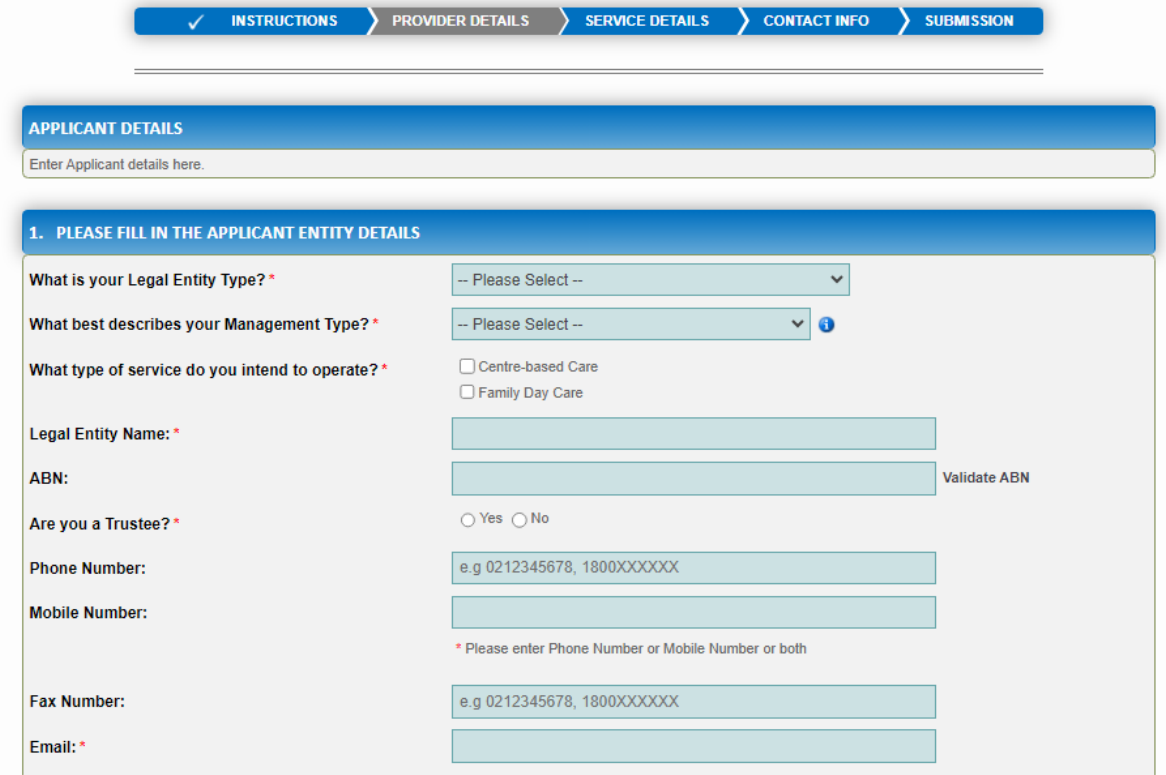
In the **PROVIDER DETAILS** stage, the applicant information is categorised into four sections: **ENTITY DETAILS**, **ADDRESS DETAILS**, **FINANCIAL DECLARATION**, and **PERSONS WITH MANAGEMENT OR CONTROL**.

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 ***.



The screenshot shows a progress bar at the top with five steps: INSTRUCTIONS (checked), PROVIDER DETAILS (active), SERVICE DETAILS, CONTACT INFO, and SUBMISSION. Below the progress bar is a blue header for 'APPLICANT DETAILS' with a text input field 'Enter Applicant details here.'. The main section is titled '1. PLEASE FILL IN THE APPLICANT ENTITY DETAILS' and contains the following fields:

- What is your Legal Entity Type? ***: A dropdown menu with '-- Please Select --'.
- What best describes your Management Type? ***: A dropdown menu with '-- Please Select --' and an information icon.
- What type of service do you intend to operate? ***: Two radio buttons for 'Centre-based Care' and 'Family Day Care'.
- Legal Entity Name: ***: A text input field.
- ABN:**: A text input field with a 'Validate ABN' button.
- Are you a Trustee? ***: Two radio buttons for 'Yes' and 'No'.
- Phone Number:**: A text input field with the example 'e.g 0212345678, 1800XXXXXX'.
- Mobile Number:**: A text input field.
- Fax Number:**: A text input field with the example 'e.g 0212345678, 1800XXXXXX'.
- Email: ***: A text input field.

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

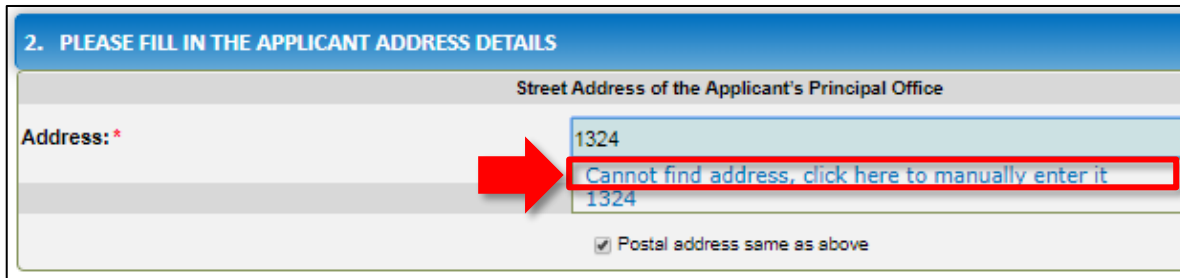
Application for Provider and Service Approval (JUA02)

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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.



2. PLEASE FILL IN THE APPLICANT ADDRESS DETAILS

Street Address of the Applicant's Principal Office

Address: * 1324

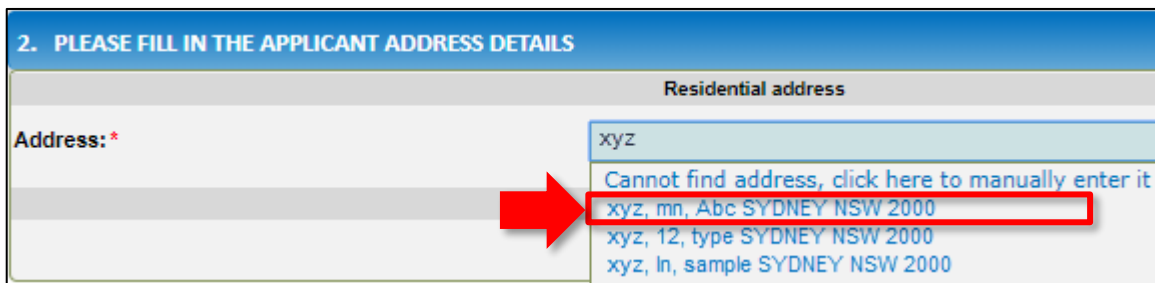
Cannot find address, click here to manually enter it

1324

Postal address same as above

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.



2. PLEASE FILL IN THE APPLICANT ADDRESS DETAILS

Residential address

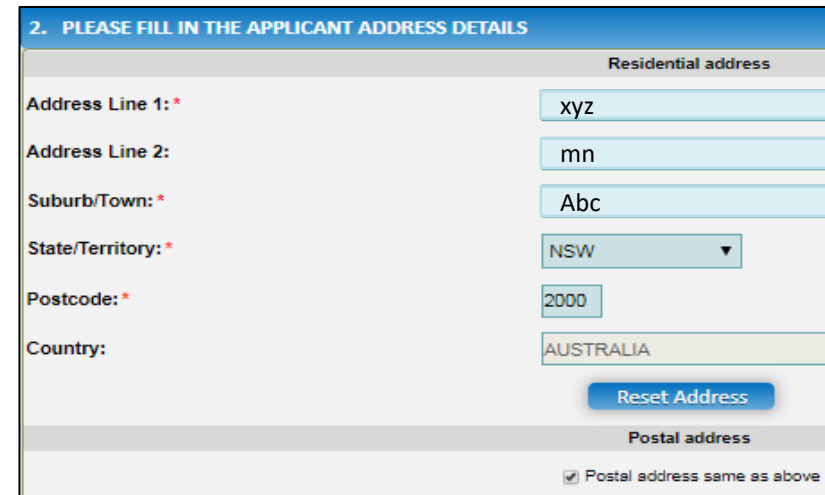
Address: * xyz

Cannot find address, click here to manually enter it

xyz, mn, Abc SYDNEY NSW 2000

xyz, 12, type SYDNEY NSW 2000

xyz, ln, sample SYDNEY NSW 2000



2. PLEASE FILL IN THE APPLICANT ADDRESS DETAILS

Residential address

Address Line 1: * xyz

Address Line 2: mn

Suburb/Town: * Abc

State/Territory: * NSW

Postcode: * 2000

Country: AUSTRALIA

Reset Address

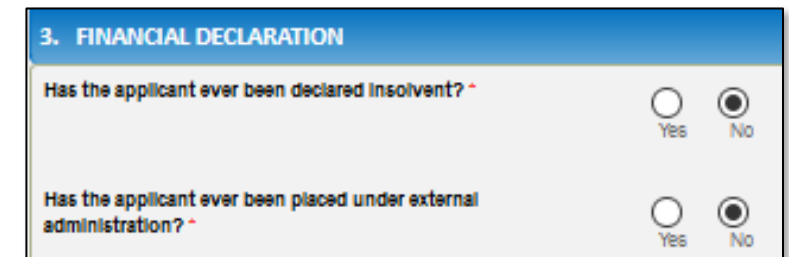
Postal address

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 DECLARATION** section, select relevant options.



3. FINANCIAL DECLARATION

Has the applicant ever been declared insolvent? *

Yes No

Has the applicant ever been placed under external administration? *

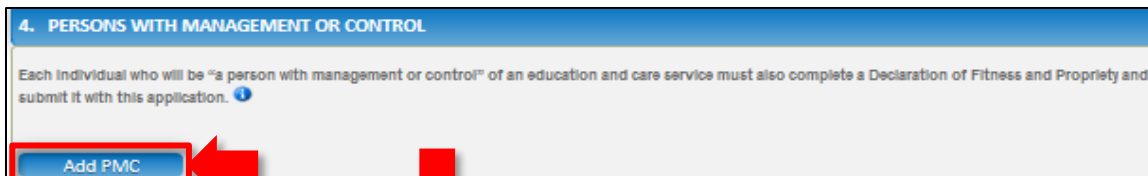
Yes No

Application for Provider and Service Approval (JUA02)

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Fill Details in Application for Provider and Service Approval Form

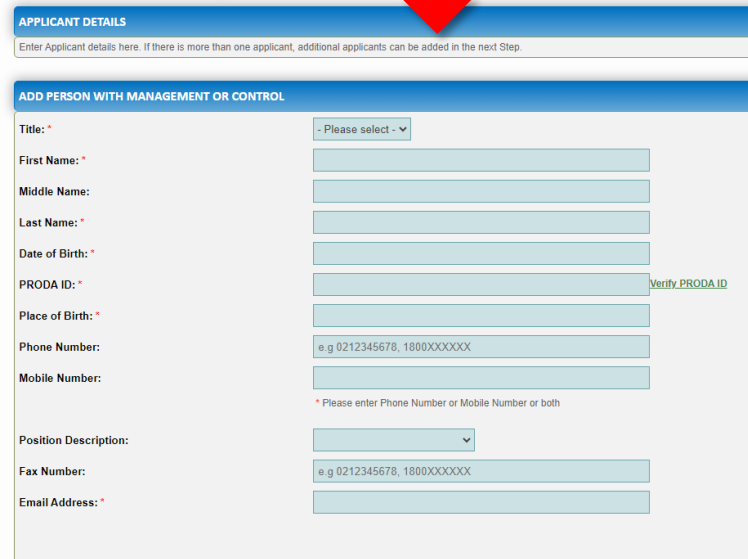
4. In the **PERSONS WITH MANAGEMENT OR CONTROL** section, add details about the persons who are in the management or have control of your legal entity. To add these details, click **Add PMC** and fill the details as requested.



4. PERSONS WITH MANAGEMENT OR CONTROL

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

Add PMC



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

ADD PERSON WITH MANAGEMENT OR CONTROL

Title: *

First Name: *

Middle Name:

Last Name: *

Date of Birth: *

PRODA ID: * [Verify PRODA ID](#)

Place of Birth: *

Phone Number:

Mobile Number:

* Please enter Phone Number or Mobile Number or both

Position Description:

Fax Number:

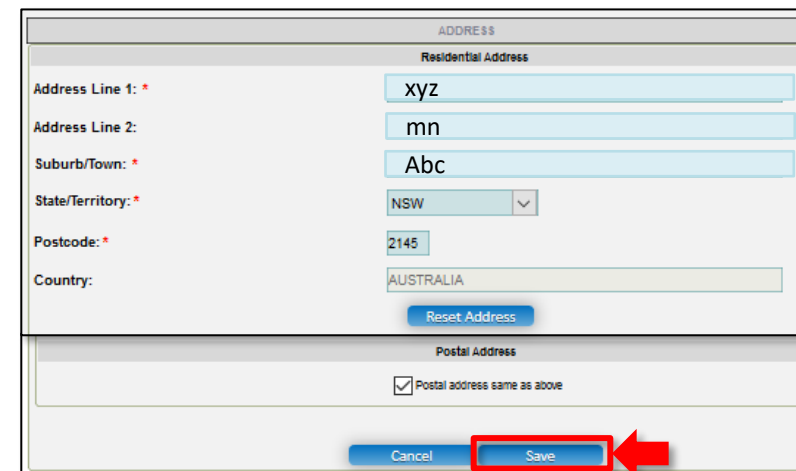
Email Address: *

5. 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.

Note: Ensure that you fill all 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: *

Address Line 2:

Suburb/Town: *

State/Territory: *

Postcode: *

Country:

[Reset Address](#)

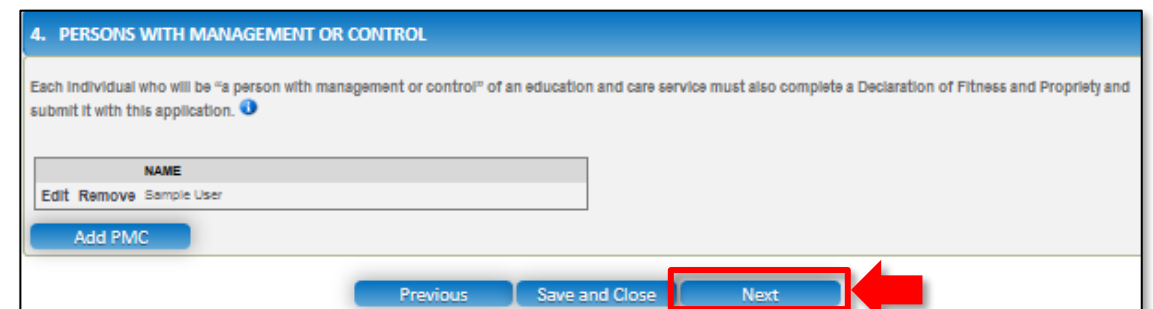
Postal Address

Postal address same as above

[Cancel](#) [Save](#)

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

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



4. PERSONS WITH MANAGEMENT OR CONTROL

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

NAME

[Edit](#) [Remove](#)

[Add PMC](#)

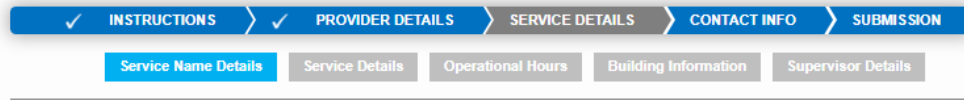
[Previous](#) [Save and Close](#) [Next](#)

Application for Provider and Service Approval (JUA02)

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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**.



1. PLEASE FILL IN THE SERVICE NAME DETAILS

Service Legal Entity Name:	<input type="text"/>	
Service Trading Name: *	<input type="text"/>	
Service ABN:	<input type="text"/>	Check ABN
Service Type: *	<input type="text" value="-- Please Select --"/>	

2. PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS

Phone Number:	<input type="text" value="e.g 0212345678, 1800XXXXXX"/>
Mobile Number:	<input type="text"/>
	* Please enter Phone Number or Mobile Number or both
Fax Number:	<input type="text" value="e.g 0212345678, 1800XXXXXX"/>
Email Address: *	<input type="text"/>

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 ***.

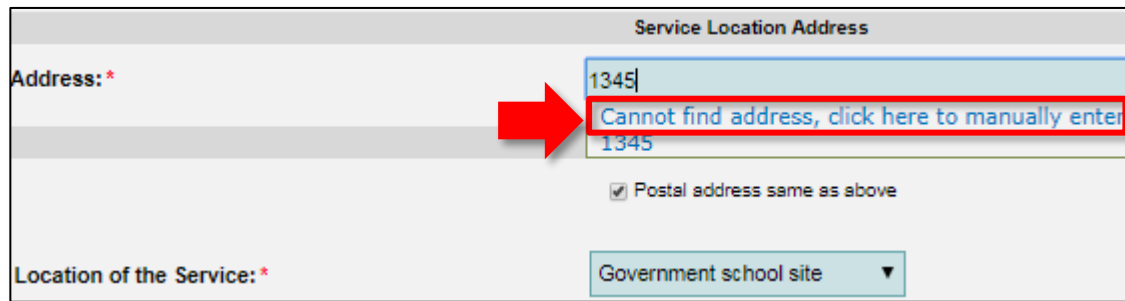
Application for Provider and Service Approval (JUA02)

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Fill Details in Application for Service Approval Form

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

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.



Service Location Address

Address: * 1345

Cannot find address, click here to manually enter it

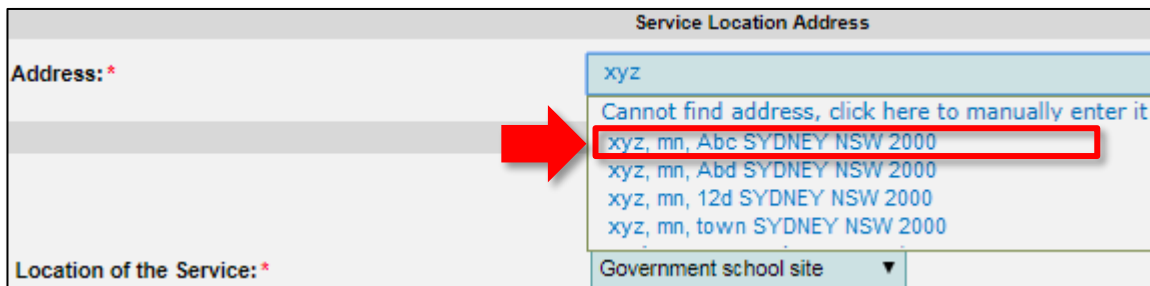
1345

Postal address same as above

Location of the Service: * Government school site

OR

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



Service Location Address

Address: * xyz

Cannot find address, click here to manually enter it

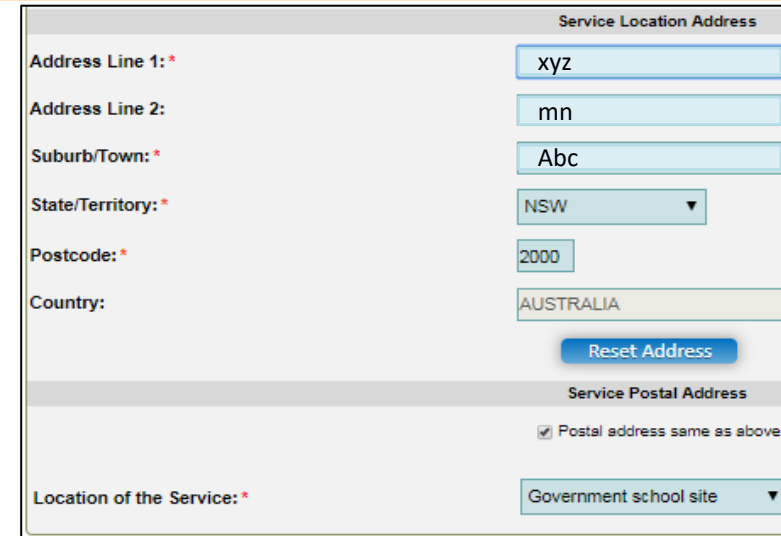
xyz, mn, Abc SYDNEY NSW 2000

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



Service Location Address

Address Line 1: * xyz

Address Line 2: mn

Suburb/Town: * Abc

State/Territory: * NSW

Postcode: * 2000

Country: AUSTRALIA

Reset Address

Service Postal Address

Postal address same as above

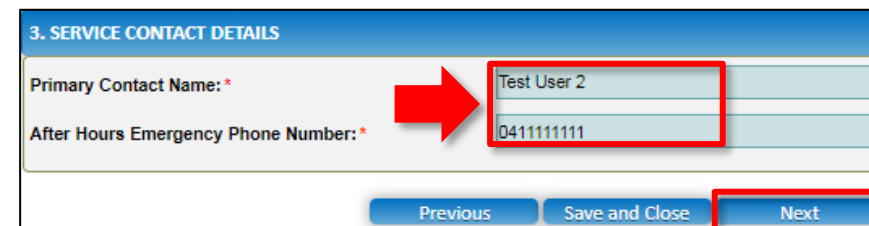
Location of the Service: * Government school site

Notes:

- The **Reset Address** button clears the details filled in the address fields. Therefore, do not click **Reset Address** unless you need to clear the complete address and fill it again.
- If the postal address is same as residential address, select **Postal address same as above**, or else clear the checkbox and fill in the address.

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

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



3. SERVICE CONTACT DETAILS

Primary Contact Name: * Test User 2

After Hours Emergency Phone Number: * 0411111111

Previous Save and Close Next

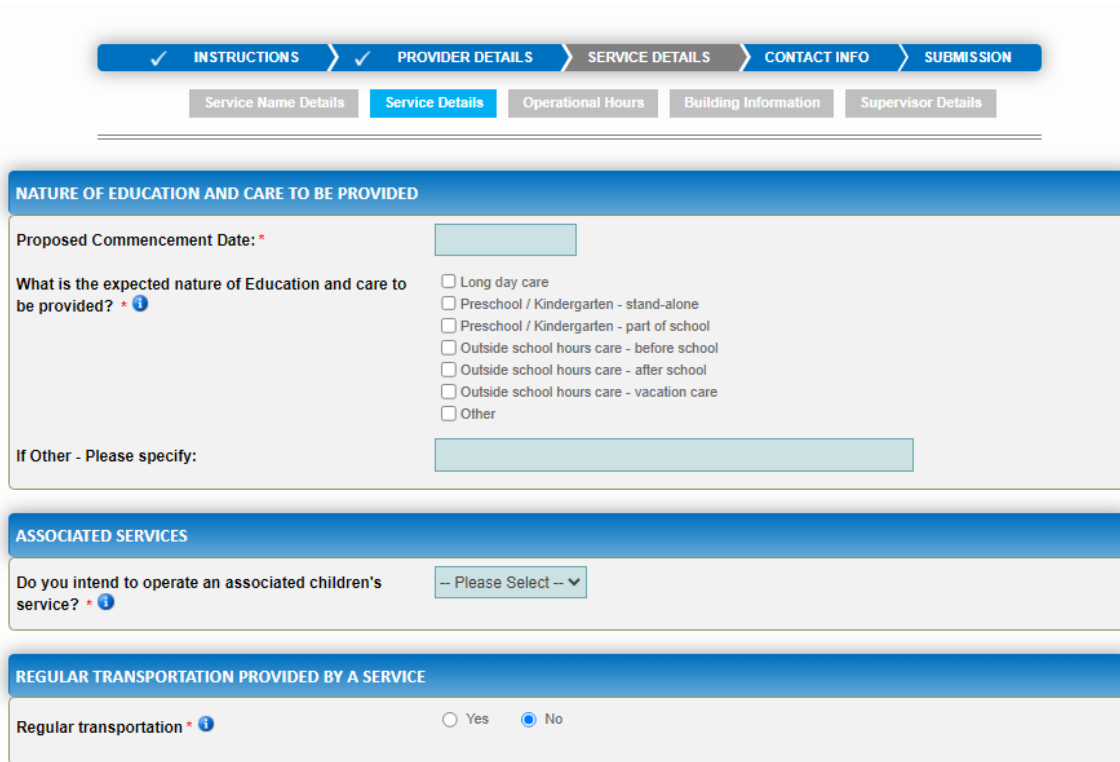
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

Application for Provider and Service Approval (JUA02)

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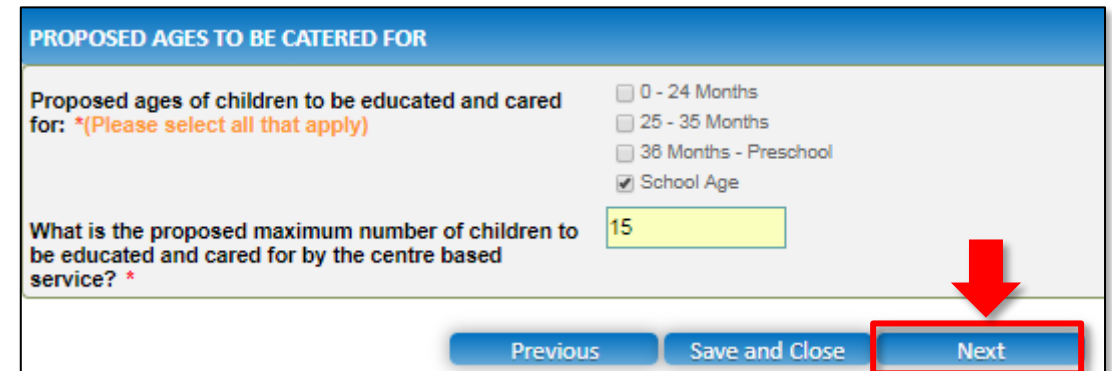
Fill Details in Application for Provider and Service Approval Form

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.



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.



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.

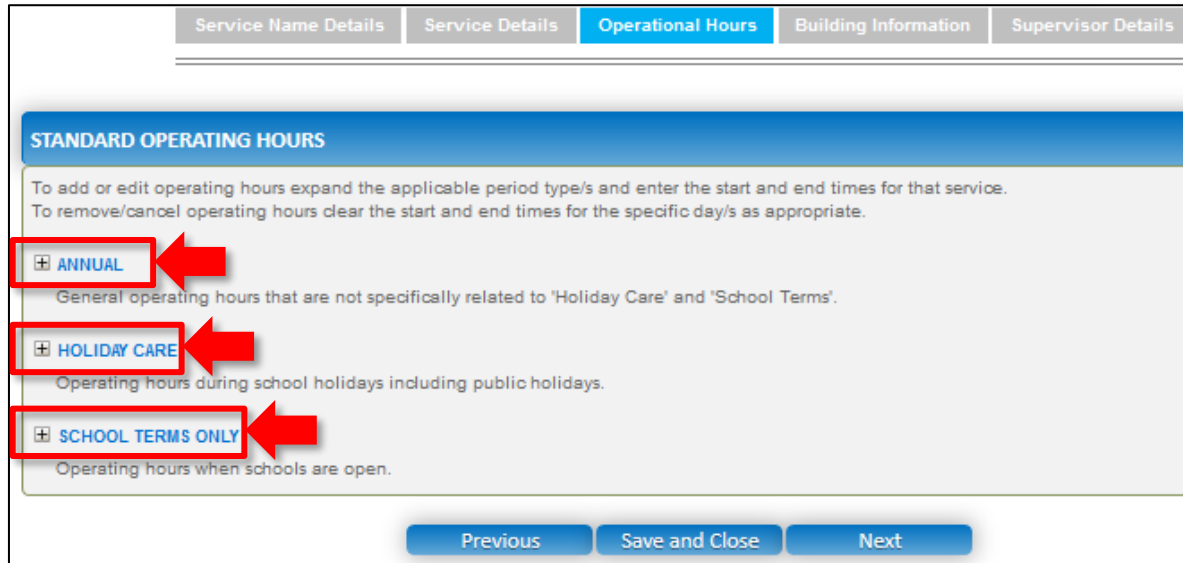
Application for Provider and Service Approval (JUA02)

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Fill Details in Application for Provider and Service Approval Form

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

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



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

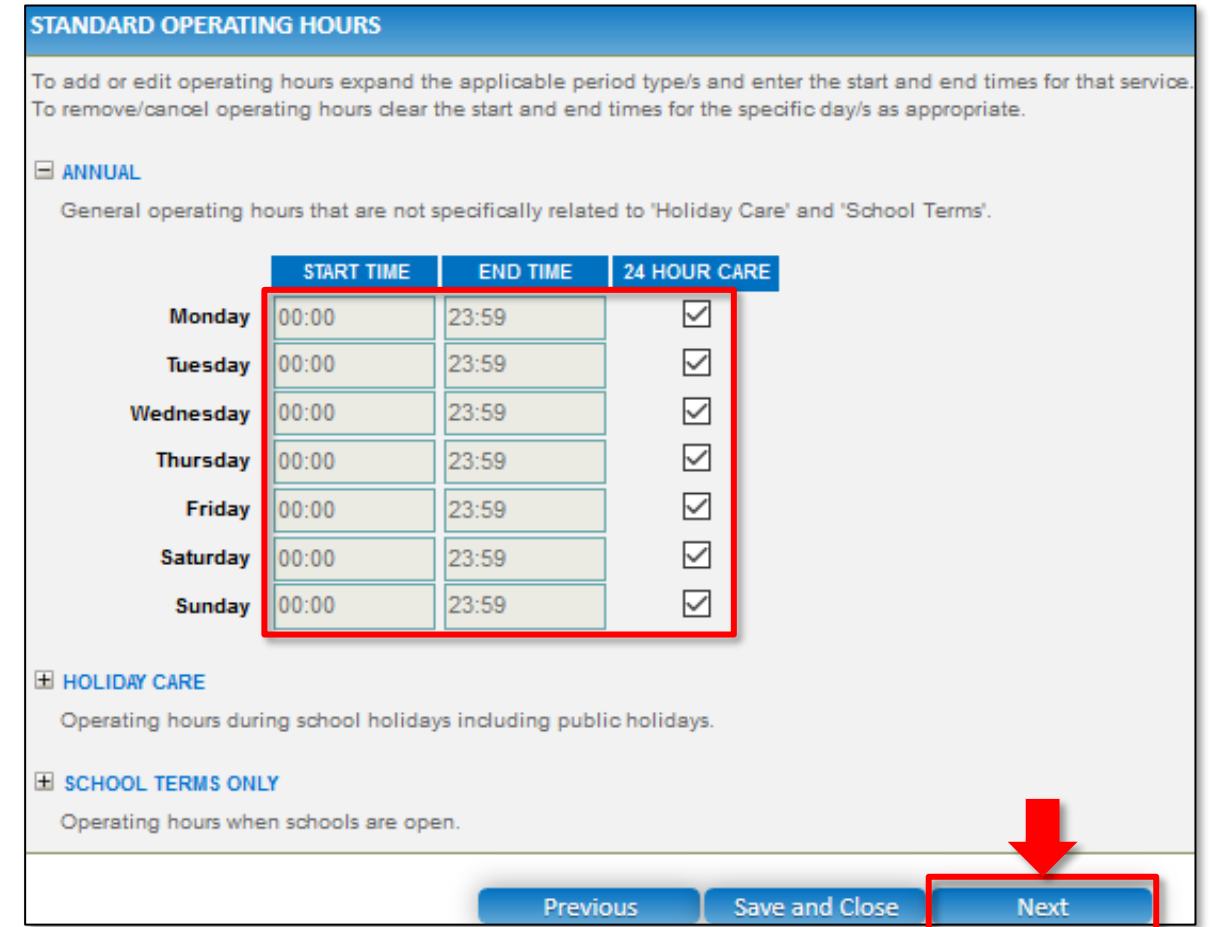
STANDARD OPERATING HOURS

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

- ANNUAL** (plus icon highlighted with red box and arrow)
General operating hours that are not specifically related to 'Holiday Care' and 'School Terms'.
- HOLIDAY CARE** (plus icon highlighted with red box and arrow)
Operating hours during school holidays including public holidays.
- SCHOOL TERMS ONLY** (plus icon highlighted with red box and arrow)
Operating hours when schools are open.

Previous | Save and Close | Next

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



STANDARD OPERATING HOURS

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

ANNUAL

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

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

HOLIDAY CARE
Operating hours during school holidays including public holidays.

SCHOOL TERMS ONLY
Operating hours when schools are open.

Previous | Save and Close | **Next** (highlighted with red box and arrow)

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

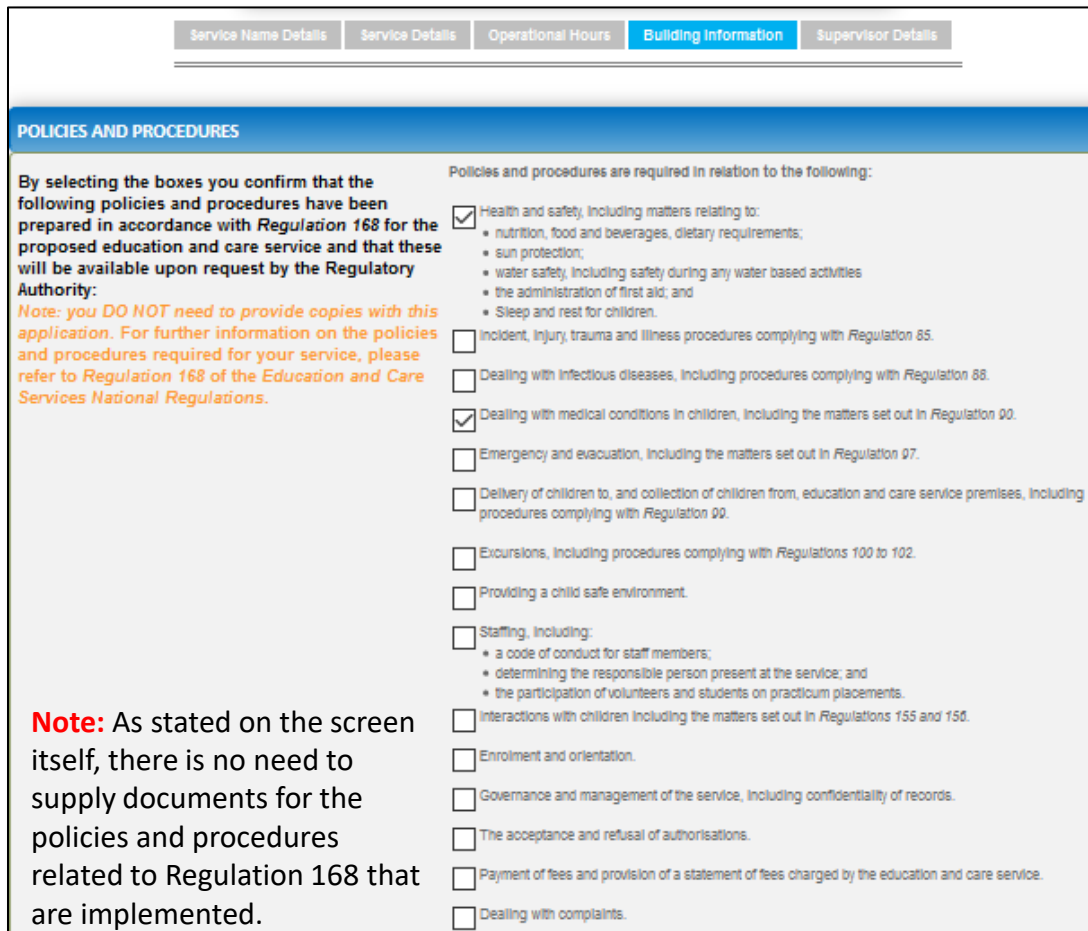
Application for Provider and Service Approval (JUA02)

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- Centre-based Care Service Application -

Fill Details in Application for Provider and Service Approval Form

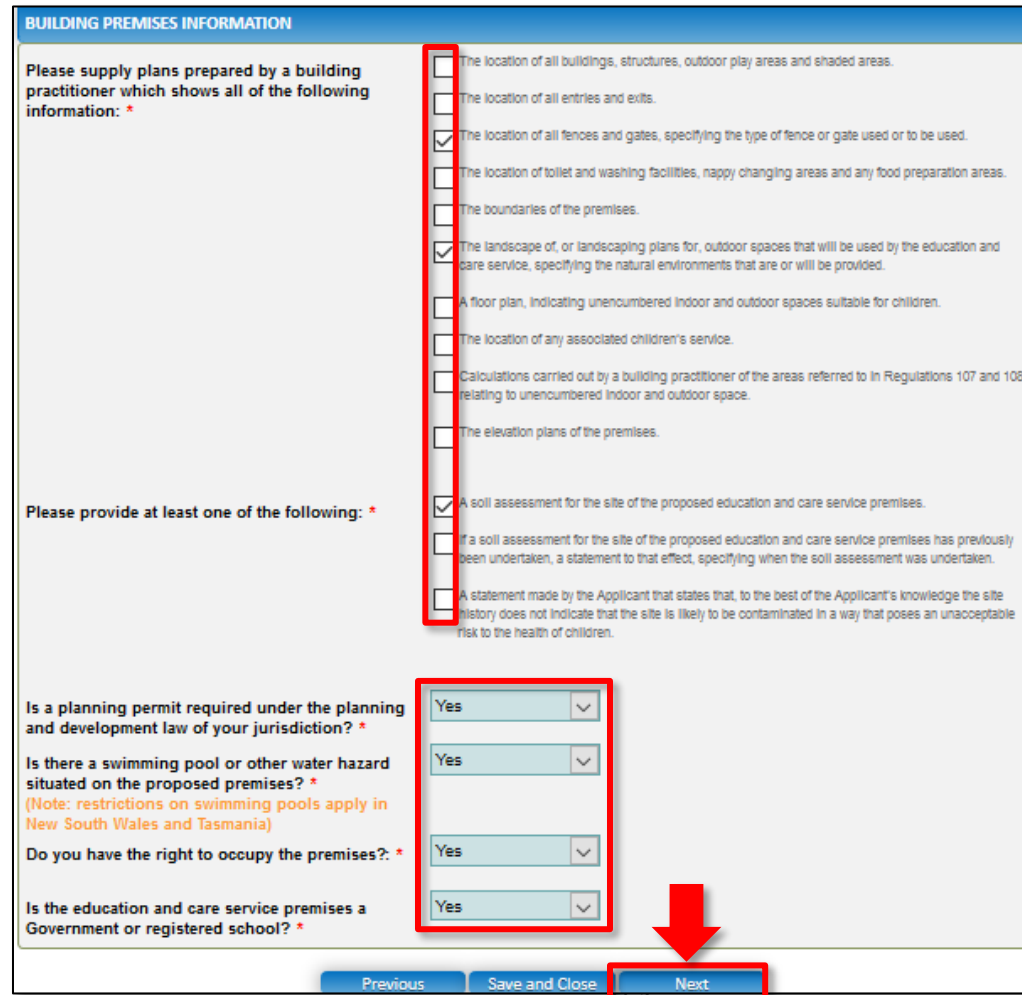
11. In the **Building Information** section, select the relevant options in the **POLICIES AND PROCEDURES** sub-section (optional).



The screenshot shows the 'POLICIES AND PROCEDURES' section of the application form. It includes a navigation bar with tabs for 'Service Name Details', 'Service Details', 'Operational Hours', 'Building Information', and 'Supervisor Details'. The 'Building Information' tab is selected. Below the navigation bar, there is a heading 'POLICIES AND PROCEDURES' and a sub-heading 'By selecting the boxes you confirm that the following policies and procedures have been prepared in accordance with Regulation 168 for the proposed education and care service and that these will be available upon request by the Regulatory Authority:'. A note states: 'Note: you DO NOT need to provide copies with this application. For further information on the policies and procedures required for your service, please refer to Regulation 168 of the Education and Care Services National Regulations.' To the right, there is a list of policies and procedures with checkboxes, including '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.' Other policies include 'Incident, injury, trauma and illness procedures complying with Regulation 85', 'Dealing with infectious diseases, including procedures complying with Regulation 88', 'Dealing with medical conditions in children, including the matters set out in Regulation 90', 'Emergency and evacuation, including the matters set out in Regulation 97', 'Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99', 'Excursions, including procedures complying with Regulations 100 to 102', 'Providing a child safe environment', 'Staffing, including: a code of conduct for staff members; determining the responsible person present at the service; and the participation of volunteers and students on practicum placements.', 'Interactions with children including the matters set out in Regulations 155 and 156', 'Enrolment and orientation', 'Governance and management of the service, including confidentiality of records', 'The acceptance and refusal of authorisations', 'Payment of fees and provision of a statement of fees charged by the education and care service', and 'Dealing with complaints'.

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

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



The screenshot shows the 'BUILDING PREMISES INFORMATION' section of the application form. It includes a heading 'BUILDING PREMISES INFORMATION' and a sub-heading 'Please supply plans prepared by a building practitioner which shows all of the following information: *'. Below this, there is a list of options with checkboxes, including '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.', '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 soil assessment for the site of the proposed education and care service premises.', 'If a soil 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.', and '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.' Below this list, there is a sub-heading 'Please provide at least one of the following: *' and a list of questions with dropdown menus, including '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? *', and 'Is the education and care service premises a Government or registered school? *'. At the bottom, there are buttons for 'Previous', 'Save and Close', and 'Next'. A red arrow points to the 'Next' button.

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

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

Application for Provider and Service Approval (JUA02)

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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).

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

Please provide copies of the following proposed policies and procedures relating to: *
For further information on these policies and procedures please refer to the Regulation 169.

- Assessment, approval and reassessment of approved family day care venues and family day care residences (including matters to meet the requirements of Regulation 110).
- Engagement or registration of family day care educators.
- Keeping of a register of family day care educators under Regulation 153.
- Monitoring, support and supervision of family day care educators, including how the service will manage educators in remote locations.
- Assessment of family day care educators, family day care educator assistants and persons residing at family day care residences, including the matters required under Regulation 163.
- Visitors to family day care residences and venues while education and care is being provided to children as part of a family day care service.
- The provision of information, assistance and training to family day care educators.
- The engagement or registration of family day care educator assistants.
- If the family day care service will permit a family day care residence or venue with a swimming pool or something that may constitute a water hazard, a copy of the service's proposed water safety policy (Please note - swimming pools are prohibited in Tasmania for all education and care services).

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

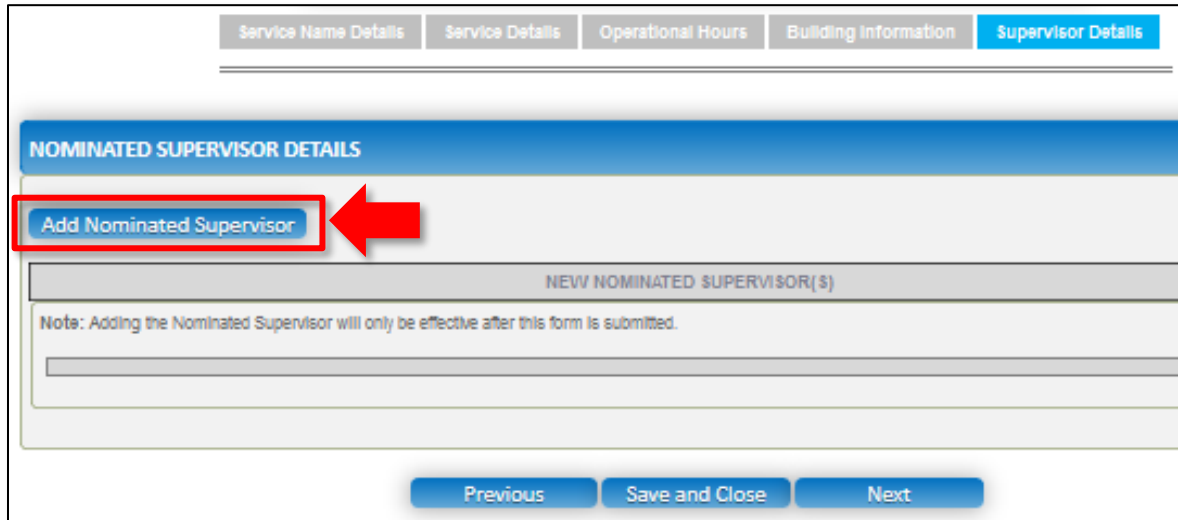
12. In the **BUILDING PREMISES INFORMATION** sub-section, indicate if there is the right to occupy and use the proposed premises as the principal office and if the service is located in a multi-storey building (note the definition of multi-storey being 3 or more levels).

Application for Provider and Service Approval (JUA02)

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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** sub-section, click **Add Nominated Supervisor** to nominate supervisor(s).



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

NOMINATED SUPERVISOR DETAILS

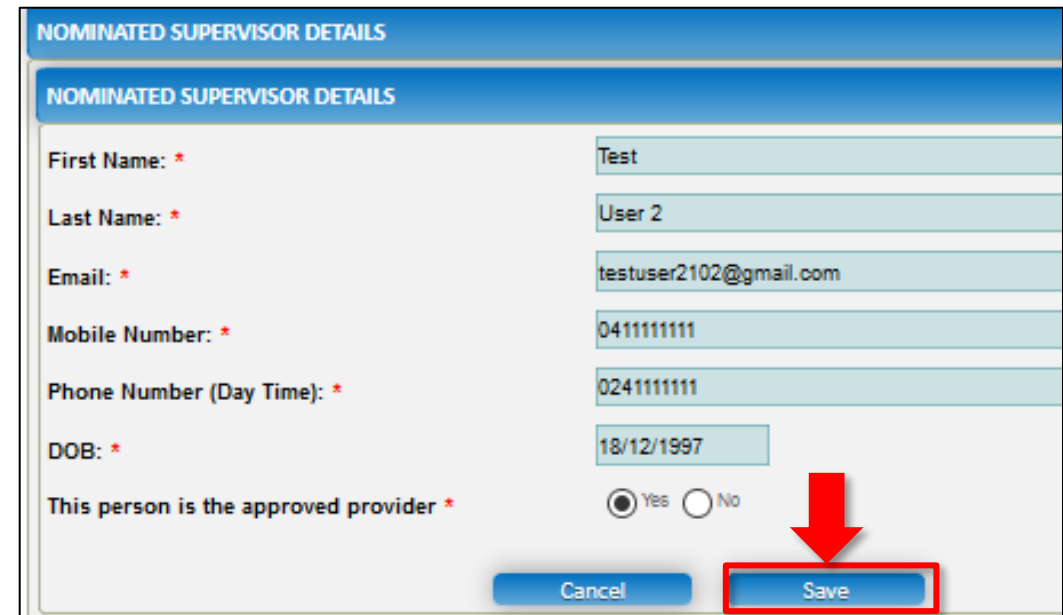
Add Nominated Supervisor

NEW NOMINATED SUPERVISOR(S)

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

Previous | Save and Close | Next

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

NOMINATED SUPERVISOR DETAILS

First Name: * Test

Last Name: * User 2

Email: * testuser2102@gmail.com

Mobile Number: * 0411111111

Phone Number (Day Time): * 0241111111

DOB: * 18/12/1997

This person is the approved provider * Yes No

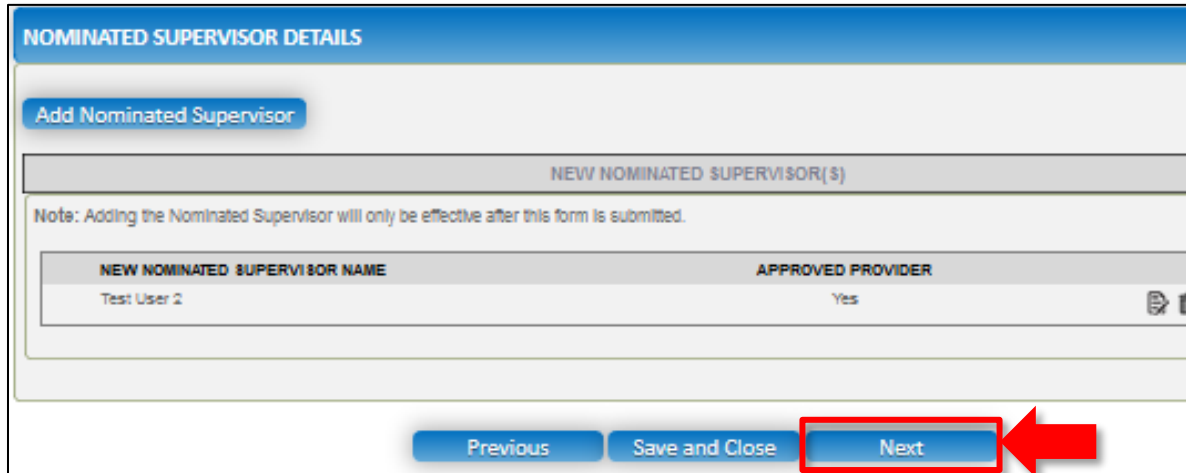
Cancel | **Save**

Application for Provider and Service Approval (JUA02)

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Fill Details in Application for Provider and Service Approval Form

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



NOMINATED SUPERVISOR DETAILS

Add Nominated Supervisor

NEW NOMINATED SUPERVISOR(S)

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

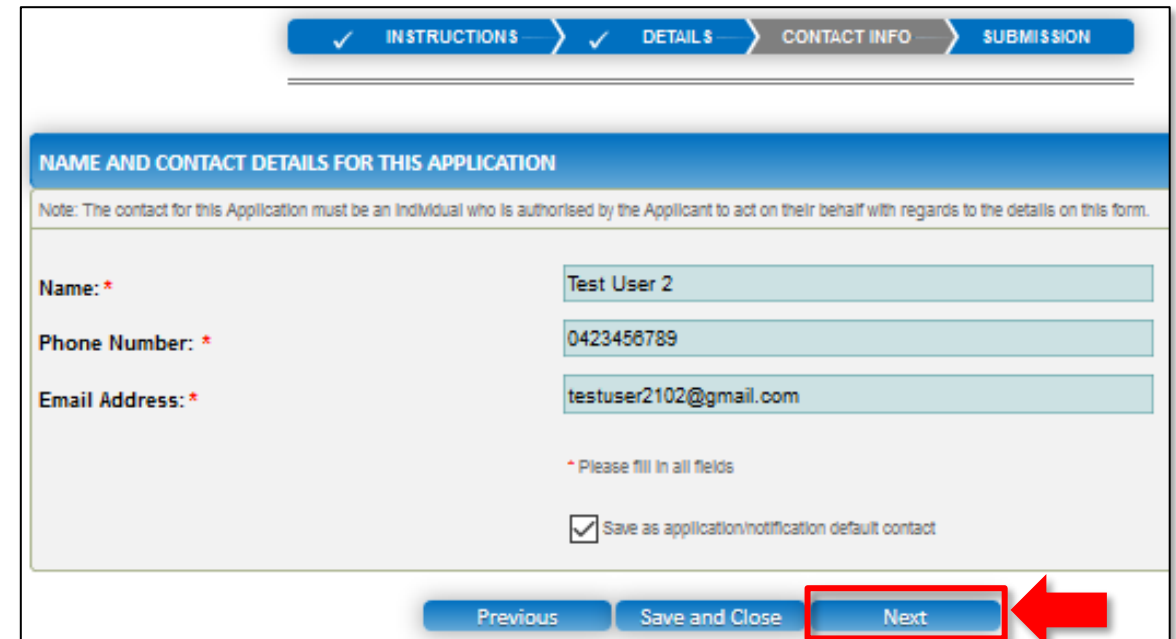
NEW NOMINATED SUPERVISOR NAME	APPROVED PROVIDER
Test User 2	Yes

Previous Save and Close **Next**

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

Provide Contact Details in Application for Provider and Service Approval Form

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



INSTRUCTIONS ✓ → ✓ → **CONTACT INFO** → SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

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

Name: * Test User 2

Phone Number: * 0423456789

Email Address: * testuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

Previous Save and Close **Next**

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

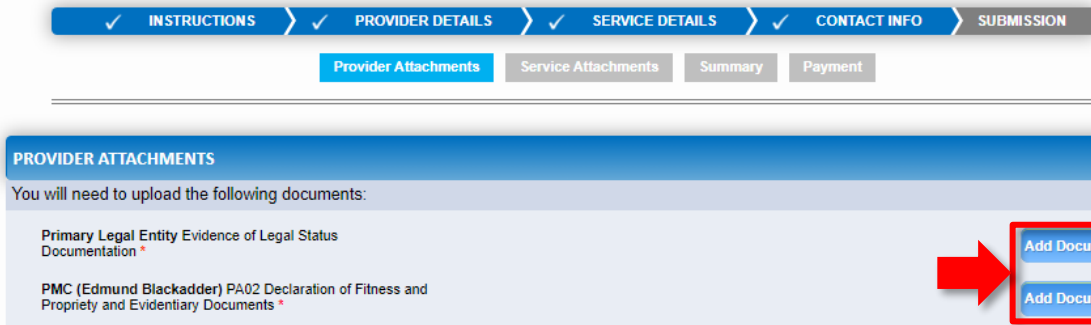
Application for Provider and Service Approval (JUA02)

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Submit Application for Provider and Service Approval Form

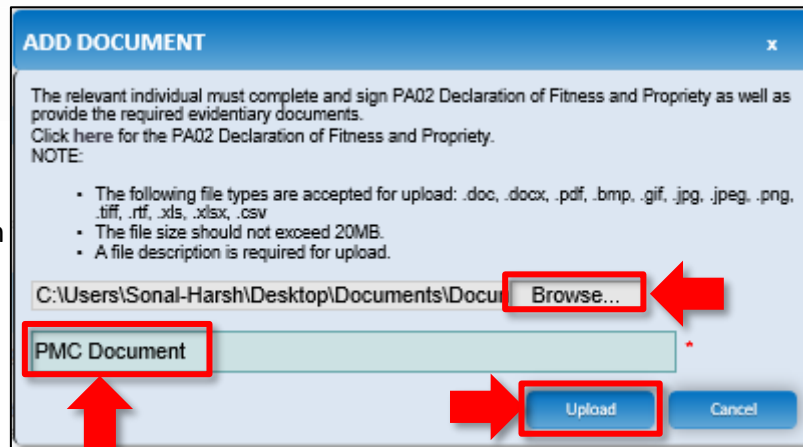
1. In the **SUBMISSION** stage, add all the requested documents in the **Provider Attachments** section.

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

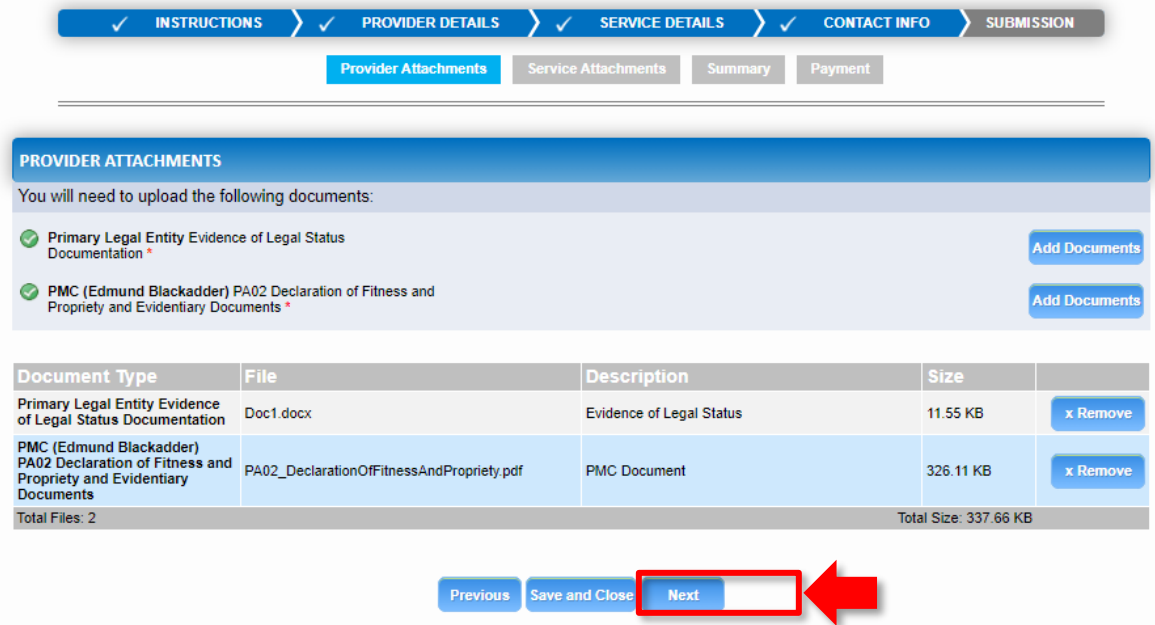


No documents have been uploaded.

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



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



Document Type	File	Description	Size	
Primary Legal Entity Evidence of Legal Status Documentation	Doc1.docx	Evidence of Legal Status	11.55 KB	x Remove
PMC (Edmund Blackadder) PA02 Declaration of Fitness and Propriety and Evidentiary Documents	PA02_DeclarationOfFitnessAndPropriety.pdf	PMC Document	326.11 KB	x Remove
Total Files: 2			Total Size: 337.66 KB	

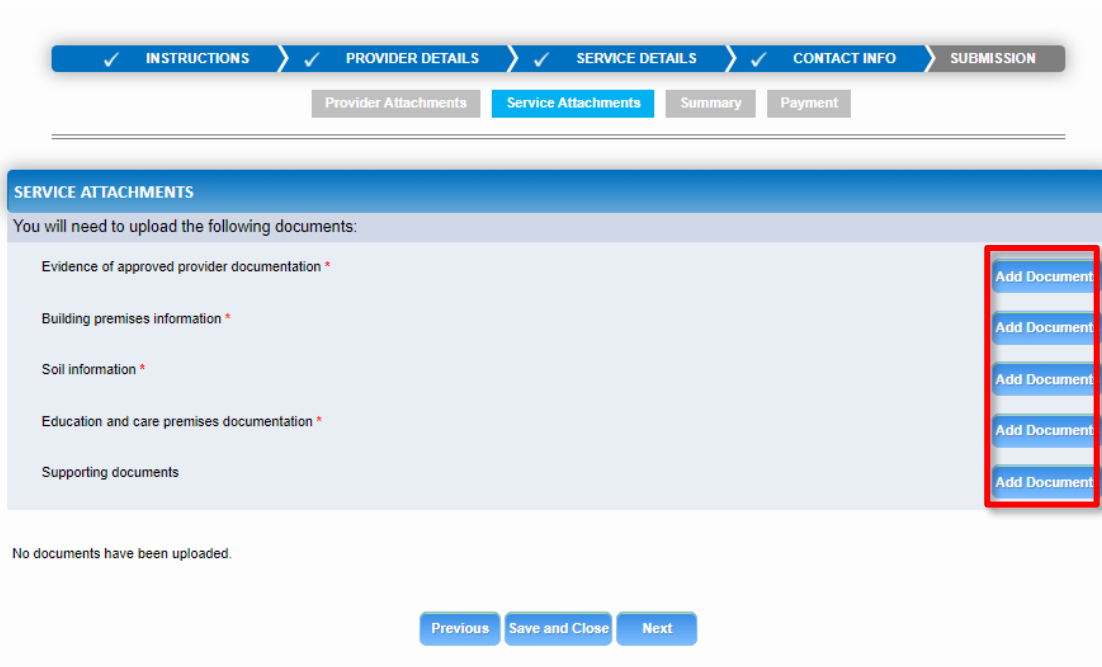
Note: The requested documents may change depending on what has been selected in previous steps of the form.

Application for Provider and Service Approval (JUA02)

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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.



✓ INSTRUCTIONS > ✓ PROVIDER DETAILS > ✓ SERVICE DETAILS > ✓ CONTACT INFO > SUBMISSION

Provider Attachments **Service Attachments** Summary Payment

SERVICE ATTACHMENTS

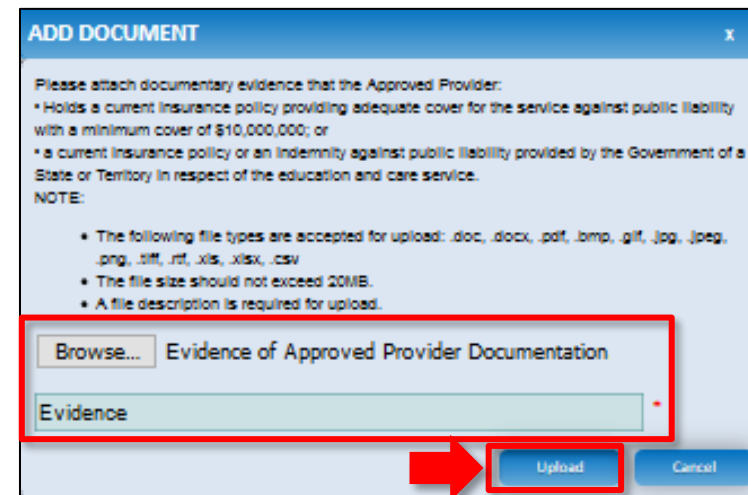
You will need to upload the following documents:

- Evidence of approved provider documentation *
- Building premises information *
- Soil information *
- Education and care premises documentation *
- Supporting documents

No documents have been uploaded.

Previous Save and Close Next

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:

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

Browse... Evidence of Approved Provider Documentation

Evidence

Upload Cancel

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

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

Application for Provider and Service Approval (JUA02)

Submit Application for Provider and Service Approval Form

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

Centre-based Care Service Application

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

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

Document Type	File	Description	Size	
Evidence of Approved Provider Documentation	Evidence of Approved Provider Documentation.docx	Evidence	12.01 KB	x Remove
Building Premises Information	Building Premises Information.docx	Information	12.05 KB	x Remove
Soil Information	Soil Information.docx	Soil Info	12.06 KB	x Remove
Planning Permit Under the Planning and Development Law	Planning Permit Under the Planning and Development Law.docx	Planning Permit	11.98 KB	x Remove
Swimming Pool / Water Hazards	Swimming Pool - Water Hazards.docx	Swimming Pool / Water Hazards	12.16 KB	x Remove
Right To Occupy	Right To Occupy.docx	Right	12.19 KB	x Remove
Total Files: 6			Total Size: 72.44 KB	

Previous Save and Close Next

Family Day Care Service Application

Attachments Summary Payment

ATTACHMENTS

You will need to upload the following documents:

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

Document Type	File	Description	Size	
Evidence of Approved Provider Documentation	Evidence of Approved Provider Documentation.docx	Evidence	12.01 KB	x Remove
Building Premises Information	Building Premises information.docx	Information	12.05 KB	x Remove
Soil information	Soil information.docx	Soil Info	12.06 KB	x Remove
Planning Permit Under the Planning and Development Law	Planning Permit Under the Planning and Development Law.docx	Planning Permit	11.98 KB	x Remove
Swimming Pool / Water Hazards	Swimming Pool - Water Hazards.docx	Swimming Pool / Water Hazards	12.16 KB	x Remove
Right To Occupy	Right To Occupy.docx	Right	12.19 KB	x Remove
Total Files: 6			Total Size: 72.44 KB	

Previous Save and Close Next

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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](#) > [✓ PROVIDER DETAILS](#) > [✓ SERVICE DETAILS](#) > [✓ CONTACT INFO](#) > [SUBMISSION](#)

[Provider Attachments](#) | [Service Attachments](#) | [Summary](#) | [Payment](#)

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

PRIMARY ENTITY DETAILS

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

PERSON WITH MANAGEMENT OR CONTROL		
NAME	DATE OF BIRTH	PLACE OF BIRTH
Mrs Sample Name	21/02/1985	Sydney

ADDITIONAL ENTITIES DETAILS

[Edit](#)

APPLICANT DETAILS	
Legal Entity Type	Incorporated entity/body
Management Type	Private for profit
Legal Entity Name	Try Entity
Business Trading Name	
ABN	
Phone Number	
Mobile Number	0422222222
Fax Number	
Email Address	test.user2102@gmail.com
Applicant is a Trustee	No
Street address of the Applicant's principal office	Xyz, mn, Abc SYDNEY NSW 2000
Postal address of the Applicant	Xyz, mn, Abc SYDNEY NSW 2000

FINANCIAL DECLARATION

Has the Applicant ever been declared insolvent? No

Has the Applicant ever been placed under external administration? No

APPLICATION CONTACT DETAILS

[Edit](#)

Name	Phone Number	Email Address
Sample User	0411111111	sampletest.user2102@gmail.com

ATTACHMENT DETAILS

[Edit](#)

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

Application for Provider and Service Approval (JUA02)

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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 the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the *National Law* using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the *National Law*).

Previous Save and Close Finalise



 **Finalising in progress...**

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.

✓ INSTRUCTIONS > ✓ PROVIDER DETAILS > ✓ SERVICE DETAILS > ✓ CONTACT INFO > SUBMISSION

PAYMENT DETAILS

Identifier: INV-21432-H7H1V7	Fee Description: Provider Approval
Type: Provider	Amount: \$241.00
Due Date: 28/07/2023	

Email payment confirmation:
phil.kent@acecqa.gov.au

You will be emailed a confirmation of your payment. If you would like the payment confirmation to be sent to address: enter the address in the above box.

Pay now

DoE NSW

Purchase Details


Email:

Phone #:

Invoice Number: INV-21432-H7H1V7
Invoice Description: Provider Approval

Purchase Amount: \$241.00 (\$AUD)

Credit Card Details

VISA 

Card Number:

Name on Card:

Expiry Date: Month 2023

CCV: Last 3 digits on back of your credit card

Cancel Pay Now

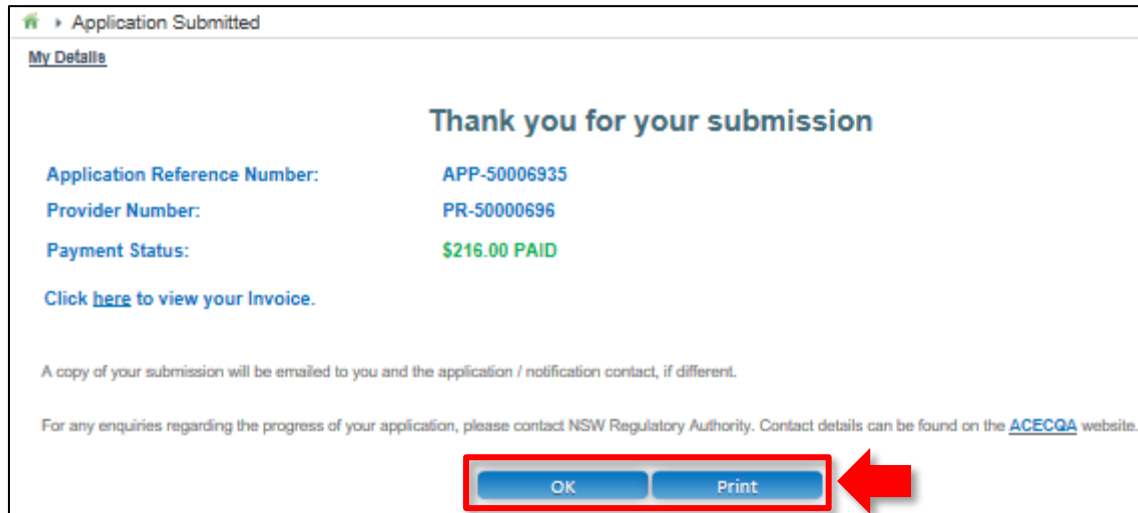
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

Application for Provider and Service Approval (JUA02)

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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.



Application Submitted

[My Details](#)

Thank you for your submission

Application Reference Number: APP-50006935

Provider Number: PR-50000696

Payment Status: \$216.00 PAID

Click [here](#) to view your Invoice.

A copy of your submission will be emailed to you and the application / notification contact, if different.

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

OK Print

Further References:

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

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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**
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- **Fill in Service Details**
 - **Fill in Trustee, Governance and Finance Details**
 - **Fill in Operational Details**
 - **Fill in Operating Hours**
 - **Fill in Australian Government Website Details**
 - **Fill in Fees and Inclusions Details**
 - **Fill in Policies and Procedures (incl Building Information) Details**
 - **Fill in Nominated Supervisor Details**
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- **Review a Summary**
- **Submit the application**
- **Make payment**
- **Print or Close Application for NL Service and CCS Service Approval Form**

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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
<input type="radio"/> PR-QLD00044	AEIOU Foundation	QLD	Out of Scope	Approved	CURRENT
<input type="radio"/> PR-50010985	Lee Bowyer	NSW	In Scope	Approved	
<input type="radio"/> PR-50011207	Wayne Bennett	NSW	In Scope	Approved	
<input type="radio"/> PR-50010910	Funtastic	NSW	In Scope	Approved	CURRENT
<input type="radio"/> PR-40013202	123 4 567	NSW	In Scope	Approved	
<input checked="" type="radio"/> PR-50011245	Test	NSW	In Scope	Invalid	
<input type="radio"/> PR-50011181	Phil's Kids Club	NSW	In Scope	Surrendered	
<input type="radio"/> PR-50011949	Big Kids PLC	NSW	In Scope	Under Assessment	
<input type="radio"/> PR-50011892	Phil's Club	NSW	In Scope	Under Assessment	
<input type="radio"/> PR-50011778	M... Child Care	NSW	In Scope	Under Assessment	

1 2

Add Provider **New Forms** Submitted Forms Manage Users

To start the application, click **Apply**.

JUA03 Application for NL Service Approval and CCS Service Approval

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.

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.

Apply

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: Funtastic

INSTRUCTIONS > ELIGIBILITY QUESTIONS > SERVICE DETAILS > SERVICE PERSONNEL > CONTACT INFO > SUMMARY >

PROVIDER DETAILS

Provider Name: Funtastic	Provider Approval Number: PR-50010910	Provider Status: Approved
-----------------------------	--	------------------------------

IMPORTANT INFORMATION BEFORE YOU BEGIN

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).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

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. This timeframe 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 granted.

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.

The Australian Government is responsible for assessing applications relating to CCS. Contact the **Australian Government** for information.

There are no timeframes for a decision on your application for CCS. An estimate cannot be provided.

SUPPORTING DOCUMENTATION

- NS01 Nominated Supervisor Consent Form

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

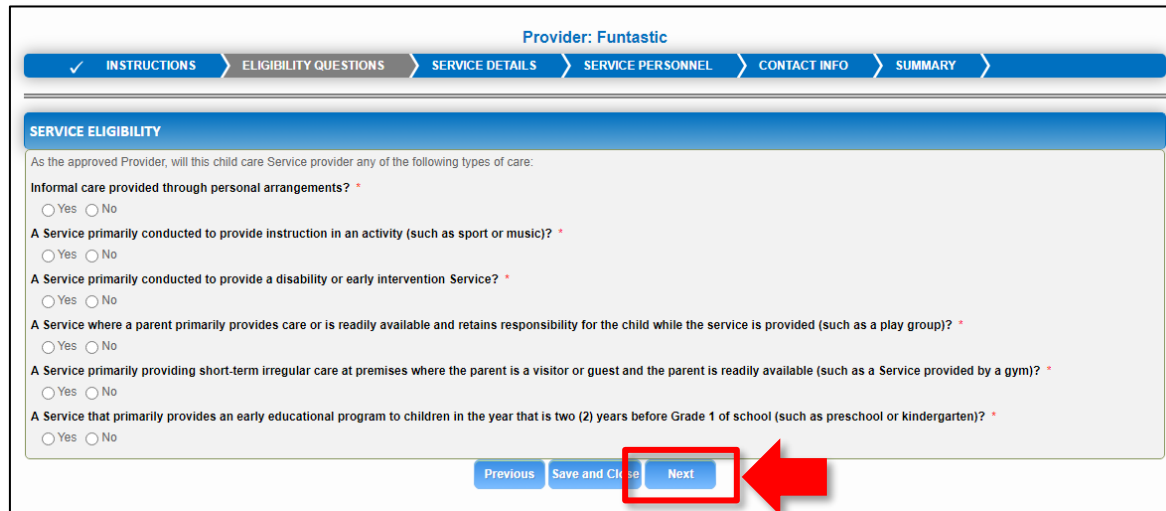
Cancel **Begin**

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

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Service Eligibility

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

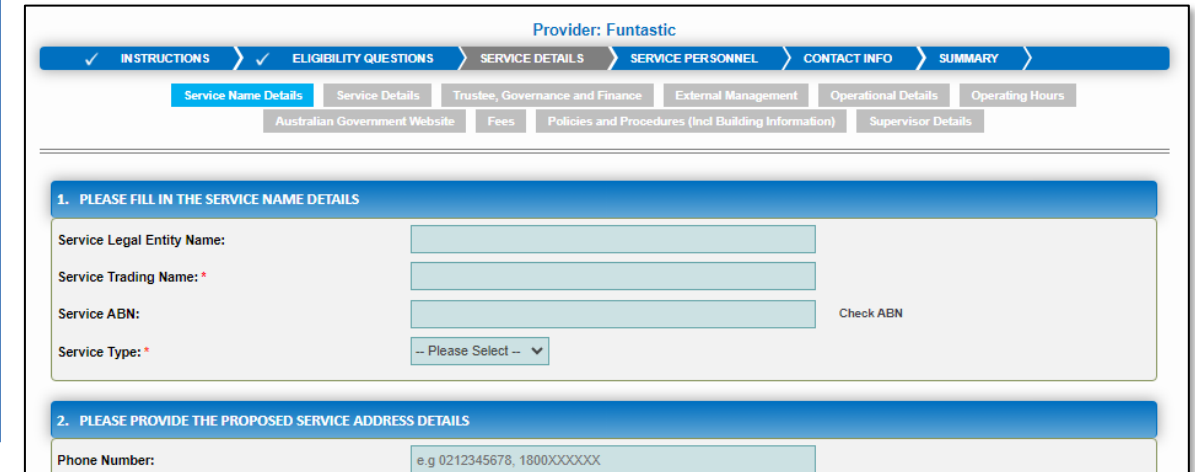


Fill Details in Application for NL Service and CCS Service Approval Form

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 DETAILS, 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 ***.

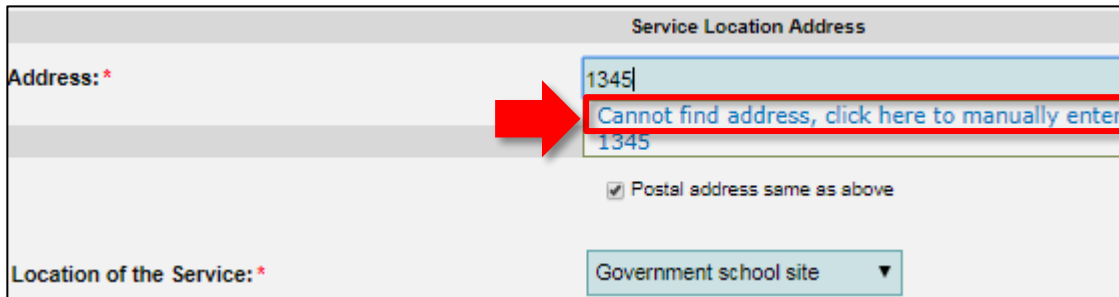


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Fill in Service Details

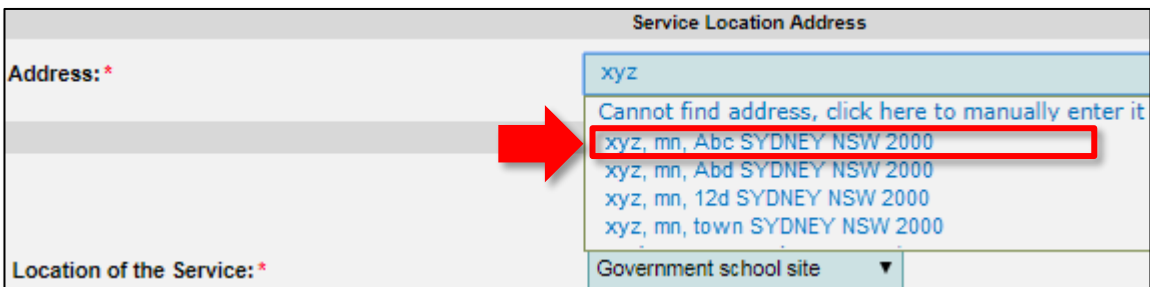
2. Fill details in the **PLEASE PROVIDE THE PROPOSED SERVICE ADDRESS DETAILS** sub-section. Details include contact details, such as, mobile/phone number and email address, along with the service location address and postal address (if different).

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.



The screenshot shows the 'Service Location Address' form. The 'Address:' field contains '1345'. Below the input field, a red box highlights the text 'Cannot find address, click here to manually enter it'. A red arrow points from this text to the 'Address:' field. The 'Postal address same as above' checkbox is checked. The 'Location of the Service:' dropdown is set to 'Government school site'.

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.



The screenshot shows the 'Service Location Address' form. The 'Address:' field contains 'xyz'. Below the input field, a dropdown list is open, showing several address suggestions. A red box highlights the first suggestion: 'xyz, mn, Abc SYDNEY NSW 2000'. A red arrow points from this suggestion to the 'Address:' field. The 'Postal address same as above' checkbox is checked. The 'Location of the Service:' dropdown is set to 'Government school site'.



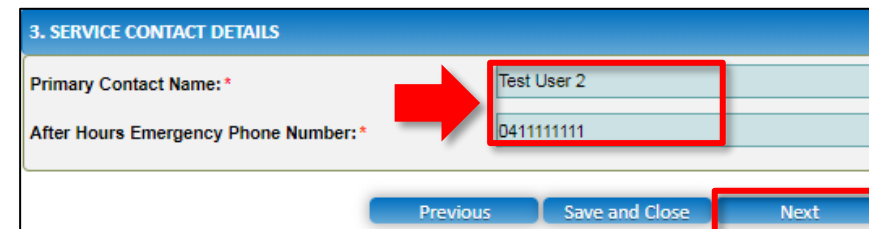
The screenshot shows the 'Service Location Address' form. The 'Address Line 1:' field contains 'xyz', 'Address Line 2:' contains 'mn', 'Suburb/Town:' contains 'Abc', 'State/Territory:' is set to 'NSW', 'Postcode:' contains '2000', and 'Country:' is set to 'AUSTRALIA'. A 'Reset Address' button is visible below the form. Below the form, there is a 'Service Postal Address' section with a checked checkbox 'Postal address same as above' and a 'Location of the Service:' dropdown set to 'Government school site'.

Notes:

- The **Reset Address** button clears the details filled in the address fields. Therefore, do not click **Reset Address** unless you need to clear the complete address and fill it again.
- If the postal address is same as residential address, select **Postal address same as above**, or else clear the checkbox and fill in the address.

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

4. On completing the **Service Contact Details** section, click **Next**.



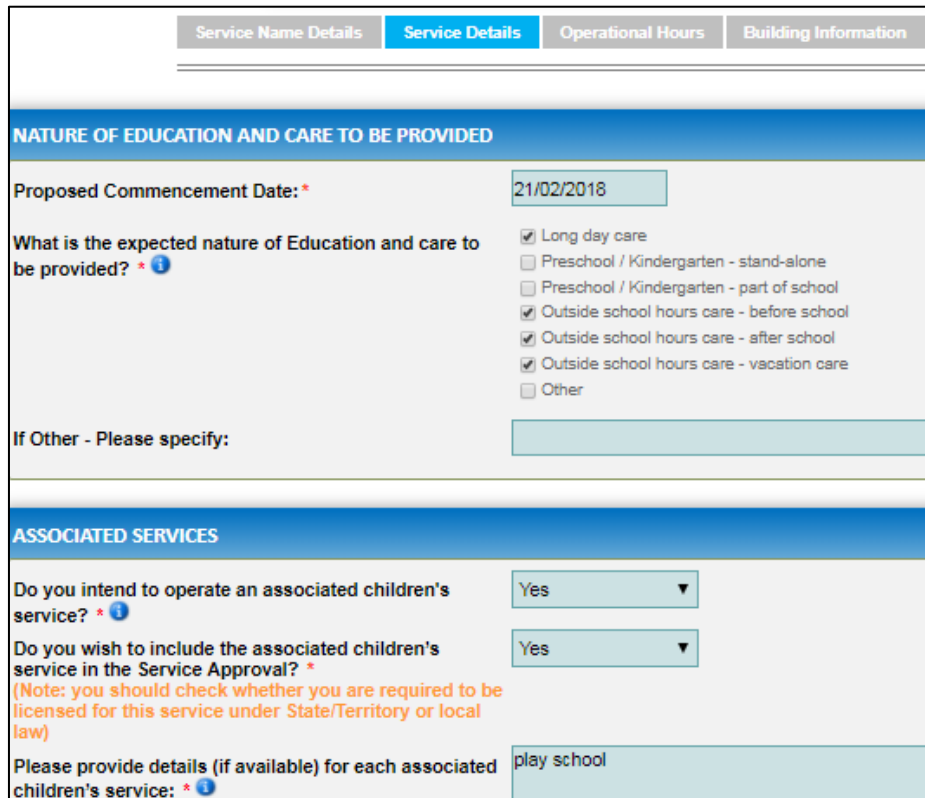
The screenshot shows the '3. SERVICE CONTACT DETAILS' section. The 'Primary Contact Name:' field contains 'Test User 2' and the 'After Hours Emergency Phone Number:' field contains '0411111111'. A red box highlights both fields, with a red arrow pointing to them. At the bottom, there are three buttons: 'Previous', 'Save and Close', and 'Next'. A red box highlights the 'Next' button, with a red arrow pointing to it.

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

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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.



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

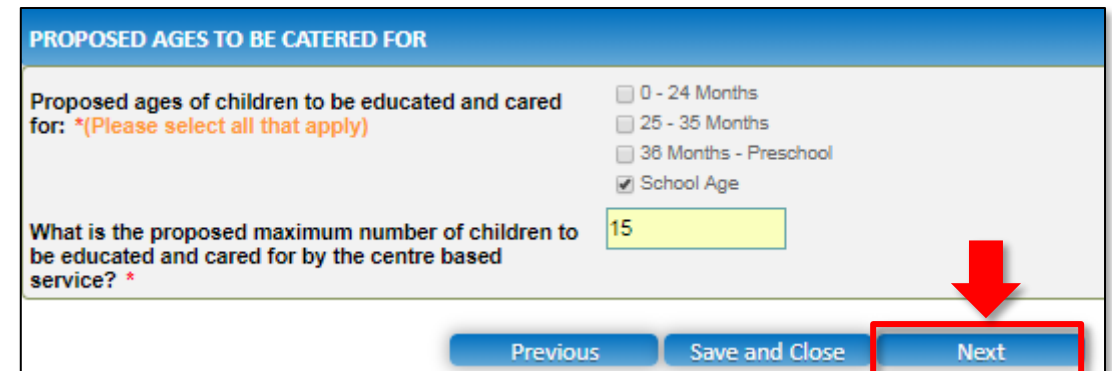
- Proposed Commencement Date:** A text box containing '21/02/2018'.
- What is the expected nature of Education and care to be provided? *** A list of checkboxes:
 - Long day care
 - Preschool / Kindergarten - stand-alone
 - Preschool / Kindergarten - part of school
 - Outside school hours care - before school
 - Outside school hours care - after school
 - Outside school hours care - vacation care
 - Other
- If Other - Please specify:** A text box.

Below this section is another blue header for 'ASSOCIATED SERVICES'. It contains the following fields:

- Do you intend to operate an associated children's service? *** A dropdown menu with 'Yes' selected.
- Do you wish to include the associated children's service in the Service Approval? *** A dropdown menu with 'Yes' selected.
- Please provide details (if available) for each associated children's service: *** A text box containing 'play school'.

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

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



The screenshot shows the 'PROPOSED AGES TO BE CATERED FOR' section. It has a blue header with the same title. The form contains the following fields:

- Proposed ages of children to be educated and cared for: *(Please select all that apply)** A list of checkboxes:
 - 0 - 24 Months
 - 25 - 35 Months
 - 36 Months - Preschool
 - School Age
- What is the proposed maximum number of children to be educated and cared for by the centre based service? *** A text box containing '15'.

At the bottom of the form are three buttons: 'Previous', 'Save and Close', and 'Next'. The 'Next' button is highlighted with a red box and a red arrow pointing to it from above.

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.

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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.

TRUST/TRUSTEE

Is the provider acting in the capacity of a trustee in the operation of this service? Yes No

Trust ABN: * Validate ABN

Trust Name: *

GOVERNANCE

Please outline the arrangement in place for managing day-to-day operations of the child care Service to ensure compliance with the Family Assistance Law. Alternatively, please attached a document outlining the governance arrangements for your Service.

Do you wish to provide text to outline the governance arrangements? Yes No

Details of Governance *

Evidence Required * Details of governance arrangements (mandatory if additional application not added)

SERVICE FINANCIAL DETAILS

Account details for payment(s) made under the Family Assistance Law to your child care Service

BSB *

Account Number *

Account 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 INFORMATION ABOUT YOUR EXTERNAL MANAGEMENT** sub-section, 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 rest with the Provider. The Provider must ensure all external organisations or individuals understand and administer their responsibilities under the Family Assistance Law.

Does the Provider propose to enter into an agreement with another entity to provide day to day administration or management of the service on its behalf?
 Yes No

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

EXTERNAL MANAGEMENT ADDRESS

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: * Evidence of a signed agreement with the 'External Management' or attached any additional information (mandatory)

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Fill in Operational Details

1. In the **Operational Details** section, in the **PROPOSED COMMENCEMENT DATE** sub-section, 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 OWNERSHIP 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 *

What is the proposed start date for your CCS Service Approval to take effect? *

IMPORTANT

You should be aware that approval of your application is subject to the service satisfying the relevant legislative requirements. You may advise families that you are seeking approval to operate for the purposes of CCS.

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.

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 the purpose of providing child care? *

CHANGE OF OWNERSHIP OF AN EXISTING SERVICE

Is the applicant purchasing or taking over the operation of an existing child care Service approved under the Family Assistance Law? * Yes No

Application for NL Service and CCS Service Approval (JUA03)

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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.

+ SCHOOL TERMS ONLY ←

Operating hours when schools are open.

Previous
Save and Close
Next

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

+ HOLIDAY CARE

Operating hours during school holidays including public holidays.

+ SCHOOL TERMS ONLY

Operating hours when schools are open.

Previous
Save and Close
Next

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

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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.

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 *

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.

	HOURLY	HALF DAY	FULL DAY	BEFORE SCHOOL	AFTER SCHOOL
Age Group					
		0-12 Months	13-24 Months	25-35 Months	36 Months to Pre School
Over Pre-School Age					
NO Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Non-Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nappies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excursions/ Incursions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usual Fee	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>	<input type="text" value="\$\$\$ cc"/>
<input type="button" value="Previous"/> <input type="button" value="Save and Close"/> <input type="button" value="Next"/>					

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

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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** sub-sections.

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 have been prepared in accordance with **Regulation 168** for the proposed education and care service and that these will be available upon request by the Regulatory Authority:
Note: you DO NOT need to provide copies with this application. For further information on the policies and procedures required for your service, please refer to Regulation 168 of the Education and Care Services National Regulations.

Policies and procedures are required in relation to the following:

- Health and safety, including matters relating to:
 - nutrition, food and beverages, dietary requirements;
 - sun protection;
 - water safety, including safety during any water based activities
 - the administration of first aid; and
 - sleep and rest for children.
- Incident, injury, trauma and illness procedures complying with *Regulation 85*.
- Dealing with infectious diseases, including procedures complying with *Regulation 88*.
- Dealing with medical conditions in children, including the matters set out in *Regulation 90*.
- Emergency and evacuation, including the matters set out in *Regulation 97*.
- Delivery of children to, and collection of children from, education and care service premises, including procedures complying with *Regulation 99*.
- Excursions, including procedures complying with *Regulations 100 to 102*.
- 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 *Regulations 155 and 156*.
- Enrolment and orientation.
- Governance and management of the service, including confidentiality of records.
- The acceptance and refusal of authorisations.
- Payment of fees and provision of a statement of fees charged by the education and care service.
- Dealing with complaints.

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.

BUILDING PREMISES INFORMATION

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.
- 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 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.

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 -- v

Previous Save and Close Next

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

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Fill in Policies and Procedures (incl Building Information) Details

2b. FDC Services will see the below version. Select the relevant options in the **POLICIES AND PROCEDURES** and **BUILDING PREMISES INFORMATION** sub-sections.

POLICIES AND PROCEDURES

By selecting the boxes you confirm that the following policies and procedures have been prepared in accordance with Regulation 168 for the proposed education and care service and that these will be available upon request by the Regulatory Authority.
Note: you DO NOT need to provide copies with this application. For further information on the policies and procedures required for your service, please refer to Regulation 168 of the Education and Care Services National Regulations.

Policies and procedures are required in relation to the following:

- Health and safety, including matters relating to:
 - nutrition, food and beverages, dietary requirements;
 - sun protection;
 - water safety, including safety during any water based activities
 - the administration of first aid, and
 - sleep and rest for children.
- Incident, injury, trauma and illness procedures complying with Regulation 85.
- Dealing with infectious diseases, including procedures complying with Regulation 88.
- Dealing with medical conditions in children, including the matters set out in Regulation 90.
- Emergency and evacuation, including the matters set out in Regulation 97.
- Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99.
- Excursions, including procedures complying with Regulations 100 to 102.
- 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 Regulations 155 and 156.
- Enrolment and orientation.
- Governance and management of the service, including confidentiality of records.
- The acceptance and refusal of authorisations.
- Payment of fees and provision of a statement of fees charged by the education and care service.
- Dealing with complaints.
- Assessment, approval and reassessment of approved family day care venues and family day care residences (including matters to meet the requirements of Regulation 116).
- Engagement or registration of family day care educators.
- Keeping of a register of family day care educators under Regulation 153.
- Monitoring, support and supervision of family day care educators, including how the service will manage educators in remote locations.
- Assessment of family day care educators, family day care educator assistants and persons residing at family day care residences, including the matters required under Regulation 163.
- Visitors to family day care residences and venues while education and care is being provided to children as part of a family day care service.
- The provision of information, assistance and training to family day care educators.
- The engagement or registration of family day care educator assistants.
- If the family day care service will permit a family day care residence or venue with a swimming pool or something that may constitute a water hazard, a copy of the service's proposed water safety policy (Please note – swimming pools are prohibited in Tasmania for all education and care services).

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.

BUILDING PREMISES INFORMATION

Is service located in multi-storey building? Yes

How many storeys does the building have?

What is the highest storey on which children are being educated and cared for?

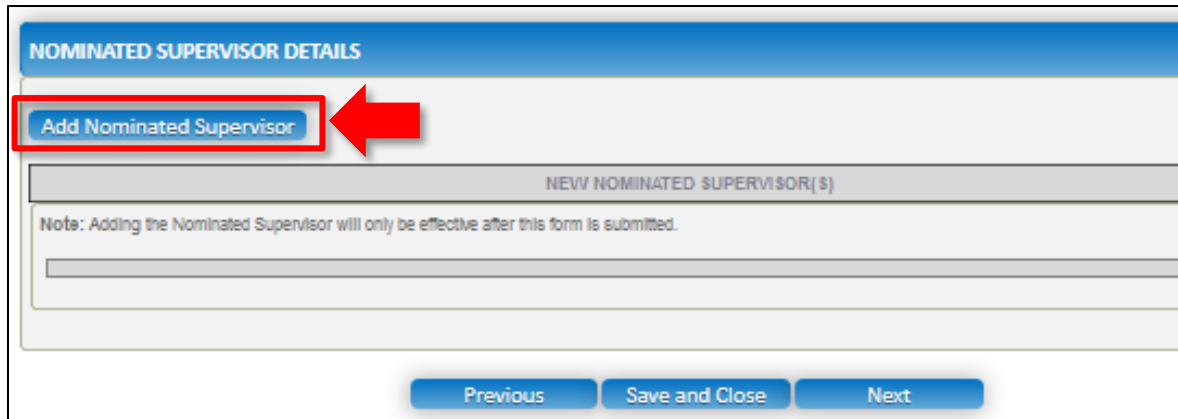
3. Click **Next** to move to the **Nominated Supervisor Details** section.

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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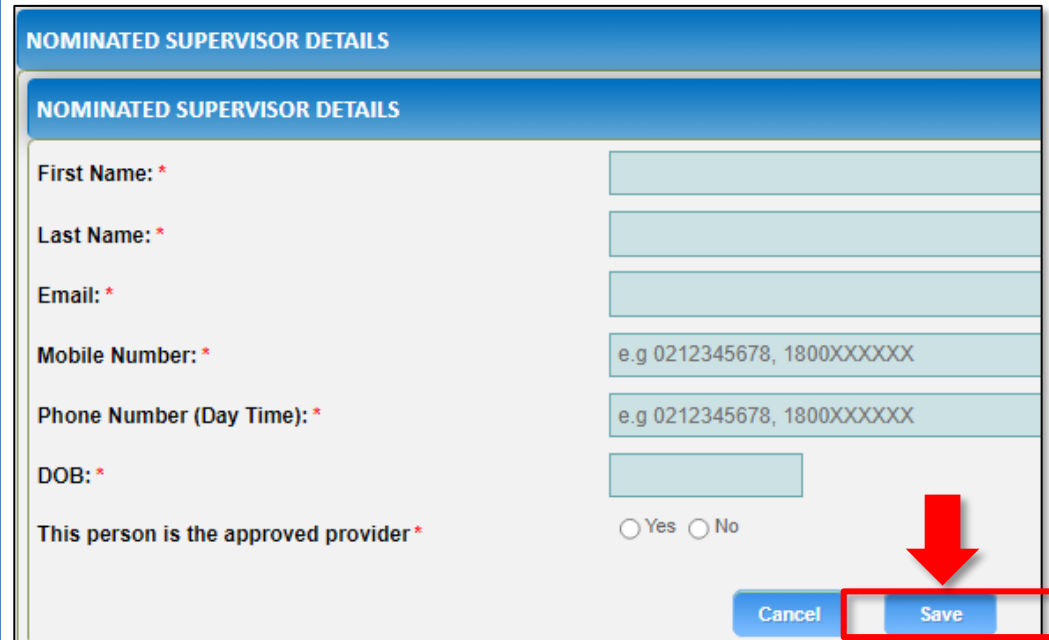
Fill in Nominated Supervisor Details

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



The screenshot shows the 'NOMINATED SUPERVISOR DETAILS' section. At the top, there is a blue header with the text 'NOMINATED SUPERVISOR DETAILS'. Below the header, there is a button labeled 'Add Nominated Supervisor' which is highlighted with a red rectangular box. A red arrow points from the right towards this button. Below the button, there is a section titled 'NEW NOMINATED SUPERVISOR(S)' with a note: 'Note: Adding the Nominated Supervisor will only be effective after this form is submitted.' At the bottom of the section, there are three buttons: 'Previous', 'Save and Close', and '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**.



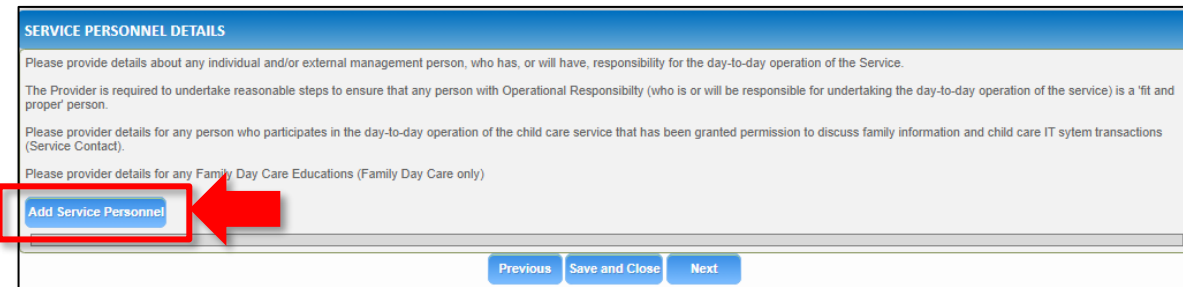
The screenshot shows the 'NOMINATED SUPERVISOR DETAILS' form. It has a blue header with the text 'NOMINATED SUPERVISOR DETAILS'. Below the header, there are several input fields: 'First Name: *', 'Last Name: *', 'Email: *', 'Mobile Number: *' (with a hint 'e.g 0212345678, 1800XXXXXX'), 'Phone Number (Day Time): *' (with a hint 'e.g 0212345678, 1800XXXXXX'), and 'DOB: *'. Below these fields, there is a radio button selection for 'This person is the approved provider *' with options 'Yes' and 'No'. At the bottom right, there are two buttons: 'Cancel' and 'Save'. The 'Save' button is highlighted with a red rectangular box, and a red arrow points down towards it.

3. 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** sub-section, click **Add Service Personnel**.

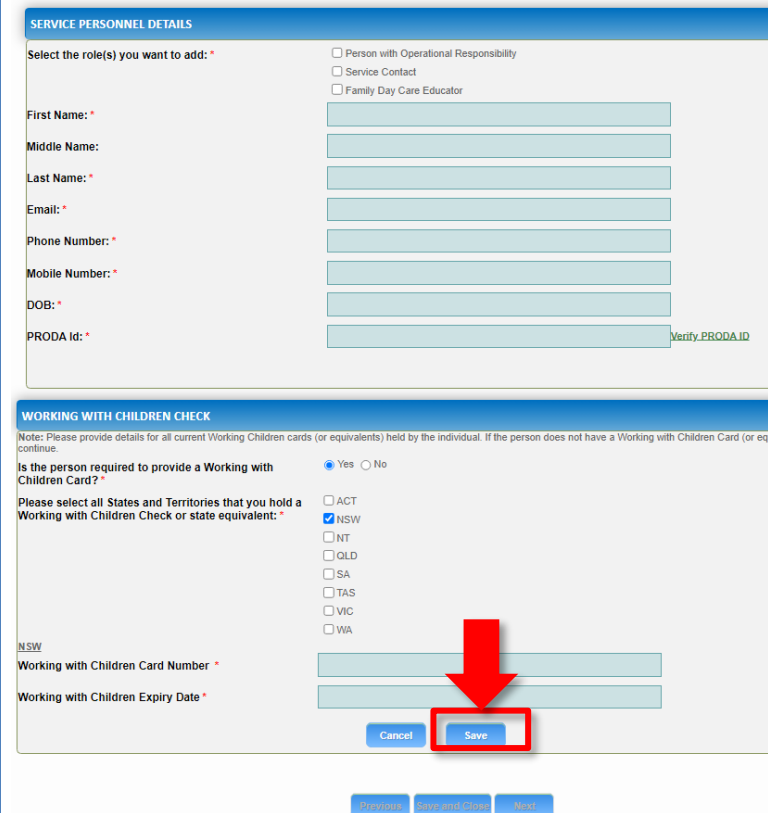


For a **Person with operational responsibility** provide details about any individual and/or external management person, who has, or will have, responsibility for the day-to-day operation of the Service

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** sub-sections. Click **Save**.



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

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

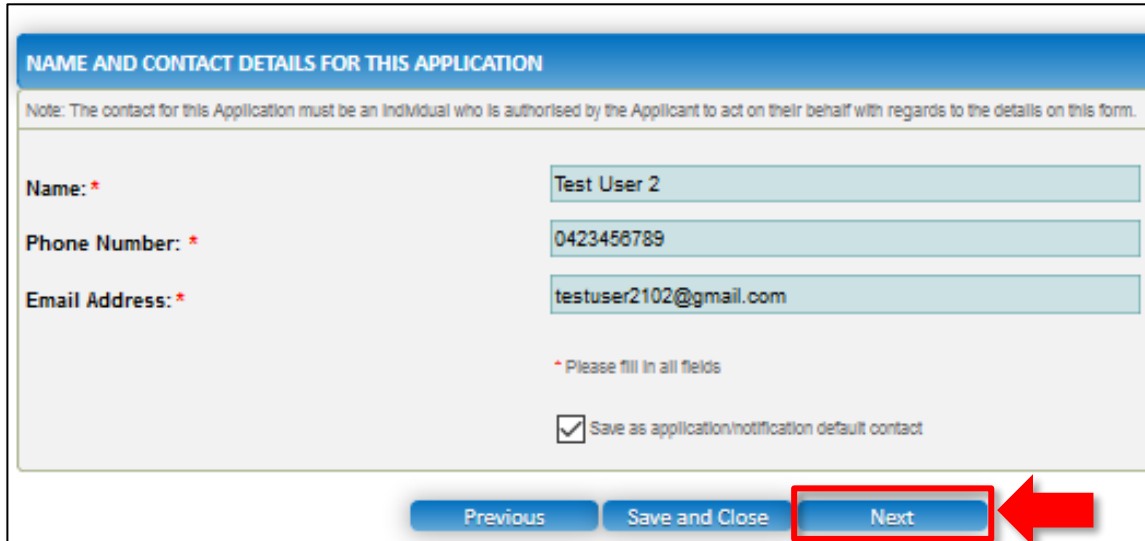
Note: If you are unable to validate the PRODA ID, please check you have entered the details correctly as detailed in PRODA.

Application for NL Service and CCS Service Approval (JUA03)

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Provide Contact Details

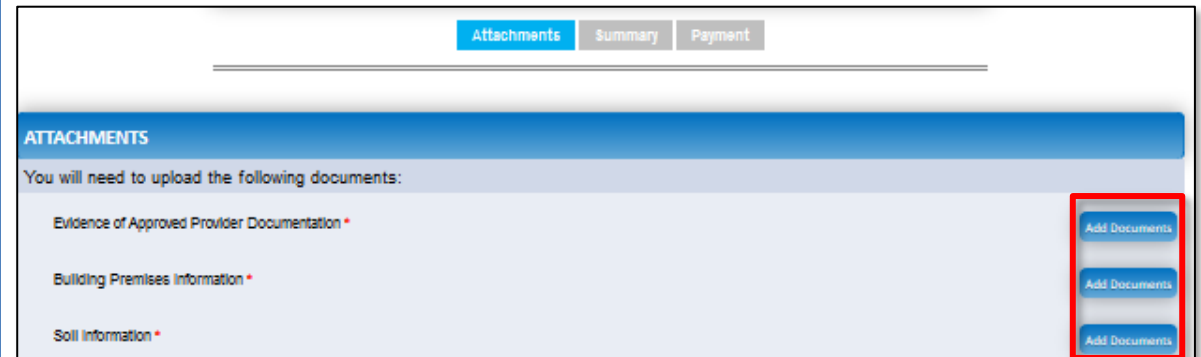
- The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select **Save as application/notification default contact** (if required). Click **Next**.



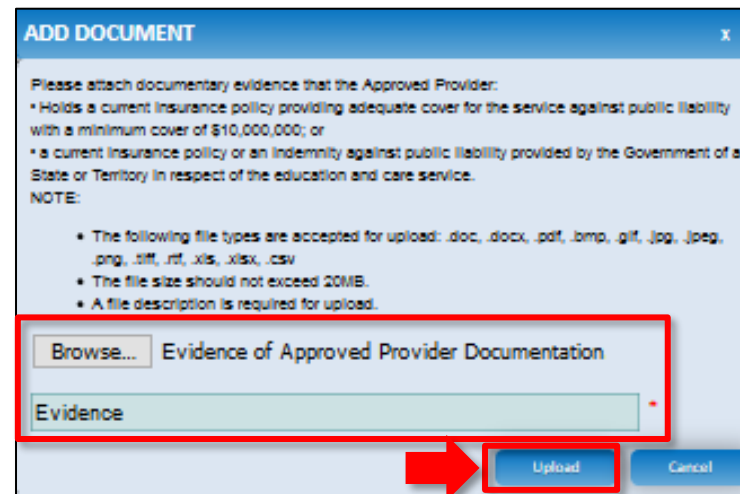
Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

Upload Attachments

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



- 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.

- 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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

SERVICE NAME DETAILS Edit

SERVICE NAME DETAIL \$	
Service Legal Entity Name	Service Entity Sample 1
Service Trading Name	Service Trading Sample 1
Service ABN	
Service Type	Centre-based Care

PROPOSED SERVICE ADDRESS DETAIL \$

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

SERVICE CONTACT DETAIL \$

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 school Outside school hours care - after school Outside school hours care - vacation care

ASSOCIATED SERVICES

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

OPERATIONAL HOURS Edit

ANNUAL

General operating hours that are not specific

HOLIDAY CARE

Operating hours during school holidays include

SCHOOL TERMS

Operating hours when schools are open.

BUILDING INFORMATION Edit

POLICIES AND PROCEDURES

The following policies and procedures have been prepared

The following policies and procedures have NOT been prepared

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

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

Dealing with infectious diseases, including procedures complying with Regulation 88

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

Emergency and evacuation, including the matters set out in Regulation 97

Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99

Excursions, including procedures complying with Regulations 100 to 102

Providing a child safe environment

Staffing, including:

- a code of conduct for staff members;
- determining the responsible person present at the service; and
- the participation of volunteers and students on practicum placements.

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

Enrolment and orientation

Governance and management of the service, including confidentiality of records

The acceptance and refusal of authorisations

Payment of fees and provision of a statement of fees charged by the education and care service

Dealing with complaints

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Submit the application

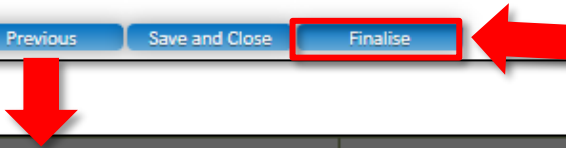
1. Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Finalise**.

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;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the *National Law* using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the *National Law*).

Previous Save and Close Finalise



Finalising in progress...

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-14892-Y8Q4D9	Fee Description: Service Approval Centre Based - Small
Type: Provider	Amount: \$432.00
Due Date: 16/02/2018	
Credit Card Type: *	
<input checked="" type="radio"/> VISA <input type="radio"/>	
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	
<small>You will be e-mailed a confirmation of your payment. If you would like the payment confirmation to be sent to an email address other than your registered email address, please enter the address in the above box.</small>	
Pay Now	

Payment in progress...

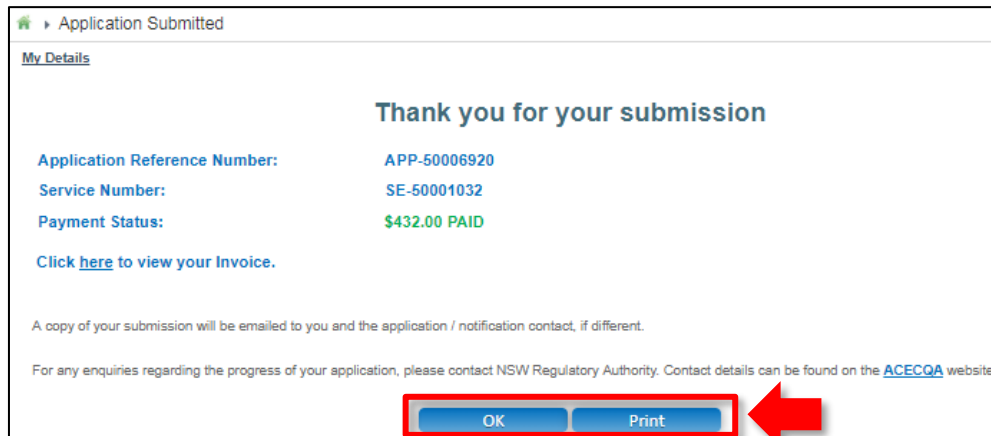


Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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Print or Close Application for 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.



Application Submitted

[My Details](#)

Thank you for your submission

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

Click [here](#) to view your Invoice.

A copy of your submission will be emailed to you and the application / notification contact, if different.

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

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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.

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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: <ul style="list-style-type: none"> • 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 	Click here
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	Click here

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: <ul style="list-style-type: none"> • A change to the hours and days of operation of your service • A change to your service's contact details • Any proposed changes to a centre-based service's premises 	Click here
NS02	Notification of change to nominated supervisor	<ul style="list-style-type: none"> • 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 	Click here
RI01	RA Requested Information	Submit Regulatory Authority requested information example: Quality Improvement Plan, Emergency Management Plan, Response to RA correspondence, FDC Register.	Click here

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Services related Notifications (cont.)

Form	Name	Description	Guide
I01	Notification of Incident	<p>Notify the regulatory authority of:</p> <ul style="list-style-type: none"> • Any incident involving serious injury or trauma to a child which a reasonable person would consider required urgent medical attention from a registered medical practitioner or attended or ought reasonably to have attended a hospital • An incident involving the serious illness for which the child attended a hospital • A circumstance where a child appears to be missing or cannot be accounted for • A circumstance where a child appears to have been taken or removed from the service premises in a manner that contravenes the National Regulation • A circumstance where a child is mistakenly locked in or locked out of the service premises or any part of the premises • The death of a child • An emergency for which emergency services attended • An incident that requires the approved provider to close, or reduce the number of children attending, the service for a period • A circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service • The attendance at the service of any additional child or children being educated and cared for in an emergency in the circumstances set out in regulation 123(5) • An incident where the approved provider reasonably believes that physical abuse or sexual abuse of a child or children has occurred or is occurring at the service • Allegations that physical or sexual abuse of a child or children has occurred or is occurring at the service (other than an allegation raised as a formal complaint) • Any incident involving serious injury or trauma to, or illness of, a child (WA Only) 	<p>Click here</p>
C01	Notification of Complaints	<p>Notify the regulatory authority of:</p> <ul style="list-style-type: none"> • Any complaints alleging that a serious incident has occurred or is occurring while a child was or is being educated and cared for by the approved education and care service (Non WA) • Any complaints alleging that the Law has been contravened (ALL) • Complaints alleging that the safety, health or wellbeing of a child was or is being compromised (WA Only) 	<p>Click here</p>

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.

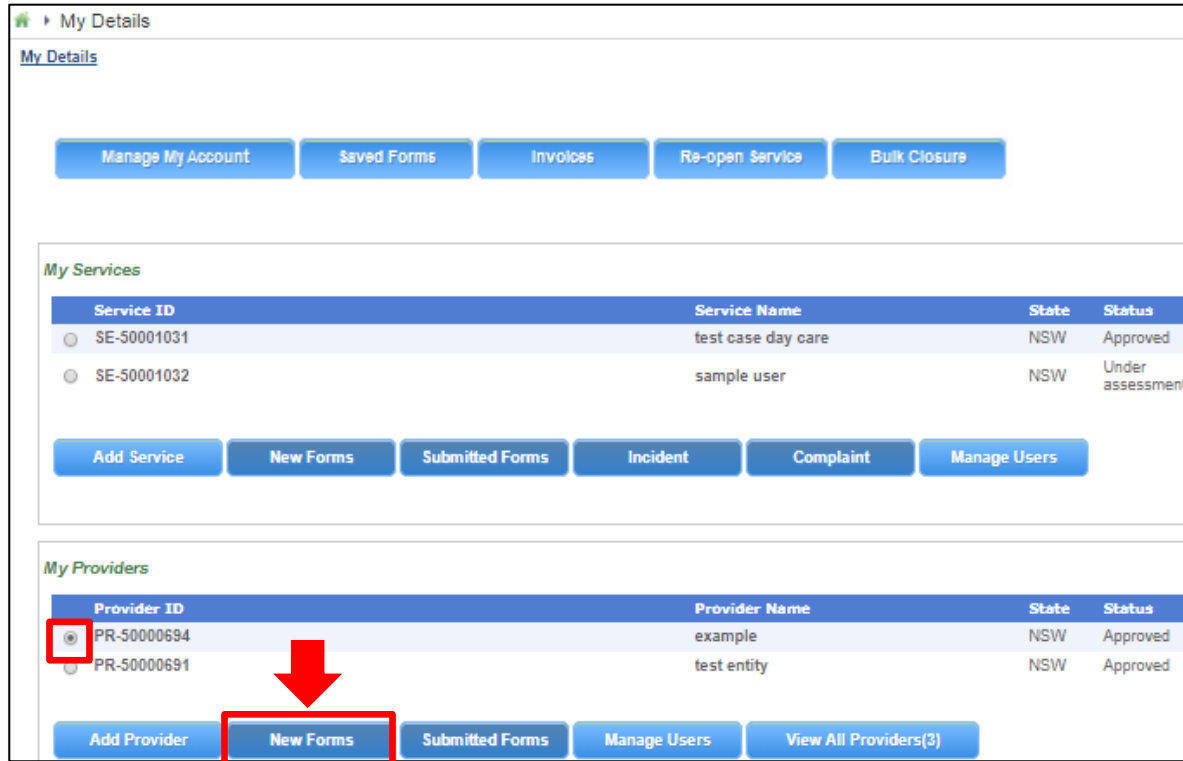
Table of Contents

- [Access the Form](#)
 - Steps to access the **Notification of Change of Information About an Approved Provider** form.
- [Begin the Form](#)
 - Steps to start working on the **Notification of Change of Information About an Approved Provider** form.
- [Fill Details in the Form](#)
 - Steps to add the following requested information in the form:
- [Provide Contact Details in the Form](#)
 - Steps to add requested contact information.
- [Submit the Form](#)
 - Steps to submit and finalise the form by completing the following:
 - [Adding attachments](#)
 - [Reviewing summary and finalising the form](#)
- [Print or Close the Form](#)
 - Steps to print and close the form.

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Access the Form

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



My Details


My Services

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

My Providers

Provider ID	Provider Name	State	Status
<input checked="" type="radio"/> PR-5000694	example	NSW	Approved
<input type="radio"/> PR-5000691	test entity	NSW	Approved

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



Submit a Provider Form

My Details

Select relevant Application or Notification

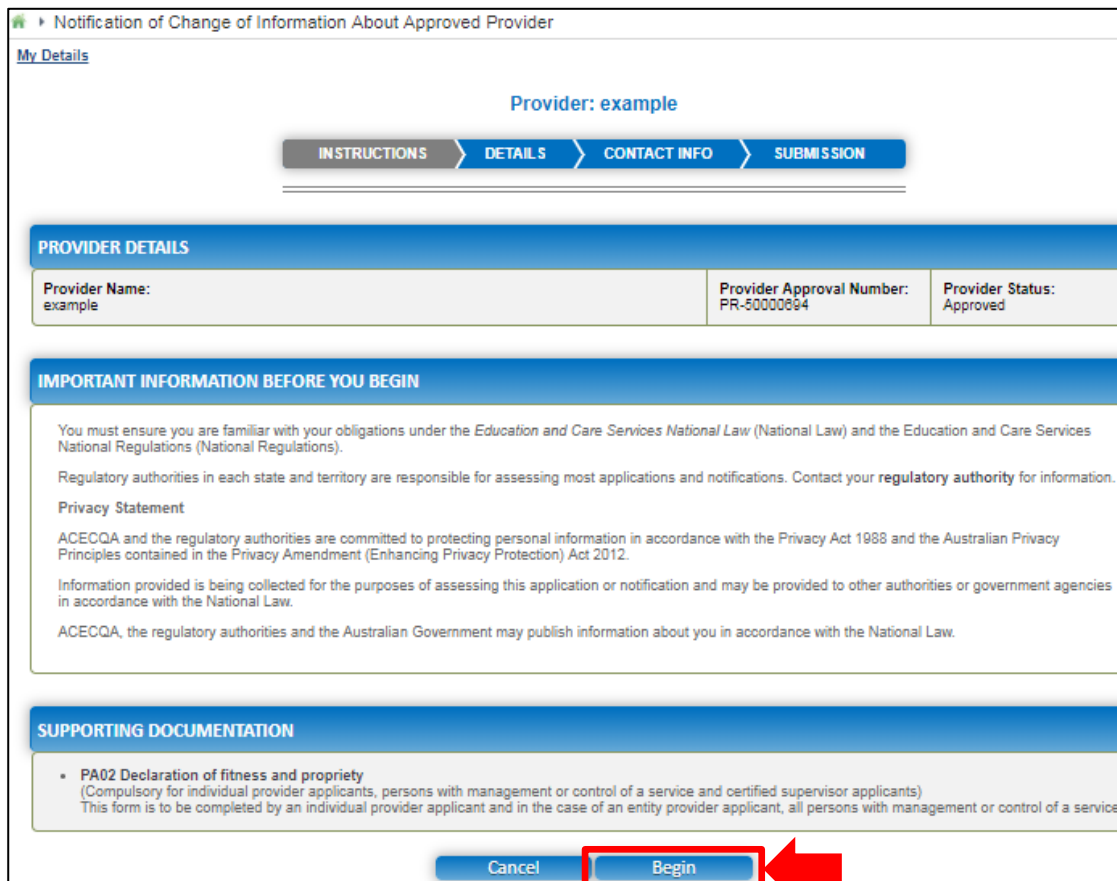
Provider ID: PR-50000894
Provider Name: example
State: NSW
Status: Approved

Form #	Form Name	Description	Action
PA03	Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval	Apply
PA04	Application for Voluntary Suspension of Provider Approval	Apply to suspend your provider approval for up to 12 months.	Apply
PA05	Notification of Surrender of Provider Approval	Surrender your provider approval to the regulatory authority. Any service approval held by the provider is also taken to be surrendered.	Notify
AR01	Application for Internal Review of Reviewable Decision	Use this form to apply to the regulatory authority for a review of a decision that falls within the list of reviewable decisions outlined in s190 of the National Law.	Apply
PA08	Notification of Change of Information About Approved Provider	Notify the regulatory authority about: • The appointment or removal of a person with management or control. • A change of contact details for your provider, such as phone number or email address • Any change to the approved provider's fitness and propriety or the fitness of a person with management or control	Notify
SA01/02	Application for Service Approval	Apply for a new service approval	Apply
SA04/05	Notification of Transfer of Service Approval	Notify the regulatory authority of the transfer of a service to you as a provider. Note that different parts of this form will need to be completed by both the transferring and receiving provider	Notify

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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.



Notification of Change of Information About Approved Provider

My Details

Provider: example

INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION

PROVIDER DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law* (National Law) and the Education and Care Services National Regulations (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

Privacy Statement

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

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

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

SUPPORTING DOCUMENTATION

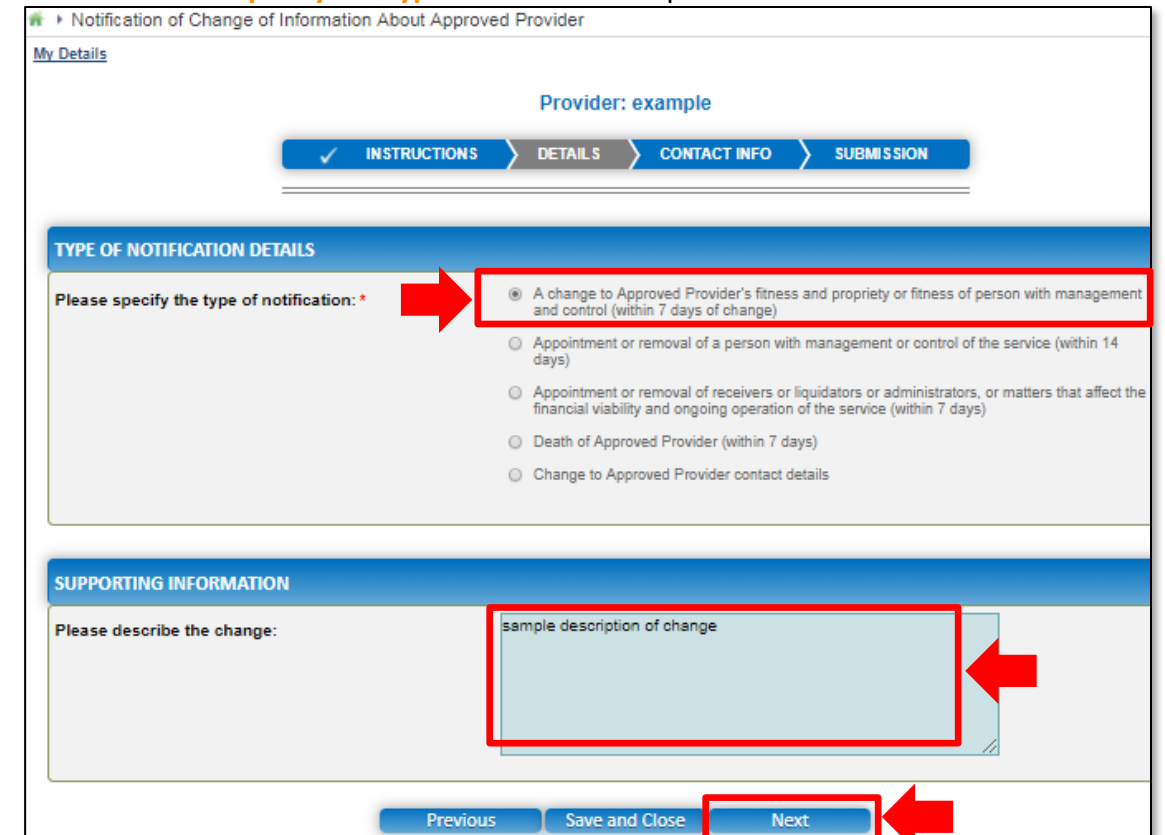
- PA02 Declaration of fitness and propriety (Compulsory for individual provider applicants, persons with management or control of a service and certified supervisor applicants) This form is to be completed by an individual provider applicant and in the case of an entity provider applicant, all persons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

Cancel **Begin**

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

Fill Details in the Form

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



Notification of Change of Information About Approved Provider

My Details

Provider: example

INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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

SUPPORTING INFORMATION

Please describe the change:

Previous Save and Close **Next**

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

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Fill Details in the Form

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

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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

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

Current Primary Contact: Sample User

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

CURRENT PMC(S)

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

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

NEW PMC(S)

Add PMC

1.b.(i) In the **ADD PERSON WITH MANAGEMENT OR CONTROL** section, you will need to enter the PMC's **Surname**, **Date of Birth** and **PRODA ID** then click **Verify PRODA ID**.

PMC NOTIFICATION DETAILS

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

ADD PERSON WITH MANAGEMENT OR CONTROL

Title: * Verify PRODA ID

First Name: *

Middle Name:

Last Name: *

Date of Birth: *

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

Cancel Save

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 ***.

1.b.(ii) You will need to also enter their contact details, address and position etc. and click **Save** to save the information.

[Back to Main Menu](#)

Fill Details in the Form

1.c If you select **Appointment or removal of a person with management or control of the service**, the corresponding section with same name is displayed. If you want to remove a person with management or control (PMC), click the **bin** icon next to the PMC and select a removal date.

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

Current Primary Contact: Trial User Reset

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

CURRENT PMC(S)

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

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

NEW PMC(S)

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

Add PMC

CURRENT PMC(S)

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

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

NEW PMC(S)

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

Add PMC

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

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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

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

Current Primary Contact: Trial User Reset

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

CURRENT PMC(S)

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

	NAME	DATE OF BIRTH	PLACE OF BIRTH	PMC STATUS	DATE REMOVED	
Set As Primary Contact	Sample User	21/02/1985	Sydney	Under Assessment	23/01/2018	

NEW PMC(S)

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

Add PMC

SUPPORTING INFORMATION

Please describe the change:

sample description of change

Next

[Back to Main Menu](#)

Fill Details in the Form

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



TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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

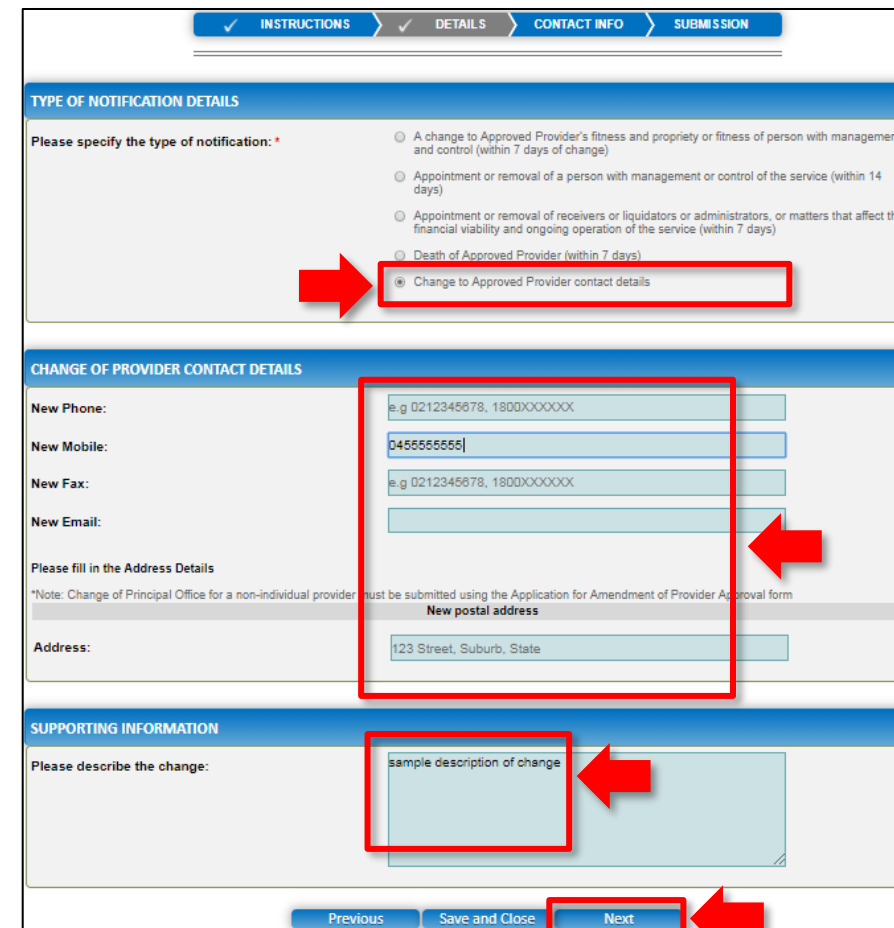
SUPPORTING INFORMATION

Please describe the change:

sample description of change

Previous Save and Close **Next**

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



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:

New Mobile:

New Fax:

New Email:

Please fill in the Address Details

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

New postal address

Address:

SUPPORTING INFORMATION

Please describe the change:

sample description of change

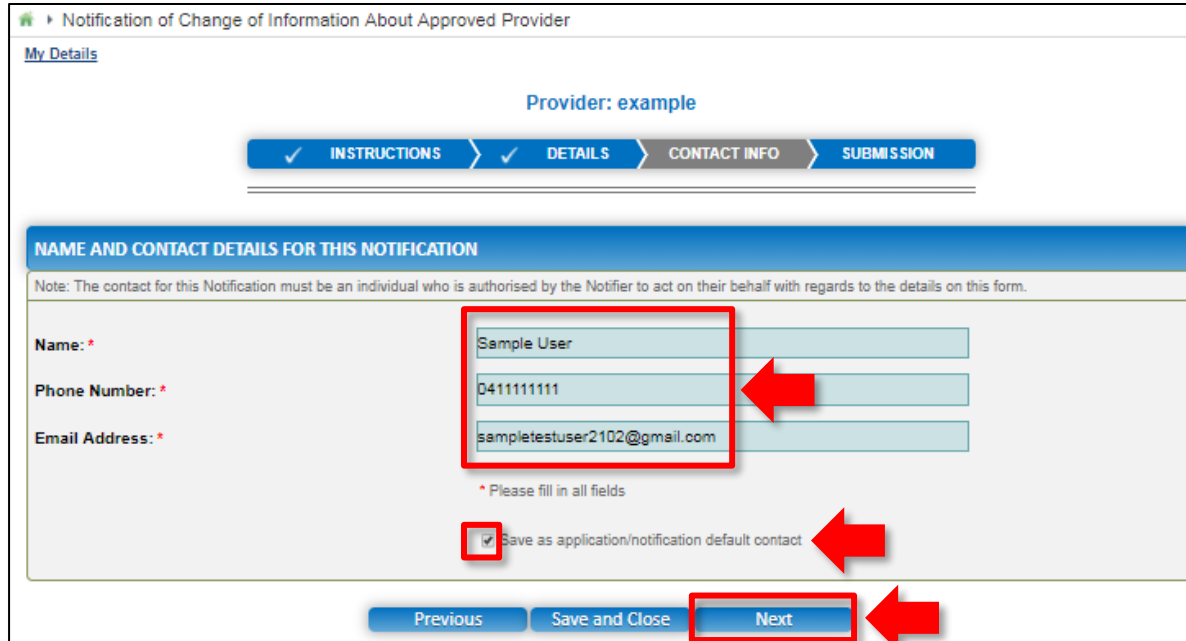
Previous Save and Close **Next**

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

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Provide Contact Details in the Form

1. Provide the name, phone number, and email address of the contact person for the provider and select **Save as application/notification default contact** (if required). Click **Next**.



Notification of Change of Information About Approved Provider

My Details

Provider: example

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

NAME AND CONTACT DETAILS FOR THIS NOTIFICATION

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

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

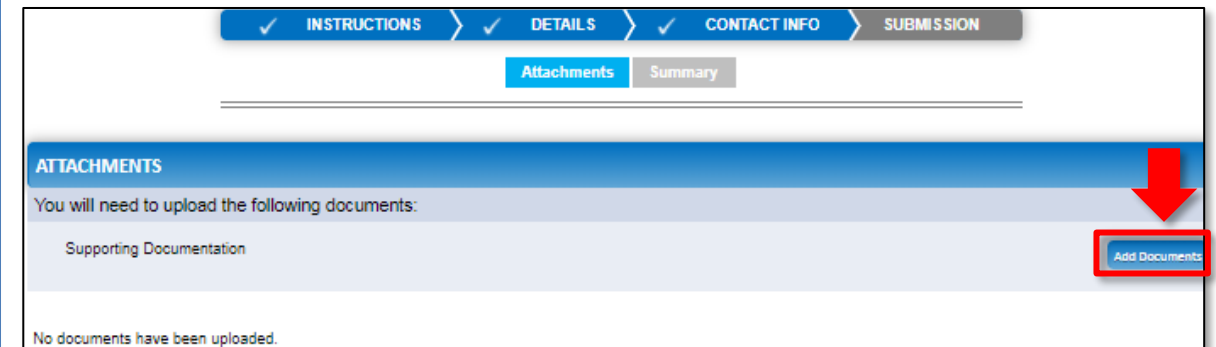
* Please fill in all fields

Save as application/notification default contact

Previous Save and Close **Next**

Submit the Form

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



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

Attachments Summary

ATTACHMENTS

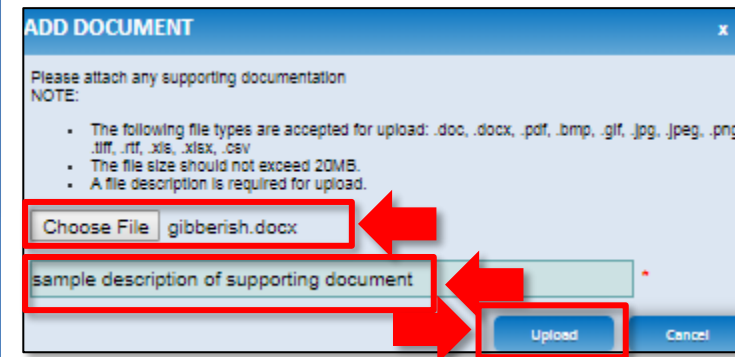
You will need to upload the following documents:

Supporting Documentation

Add Documents

No documents have been uploaded.

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



ADD DOCUMENT

Please attach any supporting documentation

NOTE:

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

Choose File | gibberish.docx

sample description of supporting document

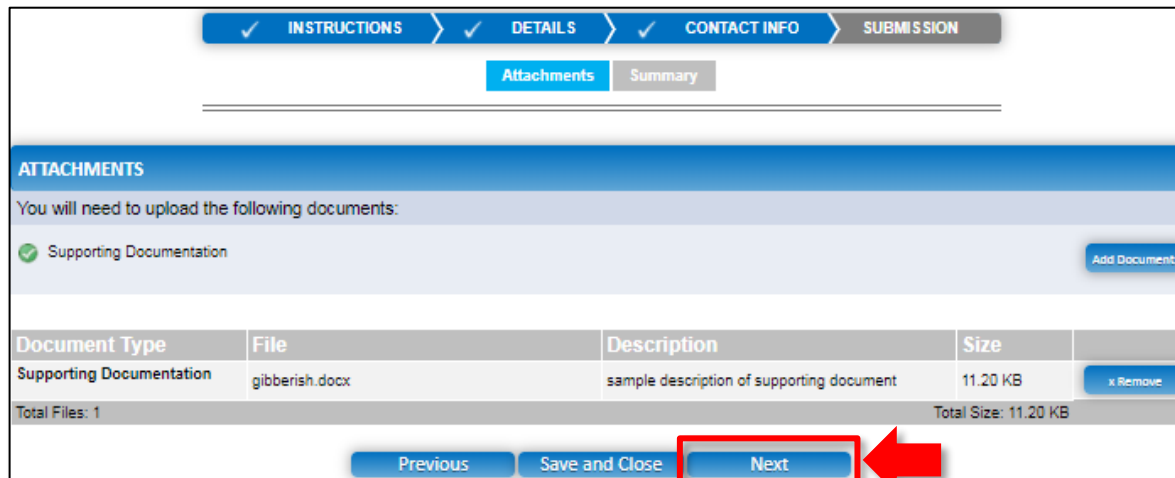
Upload Cancel

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

[Back to Main Menu](#)

Submit the Form

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



✓ INSTRUCTIONS > ✓ DETAILS > ✓ CONTACT INFO > SUBMISSION

Attachments Summary

ATTACHMENTS

You will need to upload the following documents:

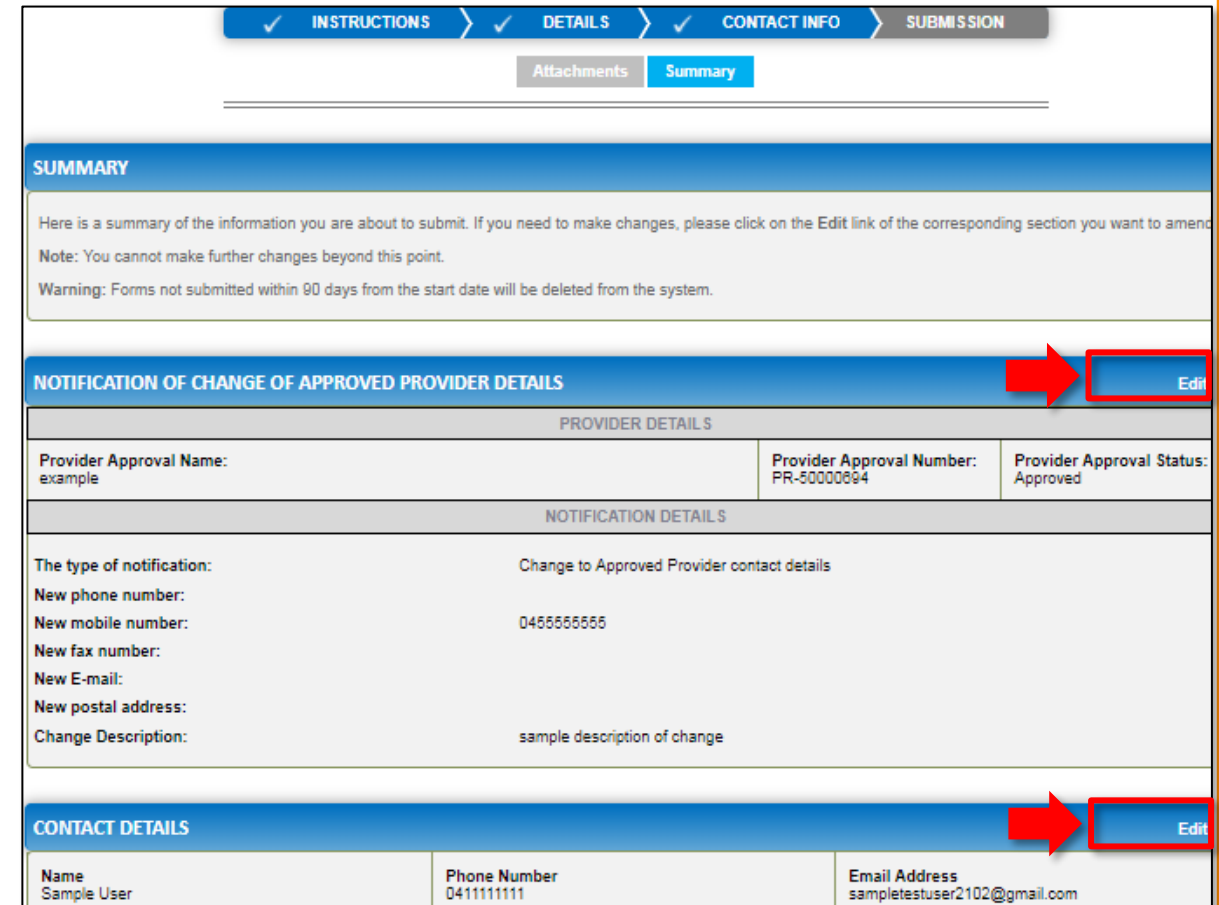
✓ Supporting Documentation [Add Documents](#)

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

Total Files: 1 Total Size: 11.20 KB

Previous Save and Close **Next**

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



✓ INSTRUCTIONS > ✓ DETAILS > ✓ CONTACT INFO > SUBMISSION

Attachments Summary

SUMMARY

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

Note: You cannot make further changes beyond this point.

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

NOTIFICATION OF CHANGE OF APPROVED PROVIDER DETAILS [Edit](#)

PROVIDER DETAILS

Provider Approval Name: example	Provider Approval Number: PR-50000684	Provider Approval Status: Approved
------------------------------------	--	---------------------------------------

NOTIFICATION DETAILS

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

CONTACT DETAILS [Edit](#)

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

[Back to Main Menu](#)

Submit the Form

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

ATTACHMENT DETAILS

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

DECLARATION

I declare that:

- 1. The information provided in this application form (including any attachments) is true, complete and correct;
- 2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- 3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
- 4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- 5. The Regulatory Authority is authorised to verify any information provided in this application;
- 6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
- 7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
- 8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street email address or fax number (in accordance with section 293 of the National Law).

Previous
Save and Close
Submit
Edit

Submission in progress...

Print or Close the Form

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

Application Submitted

[My Details](#)

Thank you for your submission

Notification Reference Number: NOT-50005971

Provider Number: PR-50000694

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

OK
Print

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Introduction

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

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

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

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

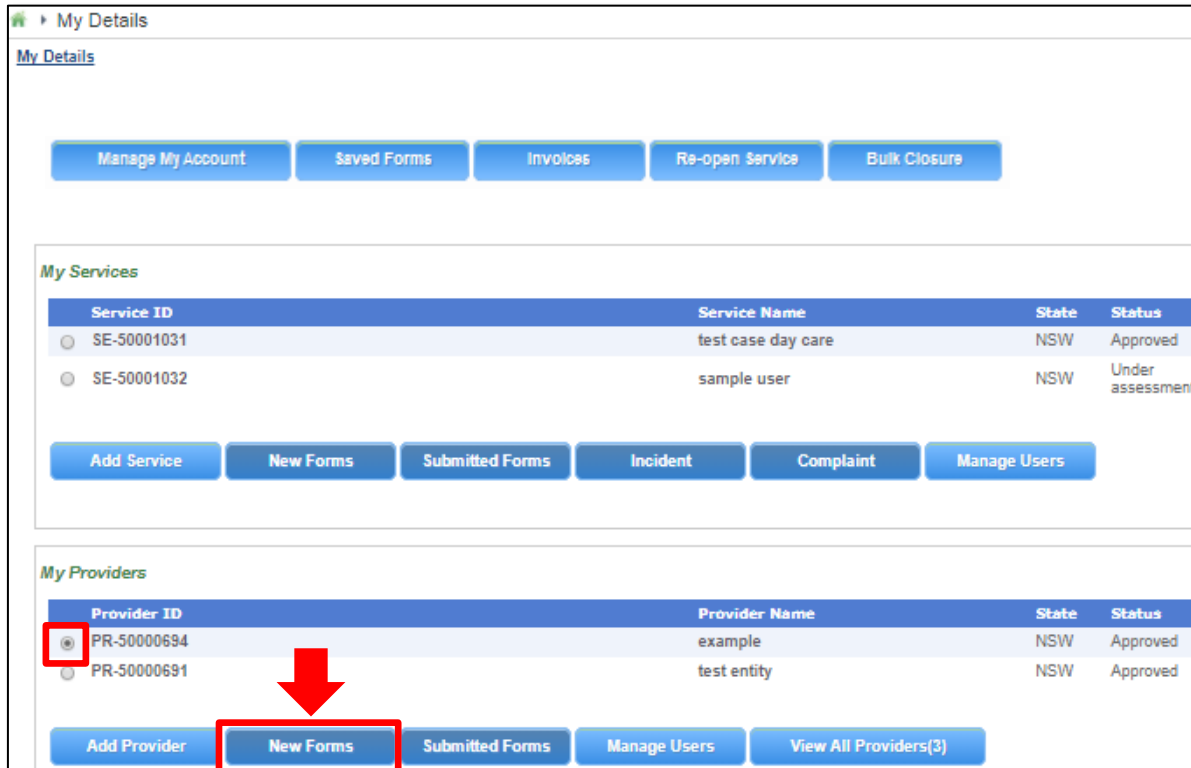
Table of Contents

- [Access the Form](#)
 - Steps to access the **Notification of Change to Nominated Supervisor** form.
- [Begin the Form](#)
 - Steps to start working on the **Notification of Change to Nominated Supervisor** form.
- [Fill Details in the Form](#)
 - Steps to add the following requested information in the form:
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 - Steps to add requested contact information.
- [Submit the Form](#)
 - Steps to submit and finalise the form by completing the following:
 - [Add attachments.](#)
 - [Review summary and finalising the form.](#)
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 - Steps to print and close the form.

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Access the Form

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



My Details

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

My Services

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

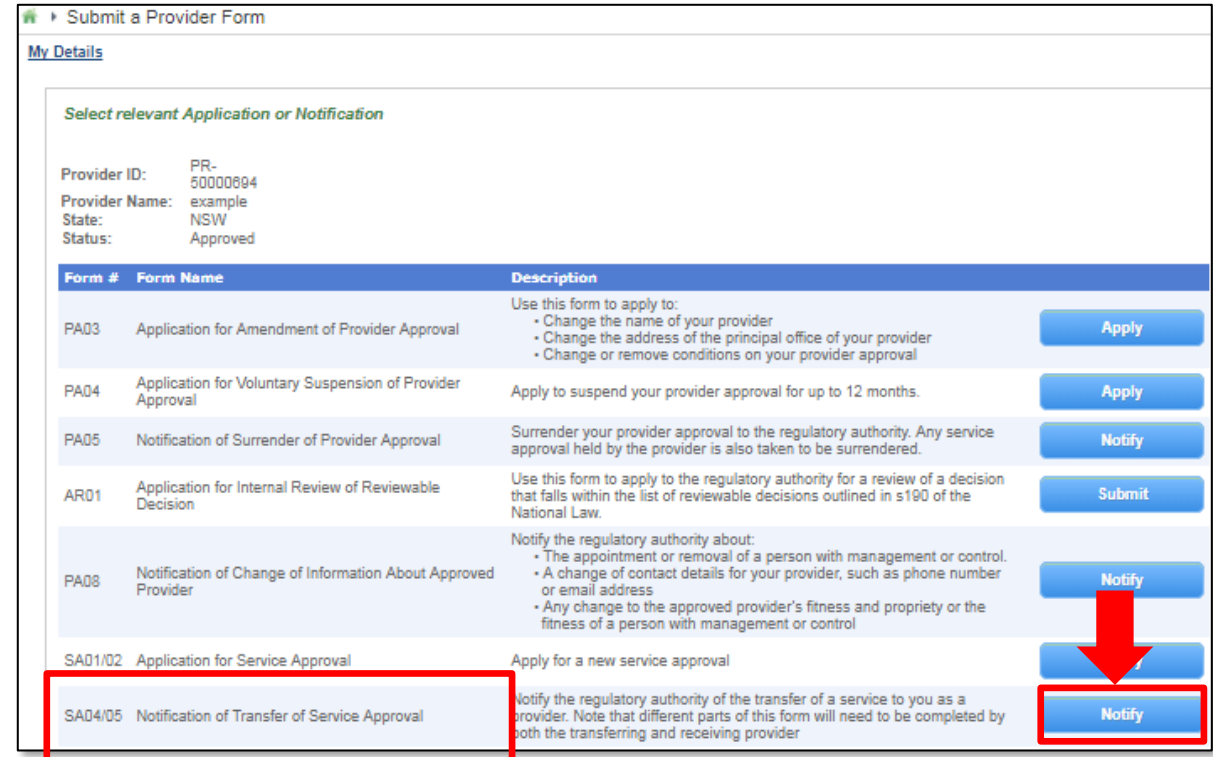
Add Service | New Forms | Submitted Forms | Incident | Complaint | Manage Users

My Providers

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

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

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**.



Submit a Provider Form

My Details

Select relevant Application or Notification

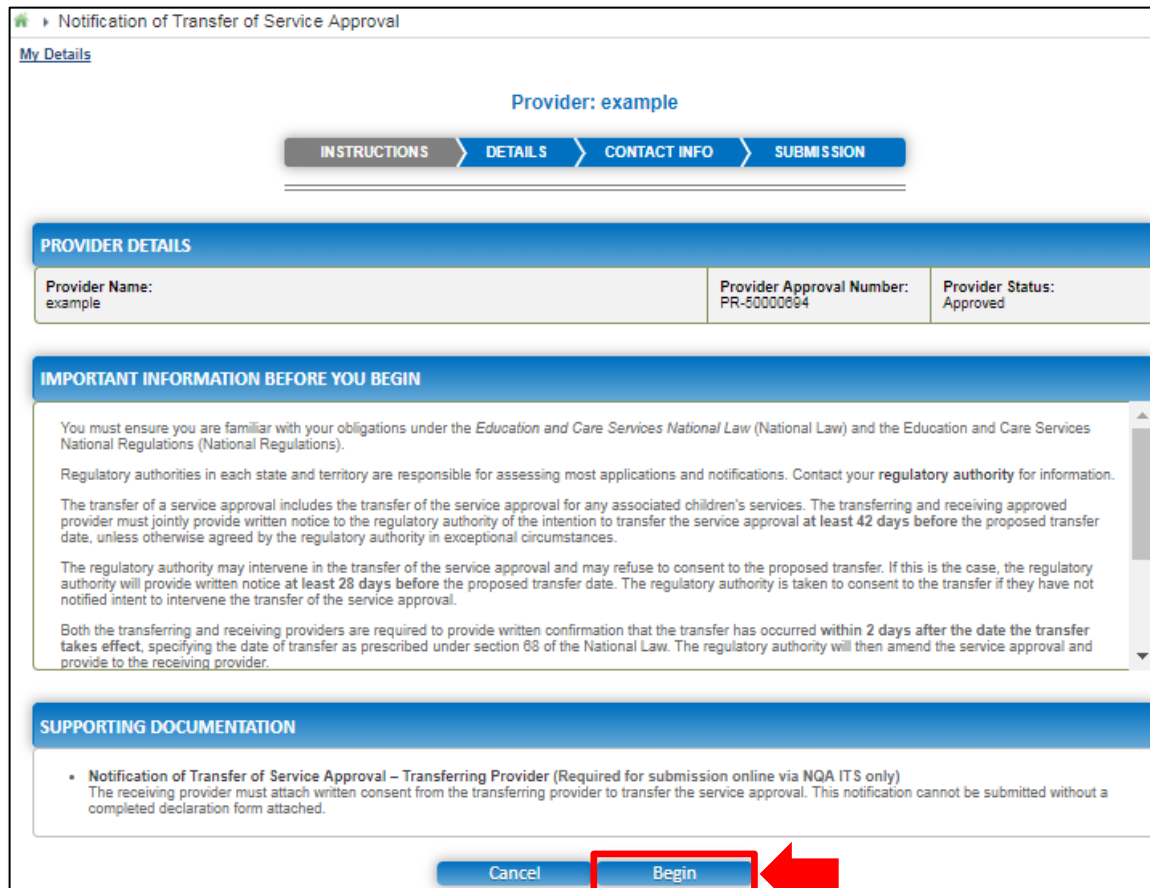
Provider ID: PR-50000694
Provider Name: example
State: NSW
Status: Approved

Form #	Form Name	Description	Action
PA03	Application for Amendment of Provider Approval	Use this form to apply to: • Change the name of your provider • Change the address of the principal office of your provider • Change or remove conditions on your provider approval	Apply
PA04	Application for Voluntary Suspension of Provider Approval	Apply to suspend your provider approval for up to 12 months.	Apply
PA05	Notification of Surrender of Provider Approval	Surrender your provider approval to the regulatory authority. Any service approval held by the provider is also taken to be surrendered.	Notify
AR01	Application for Internal Review of Reviewable Decision	Use this form to apply to the regulatory authority for a review of a decision that falls within the list of reviewable decisions outlined in s190 of the National Law.	Submit
PA08	Notification of Change of Information About Approved Provider	Notify the regulatory authority about: • The appointment or removal of a person with management or control. • A change of contact details for your provider, such as phone number or email address • Any change to the approved provider's fitness and propriety or the fitness of a person with management or control	Notify
SA01/02	Application for Service Approval	Apply for a new service approval	Apply
SA04/05	Notification of Transfer of Service Approval	Notify the regulatory authority of the transfer of a service to you as a provider. Note that different parts of this form will need to be completed by both the transferring and receiving provider	Notify

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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.



Notification of Transfer of Service Approval

My Details

Provider: example

INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law* (National Law) and the *Education and Care Services National Regulations* (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

The transfer of a service approval includes the transfer of the service approval for any associated children's services. The transferring and receiving approved provider must jointly provide written notice to the regulatory authority of the intention to transfer the service approval at least 42 days before the proposed transfer date, unless otherwise agreed by the regulatory authority in exceptional circumstances.

The regulatory authority may intervene in the transfer of the service approval and may refuse to consent to the proposed transfer. If this is the case, the regulatory authority will provide written notice at least 28 days before the proposed transfer date. The regulatory authority is taken to consent to the transfer if they have not notified intent to intervene the transfer of the service approval.

Both the transferring and receiving providers are required to provide written confirmation that the transfer has occurred within 2 days after the date the transfer takes effect, specifying the date of transfer as prescribed under section 68 of the National Law. The regulatory authority will then amend the service approval and provide to the receiving provider.

SUPPORTING DOCUMENTATION

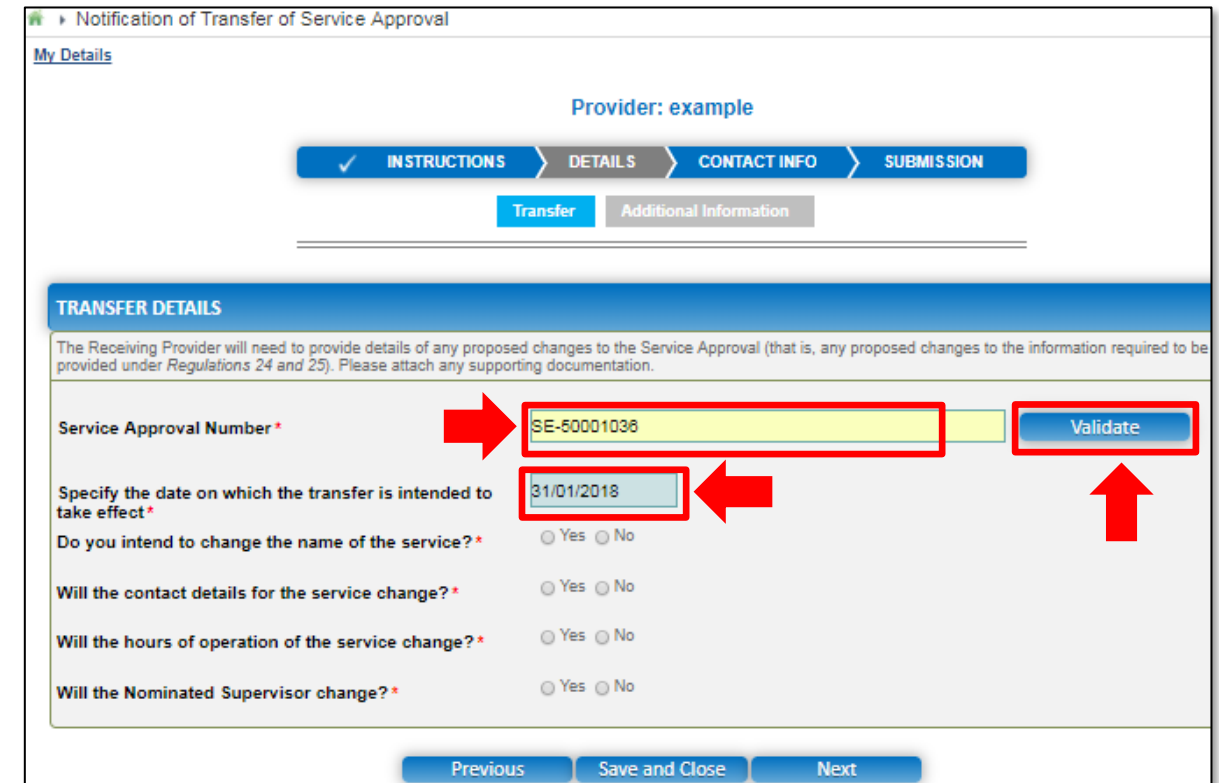
- Notification of Transfer of Service Approval – Transferring Provider (Required for submission online via NQA ITS only)
The receiving provider must attach written consent from the transferring provider to transfer the service approval. This notification cannot be submitted without a completed declaration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

Cancel **Begin**

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

Fill Details in the Form

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



Notification of Transfer of Service Approval

My Details

Provider: example

✓ INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

Transfer Additional Information

TRANSFER DETAILS

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

Service Approval Number * SE-60001036 **Validate**

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

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

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

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

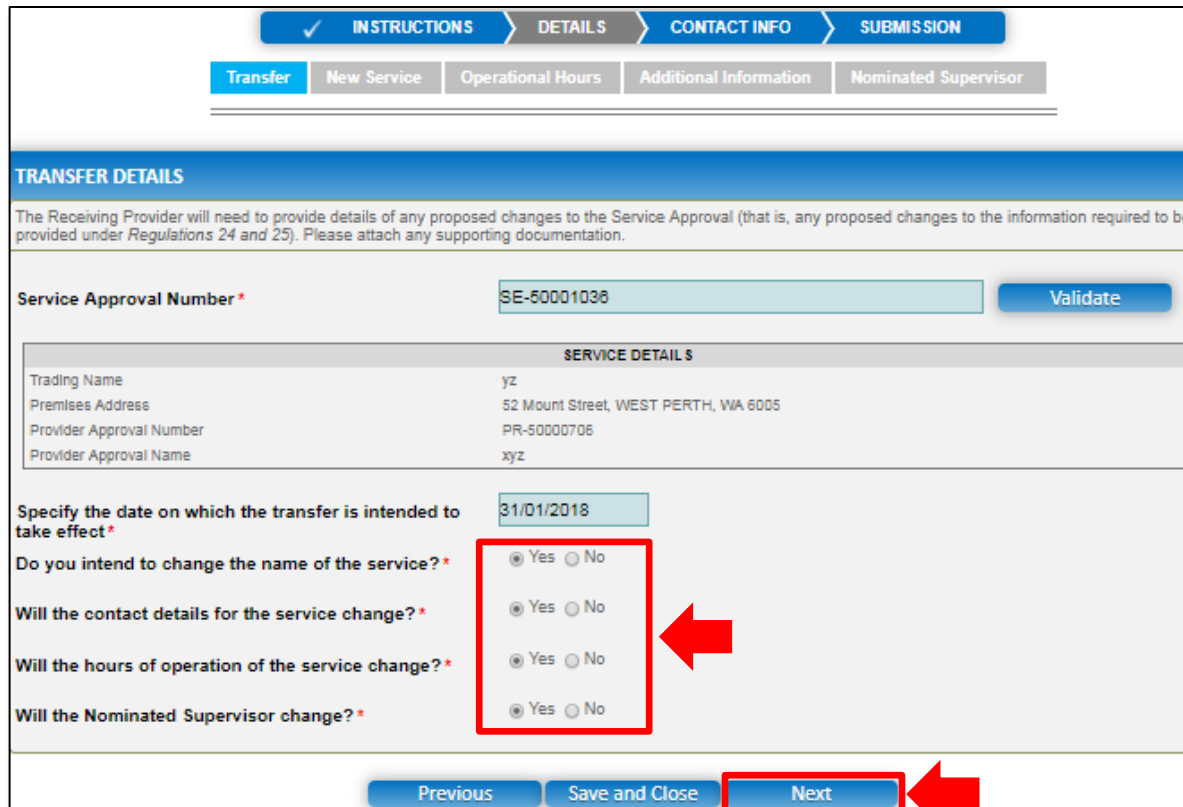
Will the Nominated Supervisor change? * Yes No

Previous Save and Close Next

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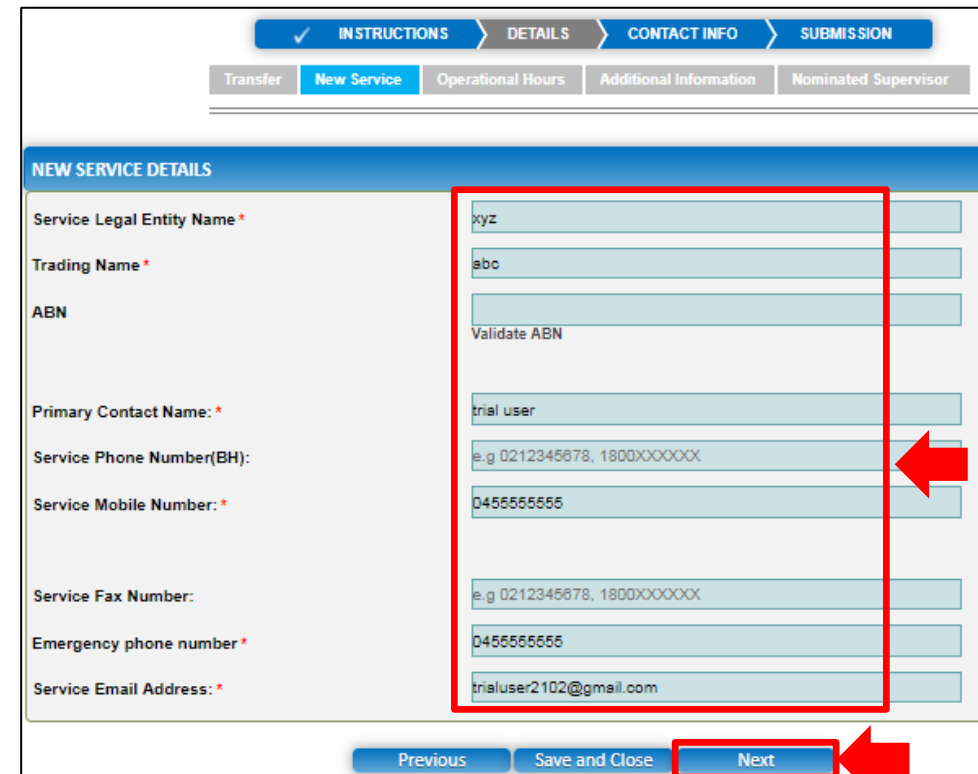
Fill Details in the Form

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.



3. For those change options for which you selected **Yes** on the **Transfer** page, new corresponding pages/tabs are displayed in the **DETAILS** stage.

3.a On the **New Service** page, fill the new details for the service, such as, legal entity name, trading name and contact details and then click **Next**.

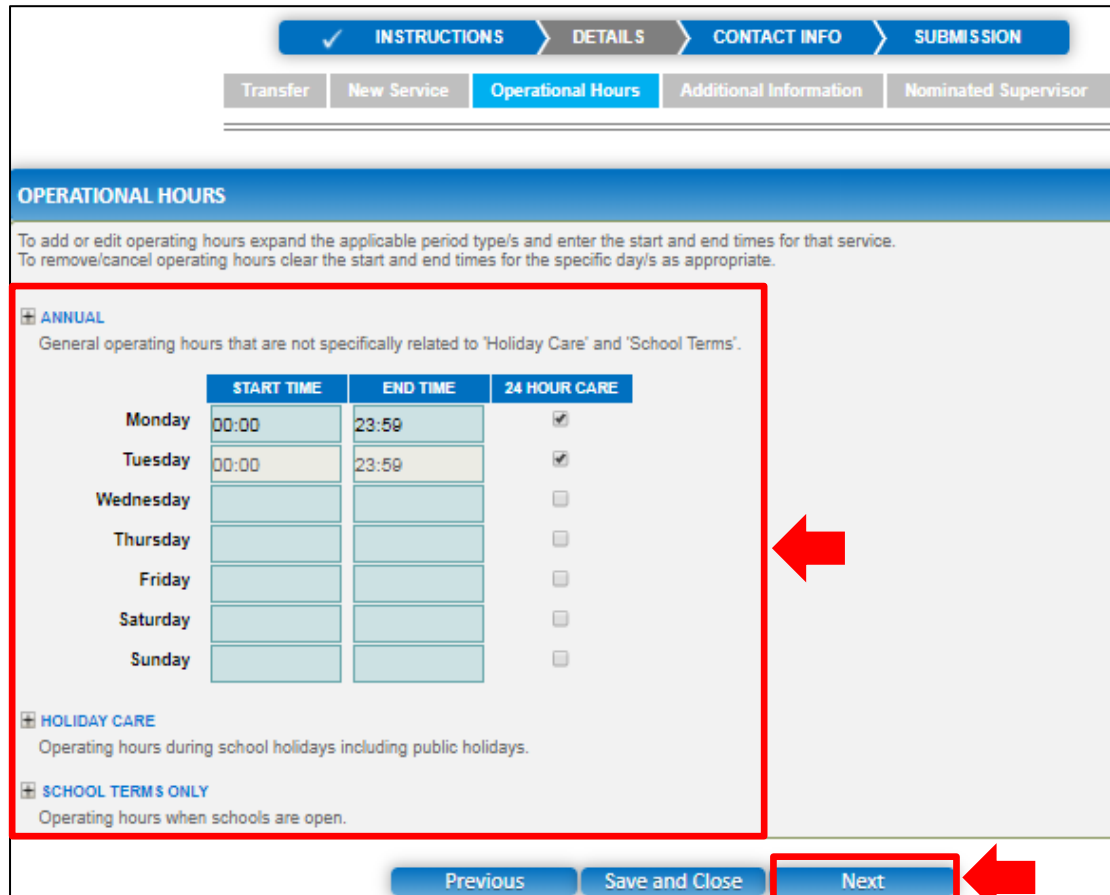


Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

[Back to Main Menu](#)

Fill Details in the Form

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



OPERATIONAL HOURS

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

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

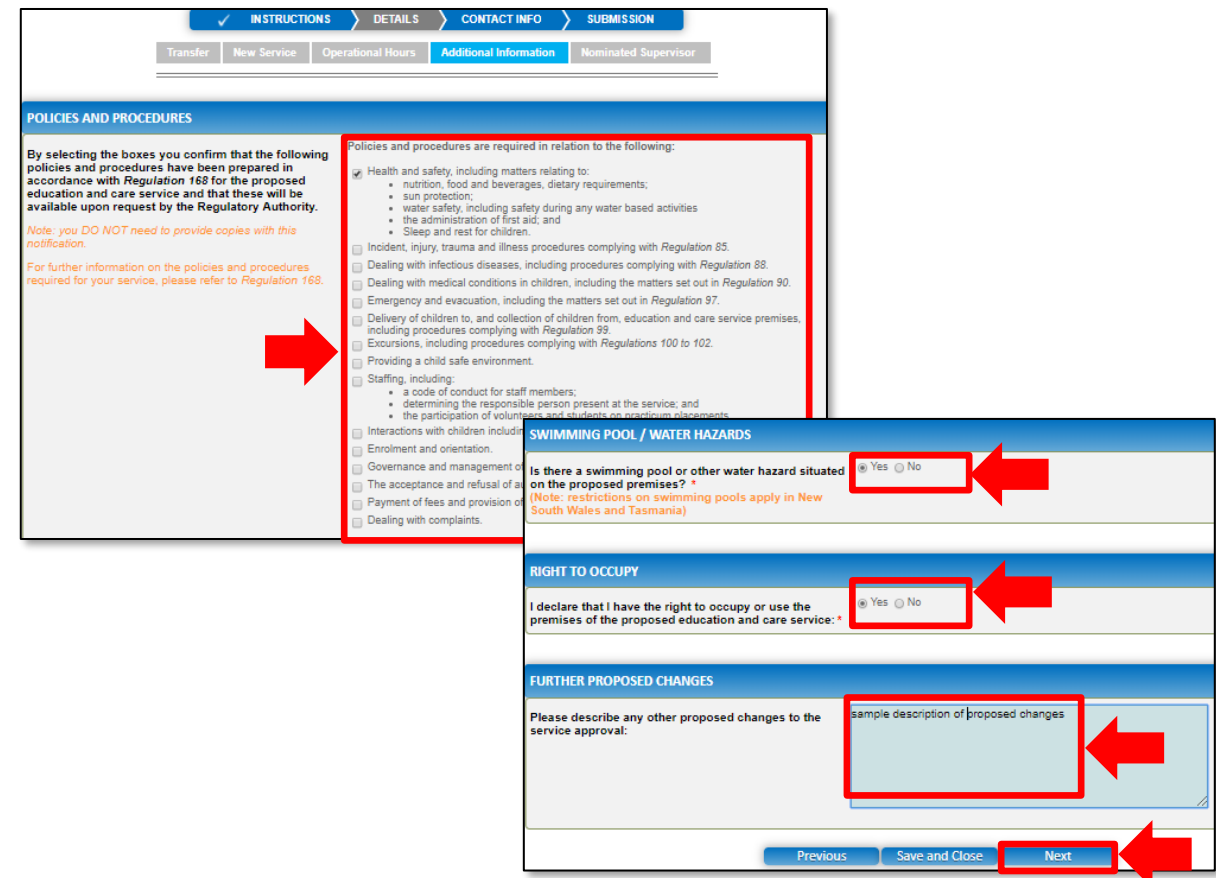
	START TIME	END TIME	24 HOUR CARE
Monday	00:00	23:59	<input checked="" type="checkbox"/>
Tuesday	00:00	23:59	<input checked="" type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input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

HOLIDAY CARE
Operating hours during school holidays including public holidays.

SCHOOL TERMS ONLY
Operating hours when schools are open.

Previous Save and Close **Next**

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



POLICIES AND PROCEDURES

By selecting the boxes you confirm that the following policies and procedures have been prepared in accordance with Regulation 168 for the proposed education and care service and that these will be available upon request by the Regulatory Authority.

Note: you DO NOT need to provide copies with this notification.

For further information on the policies and procedures required for your service, please refer to Regulation 168.

Policies and procedures are required in relation to the following:

- Health and safety, including matters relating to:
 - nutrition, food and beverages, dietary requirements;
 - sun protection;
 - water safety, including safety during any water based activities
 - the administration of first aid; and
 - Sleep and rest for children.
- Incident, injury, trauma and illness procedures complying with Regulation 85.
- Dealing with infectious diseases, including procedures complying with Regulation 88.
- Dealing with medical conditions in children, including the matters set out in Regulation 90.
- Emergency and evacuation, including the matters set out in Regulation 97.
- Delivery of children to, and collection of children from, education and care service premises, including procedures complying with Regulation 99.
- Excursions, including procedures complying with Regulations 100 to 102.
- Providing a child safe environment.
- Staffing, including:
 - a code of conduct for staff members;
 - determining the responsible person present at the service; and
 - the participation of volunteers and students on placement.
- Interactions with children including:
 - Enrolment and orientation.
 - Governance and management of the service.
 - The acceptance and refusal of admission.
 - Payment of fees and provision of services.
 - Dealing with complaints.

SWIMMING POOL / WATER HAZARDS

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

(Note: restrictions on swimming pools apply in New South Wales and Tasmania)

RIGHT TO OCCUPY

I declare that I have the right to occupy or use the premises of the proposed education and care service: * Yes No

FURTHER PROPOSED CHANGES

Please describe any other proposed changes to the service approval.

sample description of proposed changes

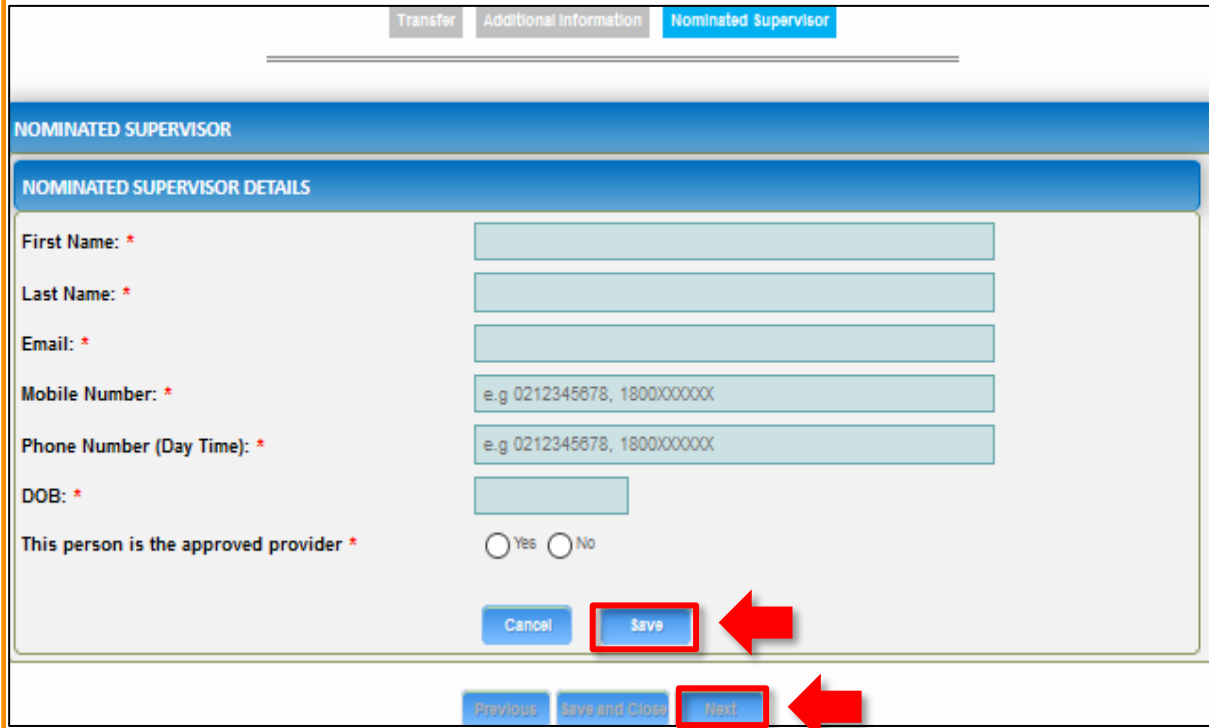
Previous Save and Close **Next**

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

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Fill Details in the Form

3.d On the **Nominated Supervisor** page, enter the nominated supervisor's details. Click **Save**.
The **Next** button will be activated, click it to move to the next page.



Transfer Additional information **Nominated Supervisor**

NOMINATED SUPERVISOR

NOMINATED SUPERVISOR DETAILS

First Name: *

Last Name: *

Email: *

Mobile Number: *

Phone Number (Day Time): *

DOB: *

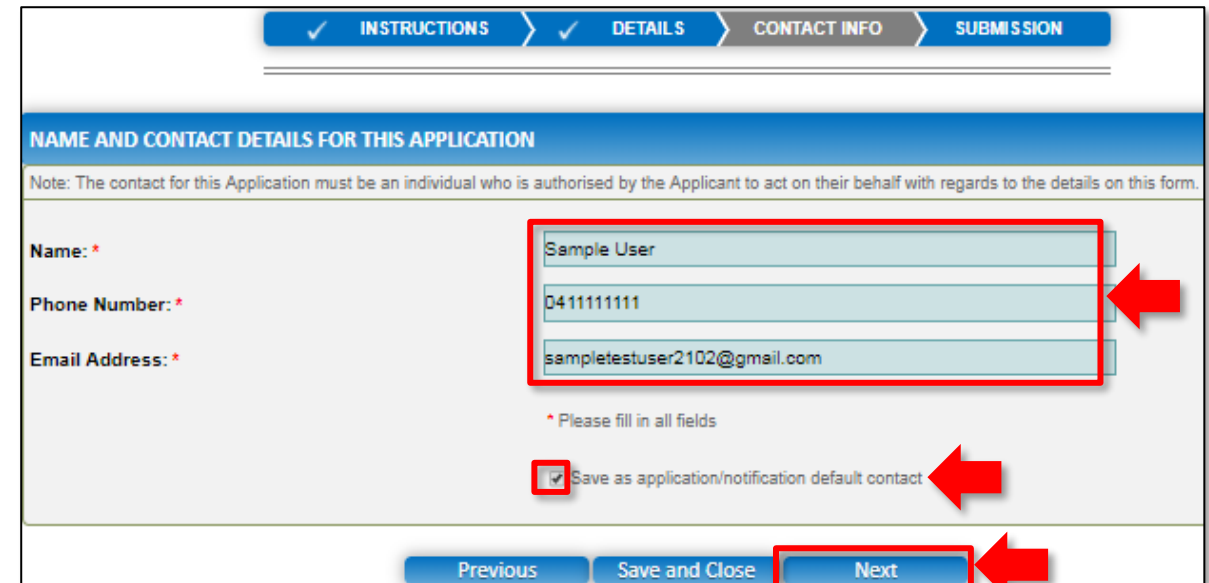
This person is the approved provider * Yes No

Cancel **Save**

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**.



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

NAME AND CONTACT DETAILS FOR THIS APPLICATION

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

Name: *

Phone Number: *

Email Address: *

* Please fill in all fields

Save as application/notification default contact

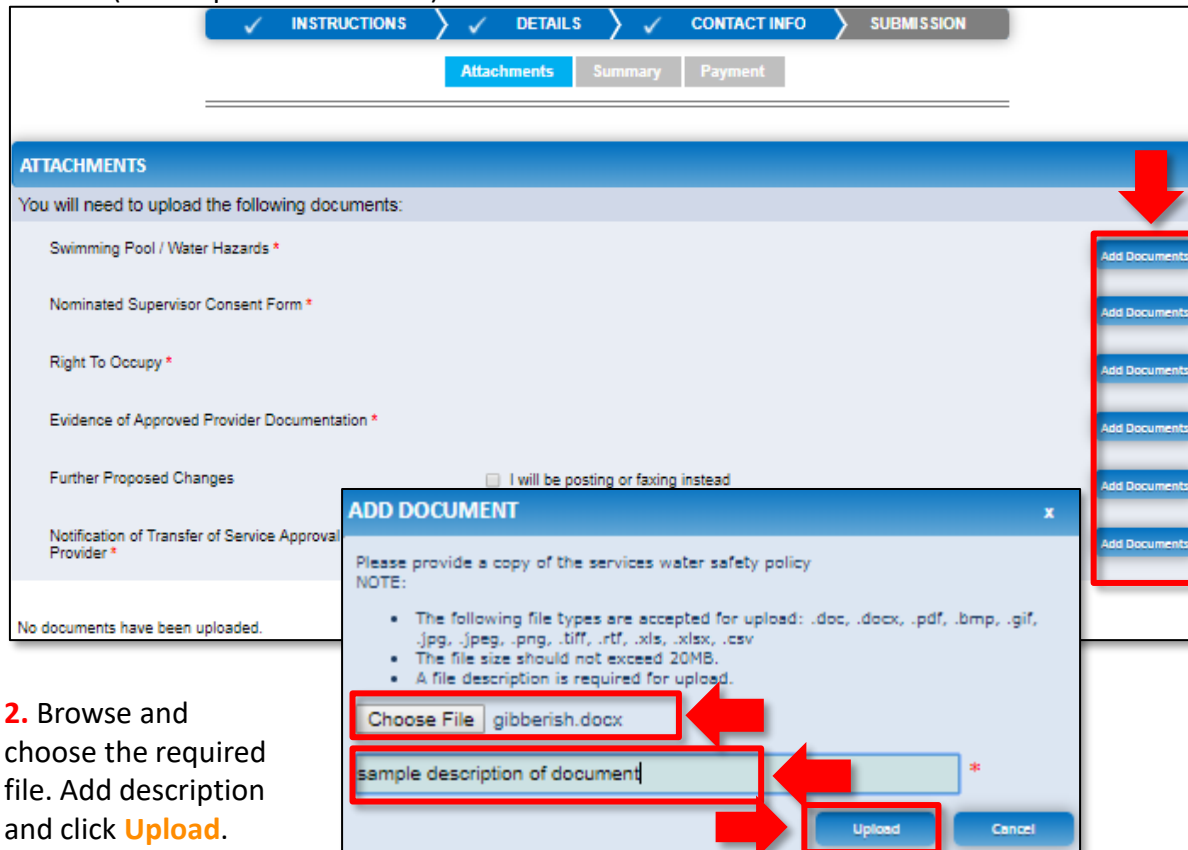
Next

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

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Submit the Form

1. In the **SUBMISSION** stage, the **Attachments** page might be displayed based on the notification type you selected in the **DETAILS** stage. Add all the requested documents. Click **Add Documents** to add the requested documents or select **I will be posting or faxing instead** (if the option is available).



ATTACHMENTS

You will need to upload the following documents:

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

No documents have been uploaded.

ADD DOCUMENT

Please provide a copy of the services water safety policy

NOTE:

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

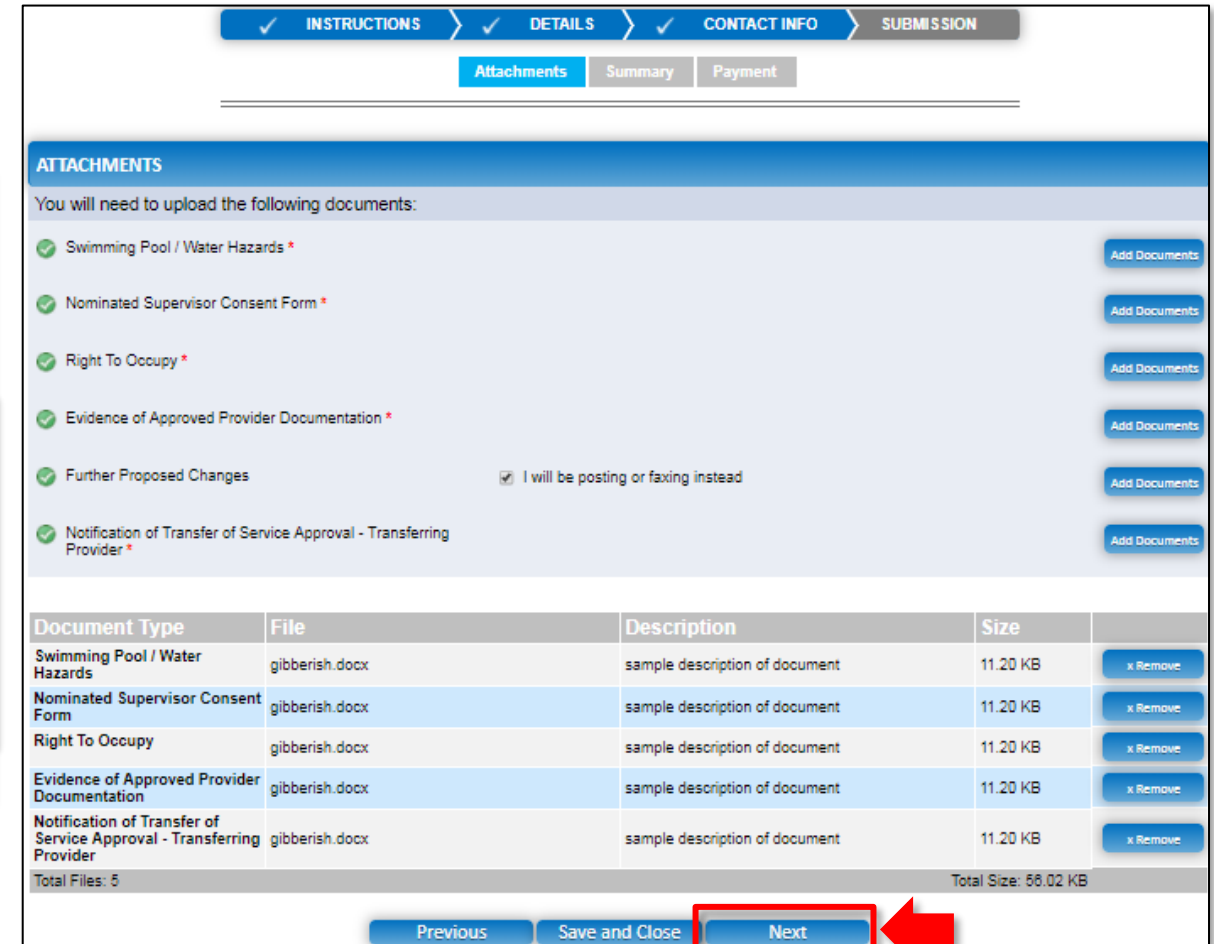
Choose File gibberish.docx

sample description of document *

Upload Cancel

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

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



ATTACHMENTS

You will need to upload the following documents:

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

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

Total Files: 5 Total Size: 56.02 KB

Previous Save and Close **Next**

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

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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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary
Payment

SUMMARY

Here is a summary of the information you are about to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to amend.
 Note: You cannot make further changes beyond this point.
 Warning: Forms not submitted within 90 days from the start date will be deleted from the system.

SERVICE TRANSFER DETAILS Edit

RECEIVING PROVIDER DETAILS		
Provider Approval Name: example	Provider Approval Number: PR-5000094	Provider Approval Status: Approved

TRANSFER DETAILS	
Intended Date of Transfer:	31/01/2018
Service Approval No:	SE-50001038
Transferring Provider Name:	xyz
Transferring Provider Number:	PR-50000708

NEW SERVICE DETAILS Edit

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

NEW SERVICE CONTACT DETAILS	
Intend to change the contact details of service:	Yes
Primary Contact Name:	trial user
Service Phone Number:	
Service Mobile Number:	0455555555
Service Mobile Number:	
After-hours Emergency Phone:	0455555555
Service Email Address:	trialuser2102@gmail.com

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

OPERATIONAL HOURS Edit

Will the hours of operation of the service change? Yes

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

POLICIES AND ADDITIONAL INFORMATION Edit

The following policies and procedures have been prepared

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

ATTACHMENT DETAILS Edit

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

DECLARATION

I declare that: *

CONFIRMATION

1. The information provided in this application form (including any attachments) is true, complete and correct;
2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the Education and Care Services National Law;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation; and
7. I am aware that I may be subject to penalties under the Education and Care Services National Law if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous
Save and Close
Finalise
Finalising in progress...

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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.

PAYMENT DETAILS	
Identifier: INV-15002-PDC0R3	Fee Description: Transfer of Service Approval
Type: Provider	Amount: \$107.00
Due Date: 22/02/2018	
Credit Card Type: *	
<input checked="" type="radio"/> VISA <input type="radio"/> MasterCard	
Name on Credit Card: *	
<input type="text" value="Trial User"/>	
Credit Card Number: *	
<input type="text" value="1111"/> <input type="text" value="1111"/> <input type="text" value="1111"/> <input type="text" value="1111"/>	
Card Expiry (mm/yy): *	
<input type="text" value="12"/> <input type="text" value="18"/>	
Card Security Code: *	
<input type="text" value="111"/> What is a CSC?	
Email payment confirmation:	
<input type="text" value="sampletestuser2102@gmail.com"/>	
You will be e-mailed a confirmation of your payment. If you would like the payment confirmation to be sent to an email address other than your registered e-mail address, please enter the address in the above box.	
<input type="checkbox"/> Pay Later	
<input type="button" value="Pay Now"/> <input type="button" value="Payment in progress..."/>	

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

Print or Close the Form

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

Thank you for your submission	
Application Reference Number:	APP-50007008
Provider Number:	PR-50000694
Payment Status:	\$107.00 PAID
Click here to view your Invoice.	
For any enquiries regarding the progress of your application, please contact WA Regulatory Authority. Contact details can be found on the ACECQA website.	
<input type="button" value="OK"/> <input type="button" value="Print"/>	

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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.

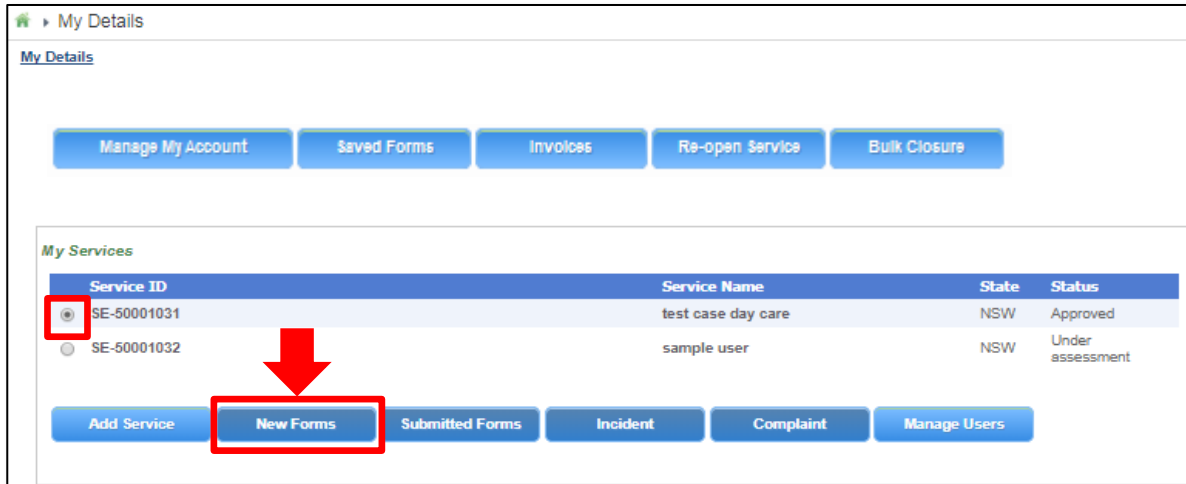
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 - Steps to add requested contact information.
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 - Steps to print and close the form.

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Access the Form

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



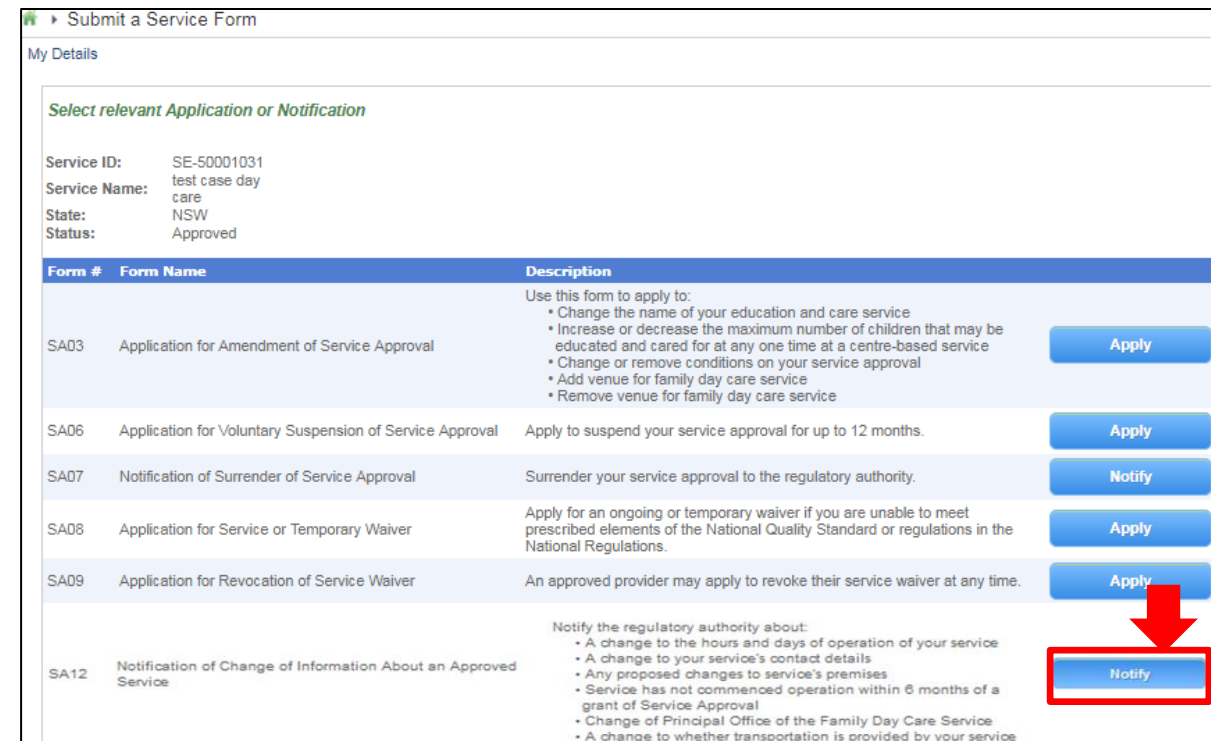
My Details

My Services

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

New Forms

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**.



Submit a Service Form

My Details

Select relevant Application or Notification

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

Form #	Form Name	Description	Action
SA03	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	Apply
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Apply
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notify
SA08	Application for Service or Temporary Waiver	Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the National Regulations.	Apply
SA09	Application for Revocation of Service Waiver	An approved provider may apply to revoke their service waiver at any time.	Apply
SA12	Notification of Change of Information About an Approved Service	Notify the regulatory authority about: • A change to the hours and days of operation of your service • A change to your service's contact details • Any proposed changes to service's premises • Service has not commenced operation within 6 months of a grant of Service Approval • Change of Principal Office of the Family Day Care Service • 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.

Notification of Change of Information About an Approved Service

My Details

Service: test case day care

INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

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

SERVICE DETAILS

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

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law* (National Law) and the *Education and Care Services National Regulations* (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

Privacy Statement

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

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

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

Cancel **Begin**

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

Fill Details in the Form

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

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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

SUPPORTING INFORMATION

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

Please describe the change: *

Previous Save and Close Next

[Back to Main Menu](#)

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

Fill Details in the Form

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

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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

OPERATIONAL HOURS

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

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

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

HOLIDAY CARE
Operating hours during school holidays including public holidays.

SCHOOL TERMS ONLY
Operating hours when schools are open.

Note: A question follows after this on Change of operational hours due to an emergency situation.

For assistance in filling in operational hour change details related to an emergency management situation, refer to the [Emergency Management Help Guide](#)

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

✓ INSTRUCTIONS > ✓ DETAILS > CONTACT INFO > SUBMISSION

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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

CHANGE TO APPROVED SERVICE CONTACT DETAILS

New Phone:

New Mobile:

New Fax:

New Email:

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

Please fill in the Address Details

New Postal Address

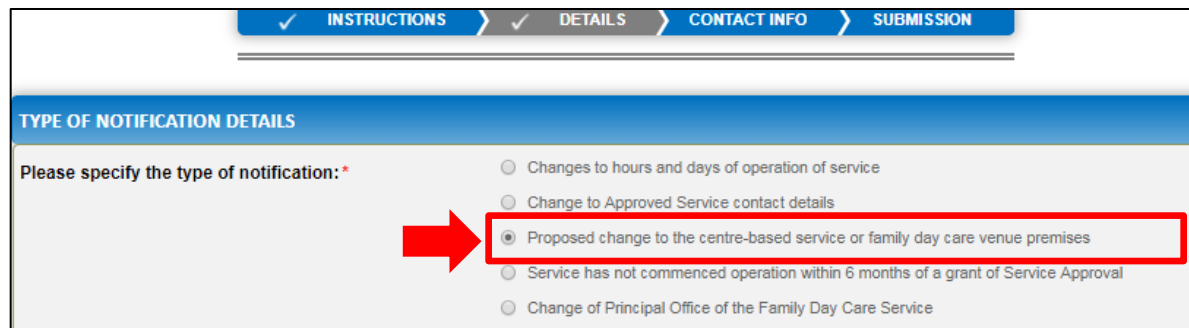
Address:

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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.

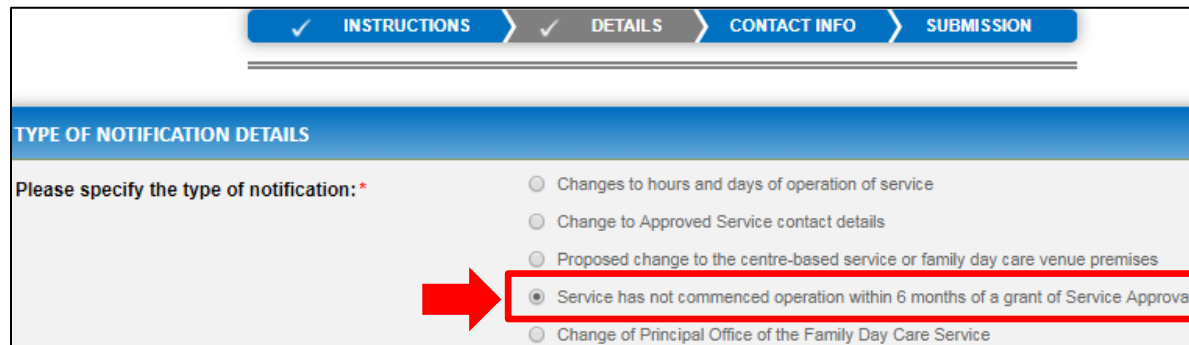


INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO > SUBMISSION

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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



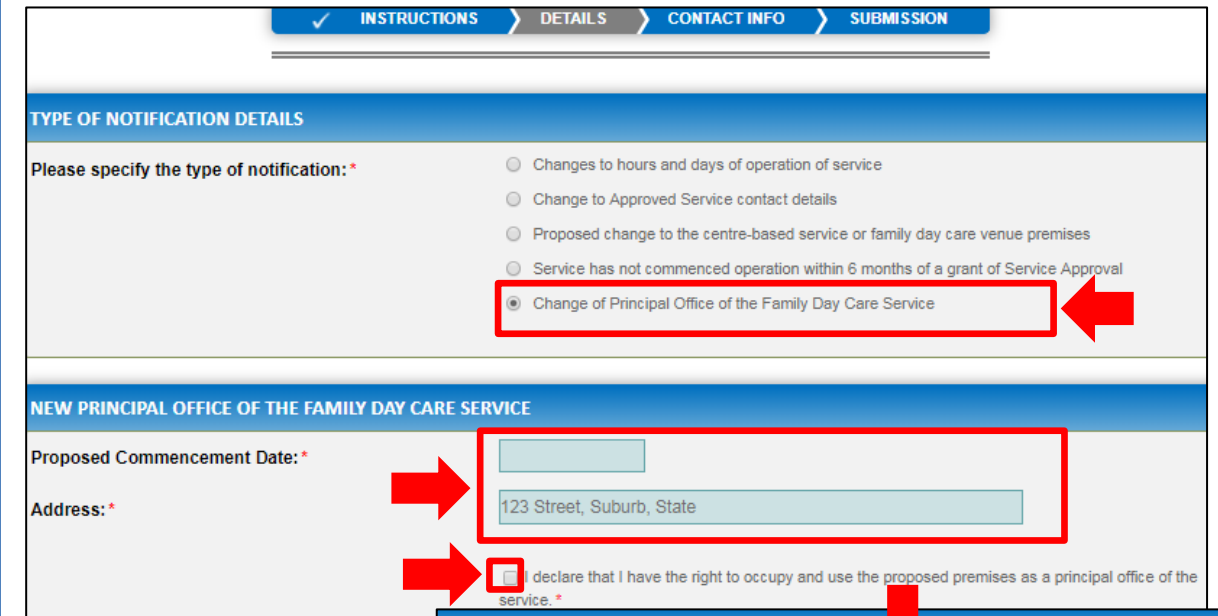
INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO > SUBMISSION

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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

1.d If you select **Change of Principal Office of the Family Day Care Service**, the **NEW PRINCIPAL OFFICE OF THE FAMILY DAY CARE** section is displayed. Enter the proposed commencement date and new address of the principal office.



INSTRUCTIONS ✓ DETAILS > CONTACT INFO > SUBMISSION

TYPE OF NOTIFICATION DETAILS

Please specify the type of notification: *

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

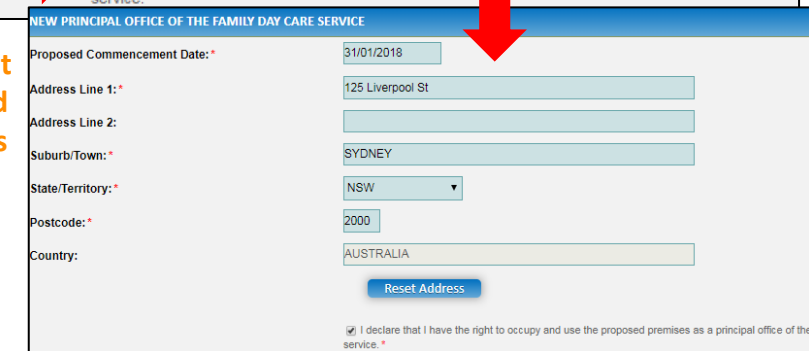
NEW PRINCIPAL OFFICE OF THE FAMILY DAY CARE SERVICE

Proposed Commencement Date: *

Address: *

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

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



NEW PRINCIPAL OFFICE OF THE FAMILY DAY CARE SERVICE

Proposed Commencement Date: *

Address Line 1: *

Address Line 2:

Suburb/Town: *

State/Territory: *

Postcode: *

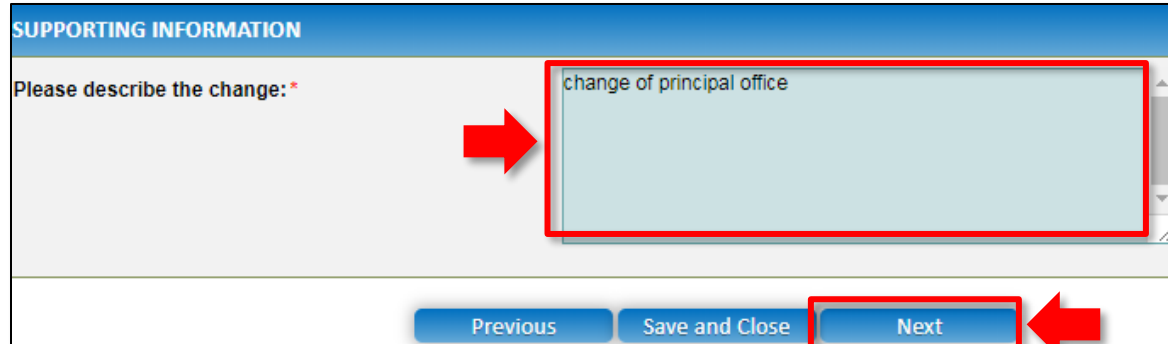
Country:

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

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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**.



SUPPORTING INFORMATION

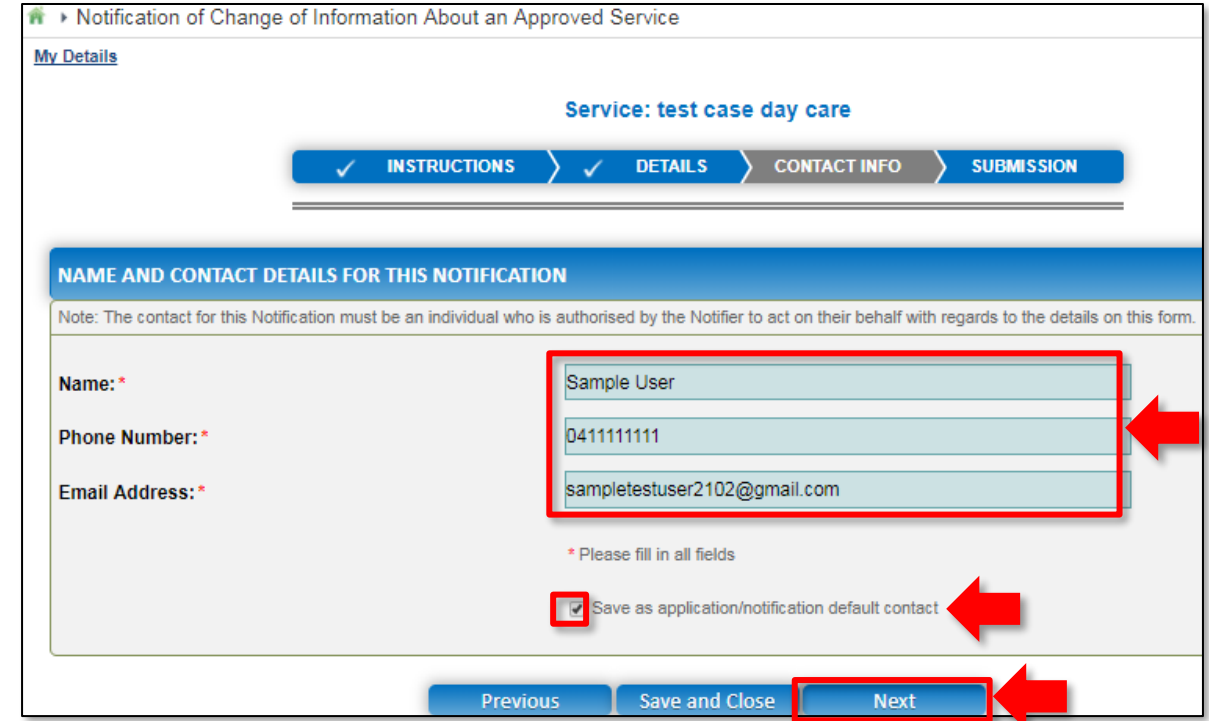
Please describe the change: *

change of principal office

Previous Save and Close **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**.



Notification of Change of Information About an Approved Service

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ **CONTACT INFO** SUBMISSION

NAME AND CONTACT DETAILS FOR THIS NOTIFICATION

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

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

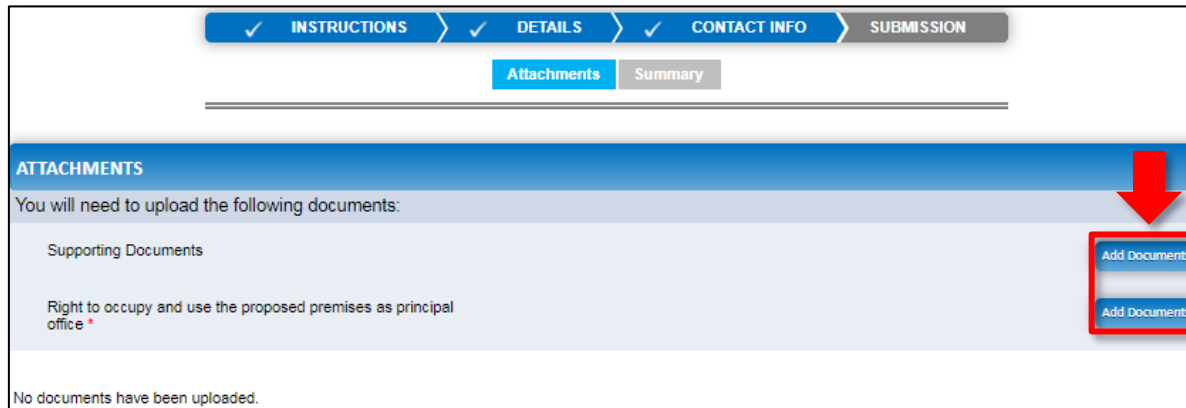
Previous Save and Close **Next**

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

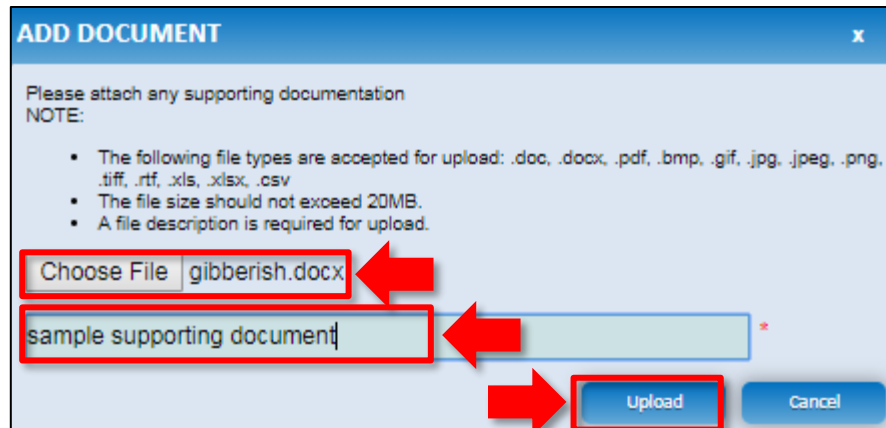
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Submit the Form

1. In the **SUBMISSION** stage, on the **Attachments** page, add all the requested documents. Click **Add Documents** to add the requested documents.

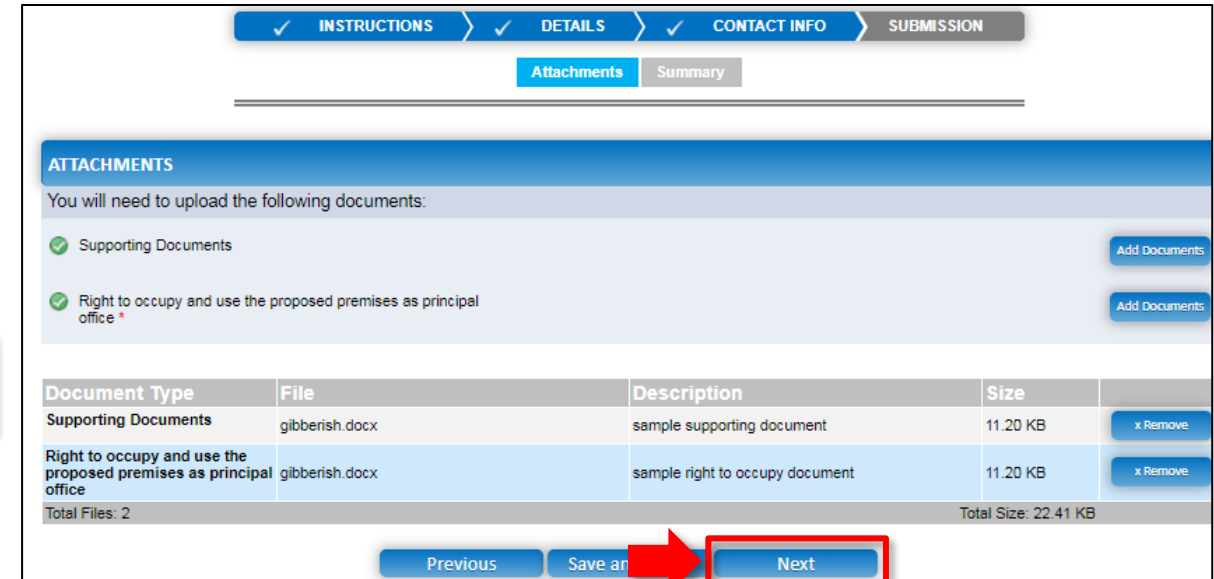


2. Browse and choose the required file. Add description and click **Upload**.



Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

3. After adding all the requested documents, click **Next**.



Document Type	File	Description	Size	
Supporting Documents	gibberish.docx	sample supporting document	11.20 KB	x Remove
Right to occupy and use the proposed premises as principal office	gibberish.docx	sample right to occupy document	11.20 KB	x Remove

Total Files: 2 Total Size: 22.41 KB

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary

SUMMARY

Here is a summary of the information you are about to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to amend.

Note: You cannot make further changes beyond this point.

Warning: Forms not submitted within 90 days from the start date will be deleted from the system.

NOTIFICATION OF CHANGE TO APPROVED SERVICE DETAILS Edit

PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved
NOTIFICATION DETAILS		
The Type of Notification	Change of Principal Office of the Family Day Care Service	
Proposed Commencement Date:	31/01/2018	
Change of Principal Office Address:	125 Liverpool St, SYDNEY, NSW 2000	
Right To Occupy:	Yes	
Change Description:	change of principal office	

NOTIFIER'S DETAILS Edit

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
---------------------	----------------------------	---

5. Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

ATTACHMENT DETAILS Edit

Document Type	Description	File Name
Right to occupy and use the proposed premises as principal office	sample right to occupy document	gibberish.docx
Supporting Documents	sample supporting document	gibberish.docx

DECLARATION

I declare that: *

1. The information provided in this application form (including any attachments) is true, complete and correct;
2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous
Save and Close
Submit

🔄 Submission in progress...

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Print or Close the Form

1. Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.

Application Submitted

[My Details](#)

Thank you for your submission

Notification Reference Number: NOT-50005957

Service Number: SE-50001031

For any enquiries regarding the progress of your notification, please contact NSW Regulatory Authority. Contact details can be found on the [ACECQA](#) website.

Introduction

This **Quick Reference Guide (QRG)** provides details about the **Notification of Change to Nominated Supervisor (NS02)** form available in **National Quality Agenda IT System (NQA IT System)**.

Prerequisites: Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser.
- An existing email account that is registered on the portal.
- Logged in to the **NQA IT System** portal, refer the **Register and Log-In** QRG.
- Navigated the **NQA IT System** portal, refer the **Portal Overview** QRG.
- At least one service, refer the **Application for Service Approval** QRG.
- The required **supporting documents** that you may be asked to attach.

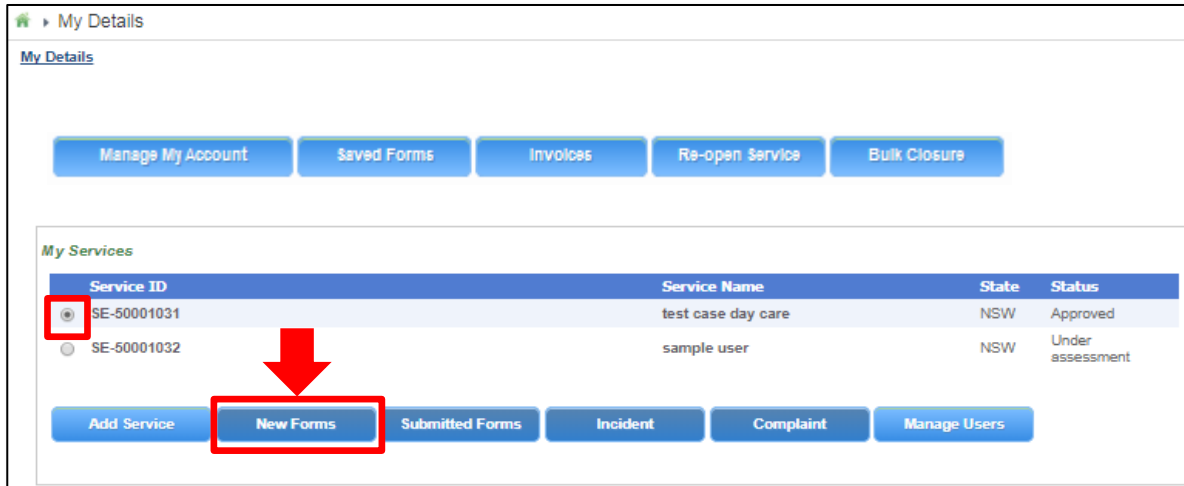
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Access the Form

1. From the **My Details** page, in the **My Services** section, select the **Service ID** and click **New Forms**.



My Details

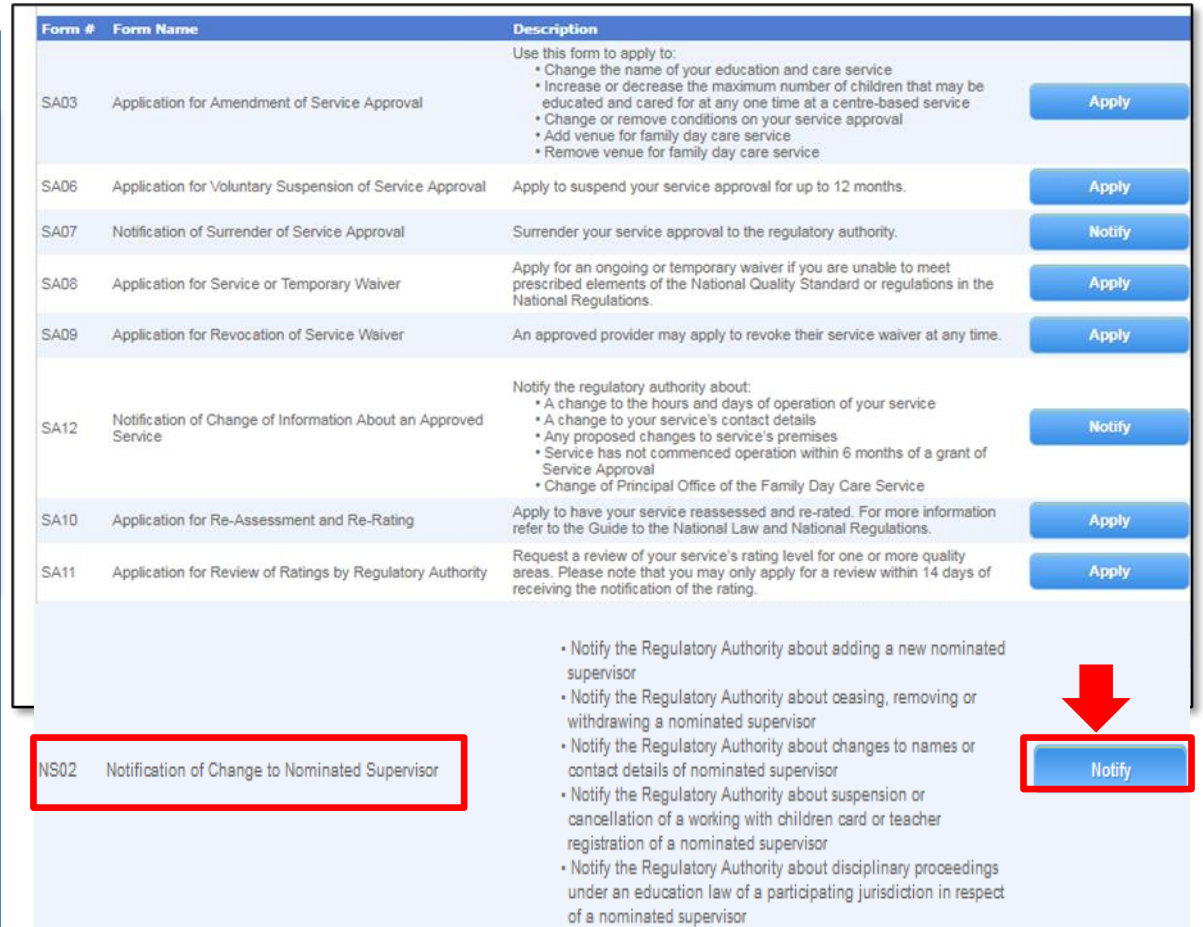
Manage My Account | Saved Forms | Invoices | Re-open Service | Bulk Closures

My Services

Service ID	Service Name	State	Status
<input checked="" type="radio"/> SE-50001031	test case day care	NSW	Approved
<input type="radio"/> SE-50001032	sample user	NSW	Under assessment

Add Service | **New Forms** | Submitted Forms | Incident | Complaint | Manage Users

2. On the **Submit a Service Form** page, click **Notify** corresponding to the **Form # : NS02** and **Form Name : Notification of Change to Nominated Supervisor**.

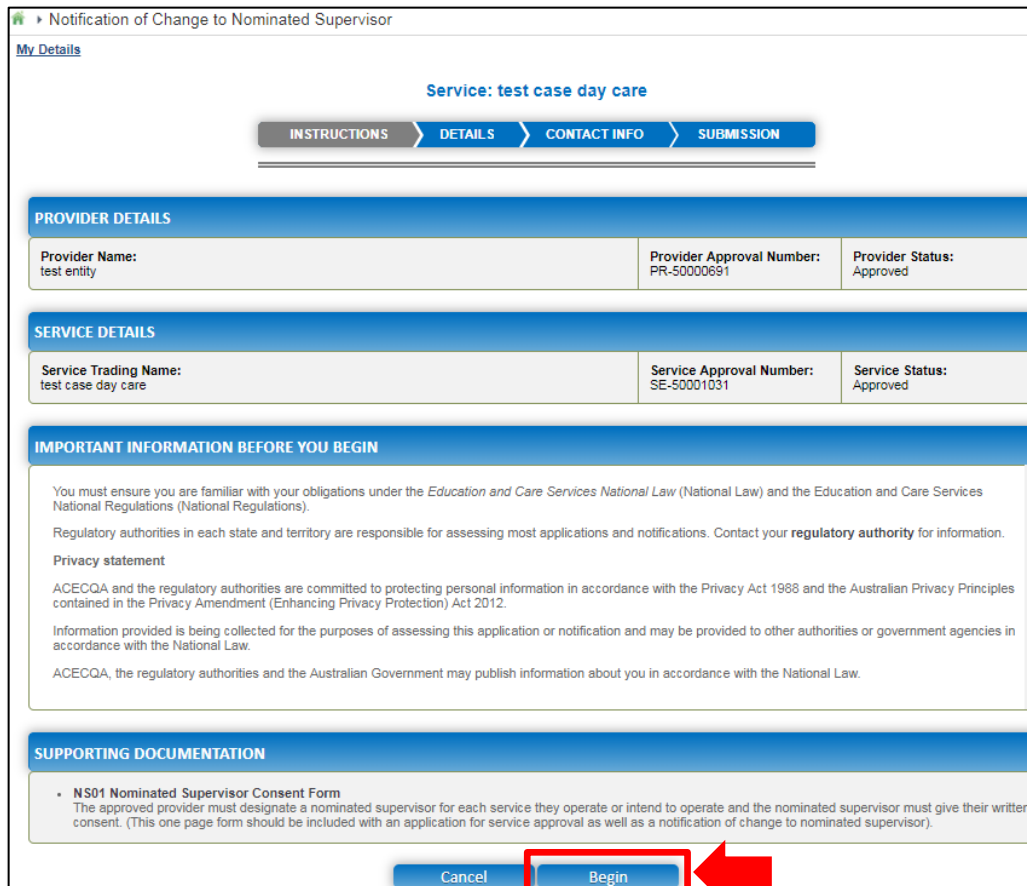


Form #	Form Name	Description	Action
SA03	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	Apply
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Apply
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notify
SA08	Application for Service or Temporary Waiver	Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the National Regulations.	Apply
SA09	Application for Revocation of Service Waiver	An approved provider may apply to revoke their service waiver at any time.	Apply
SA12	Notification of Change of Information About an Approved Service	Notify the regulatory authority about: • A change to the hours and days of operation of your service • A change to your service's contact details • Any proposed changes to service's premises • Service has not commenced operation within 6 months of a grant of Service Approval • Change of Principal Office of the Family Day Care Service	Notify
SA10	Application for Re-Assessment and Re-Rating	Apply to have your service reassessed and re-rated. For more information refer to the Guide to the National Law and National Regulations.	Apply
SA11	Application for Review of Ratings by Regulatory Authority	Request a review of your service's rating level for one or more quality areas. Please note that you may only apply for a review within 14 days of receiving the notification of the rating.	Apply
NS02	Notification of Change to Nominated Supervisor	<ul style="list-style-type: none"> 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

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Begin the Form

1. Carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.



Notification of Change to Nominated Supervisor

My Details

Service: test case day care

INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000691	Provider Status: Approved
-------------------------------	--	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---	---	-----------------------------

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law* (National Law) and the *Education and Care Services National Regulations* (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

Privacy statement

ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in accordance with the National Law.

ACECQA, the regulatory authorities and the Australian Government may publish information about you in accordance with the National Law.

SUPPORTING DOCUMENTATION

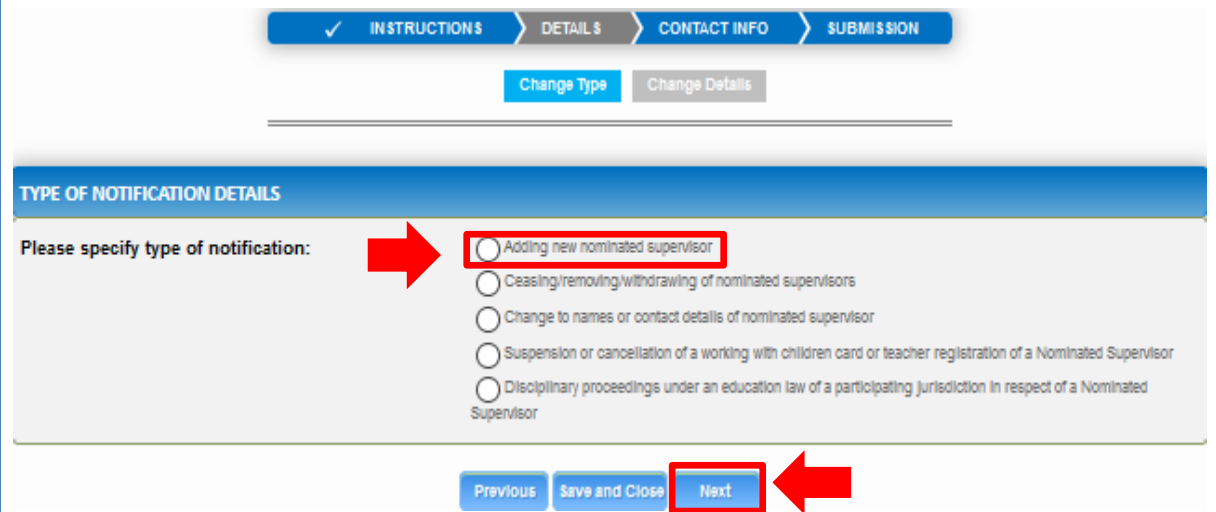
- NS01 Nominated Supervisor Consent Form
The approved provider must designate a nominated supervisor for each service they operate or intend to operate and the nominated supervisor must give their written consent. (This one page form should be included with an application for service approval as well as a notification of change to nominated supervisor).

Cancel **Begin**

2. To start entering the details in the notification, click **Begin**.

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**.



INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

Change Type Change Details

TYPE OF NOTIFICATION DETAILS

Please specify type of notification:

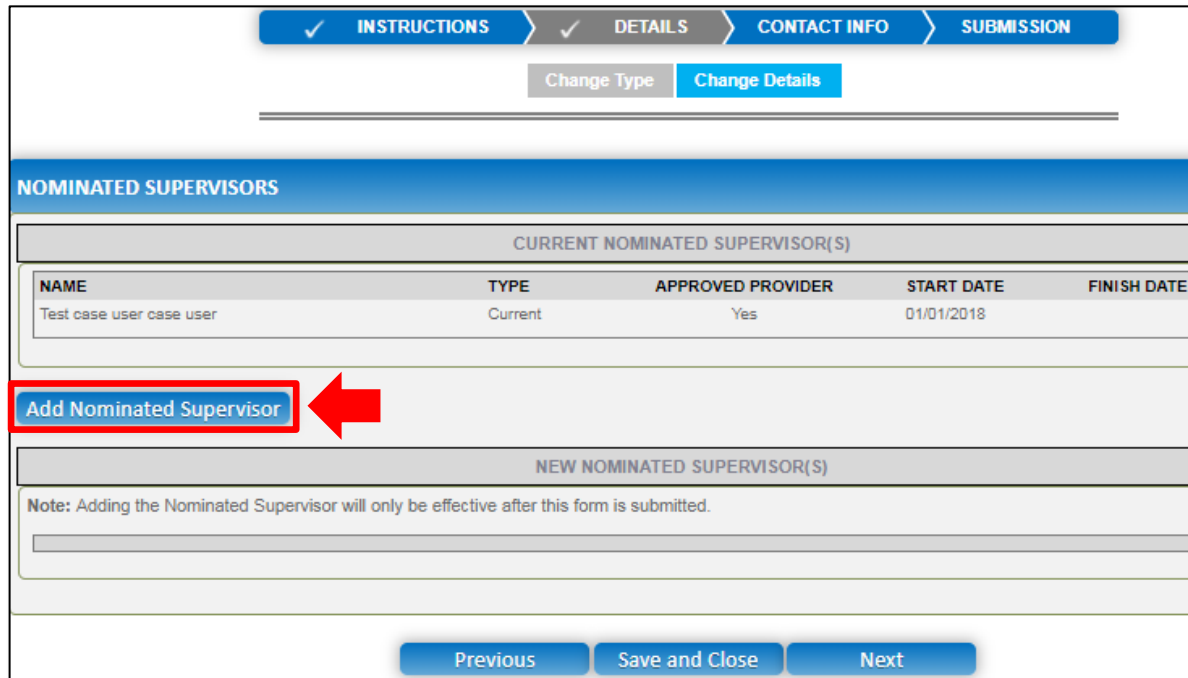
- Adding new nominated supervisor
- Ceasing/removing/withdrawing of nominated supervisors
- Change to names or contact details of nominated supervisor
- Suspension or cancellation of a working with children card or teacher registration of a Nominated Supervisor
- Disciplinary proceedings under an education law of a participating jurisdiction in respect of a Nominated Supervisor

Previous Save and Close **Next**

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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**.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

Change Type Change Details

NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE
Test case user case user	Current	Yes	01/01/2018	

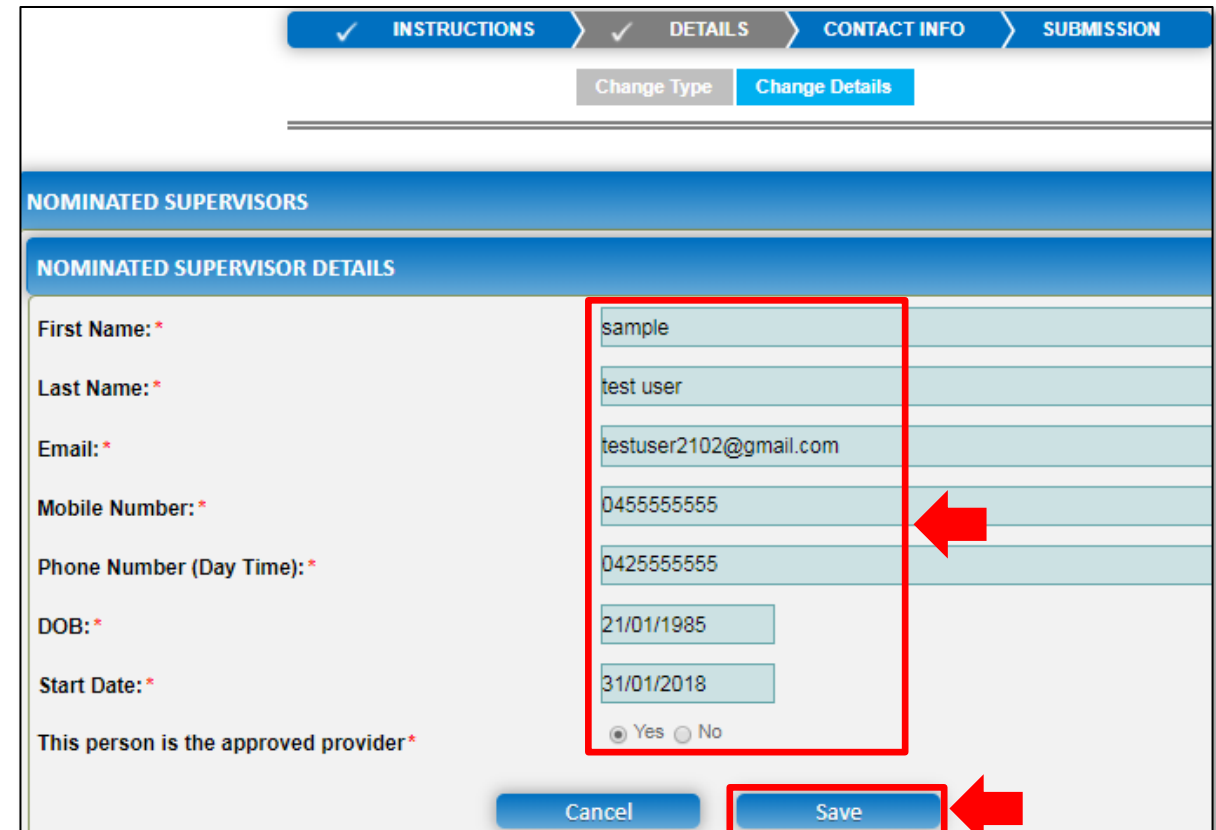
Add Nominated Supervisor ←

NEW NOMINATED SUPERVISOR(S)

Note: Adding the Nominated Supervisor will only be effective after this form is submitted.

Previous Save and Close Next

1.a.(i) The **NOMINATED SUPERVISOR DETAILS** section is displayed. Fill the details of the new nominated supervisor, such as, full name, contact details, date of birth, start date, and whether the person is an approved provider. Click **Save**.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

Change Type Change Details

NOMINATED SUPERVISORS

NOMINATED SUPERVISOR DETAILS

First Name: * sample

Last Name: * test user

Email: * testuser2102@gmail.com

Mobile Number: * 0455555555 ←

Phone Number (Day Time): * 0425555555

DOB: * 21/01/1985

Start Date: * 31/01/2018

This person is the approved provider * Yes No

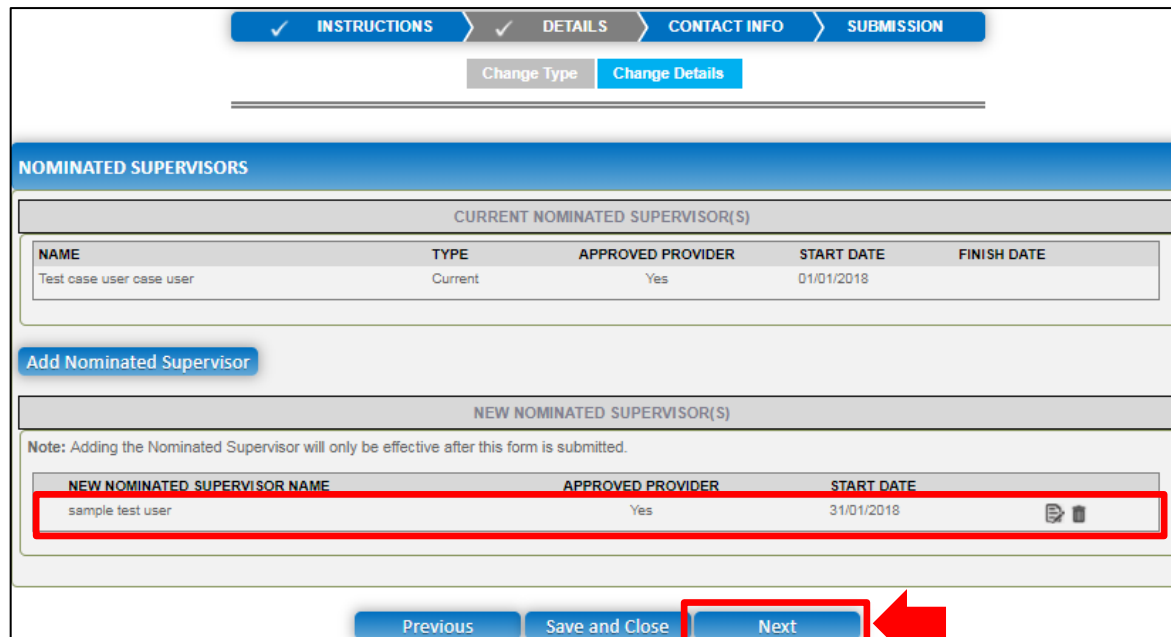
Cancel **Save** ←

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

[Back to Main Menu](#)

Fill Details in the Form

1.a.(ii) The newly added nominated supervisor name is displayed in the **NEW NOMINATED SUPERVISOR(S)** table. To move to the next stage which is **CONTACT INFO** (see descriptive arrows at the top), click **Next**.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Change Type Change Details

NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE
Test case user case user	Current	Yes	01/01/2018	

Add Nominated Supervisor

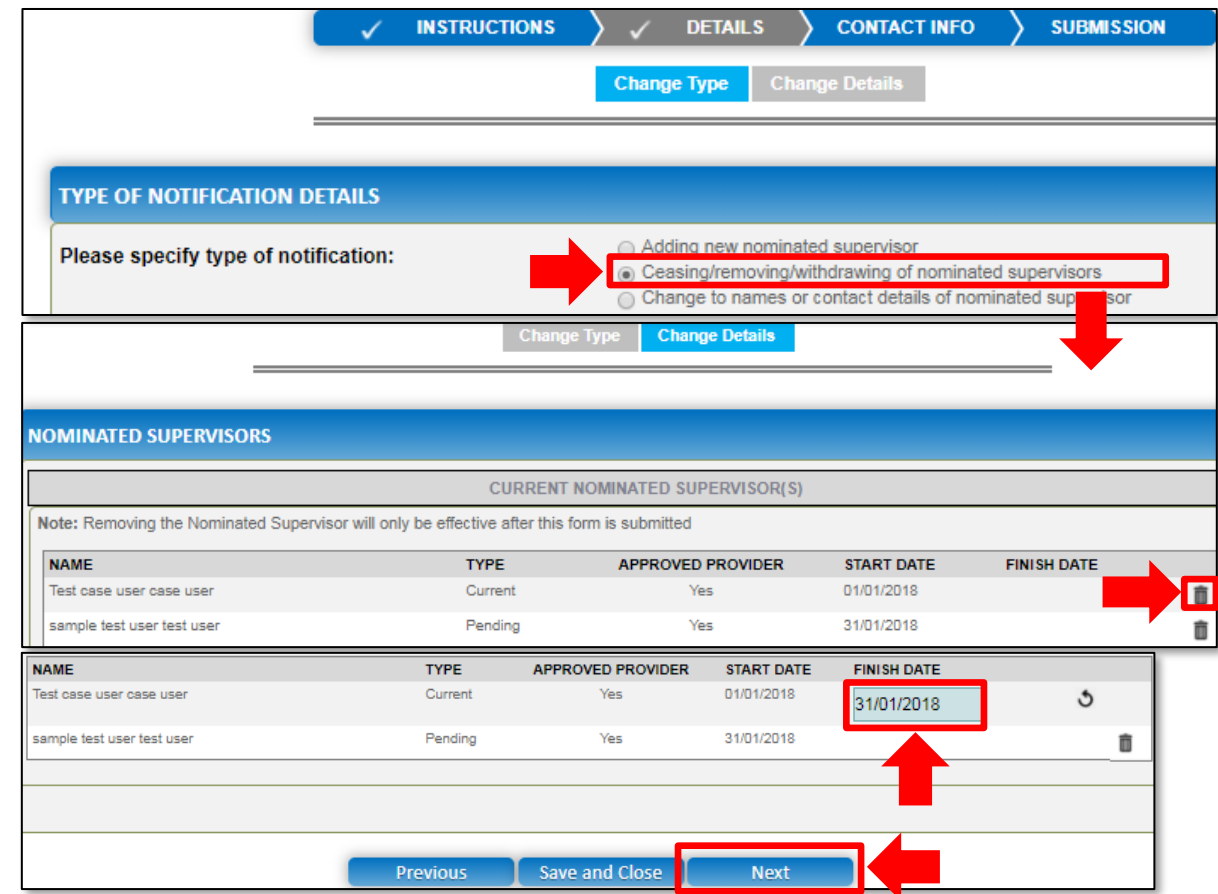
NEW NOMINATED SUPERVISOR(S)

Note: Adding the Nominated Supervisor will only be effective after this form is submitted.

NEW NOMINATED SUPERVISOR NAME	APPROVED PROVIDER	START DATE
sample test user	Yes	31/01/2018

Previous Save and Close **Next**

1.b If you select **Ceasing/removing/withdrawing of nominated supervisors**, the **CURRENT NOMINATED SUPERVISOR(S)** table is displayed on the **Change Type** page. For the nominated supervisor you need to cease/remove/withdraw, click the **bin** icon.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Change Type Change Details

TYPE OF NOTIFICATION DETAILS

Please specify type of notification:

Adding new nominated supervisor

Ceasing/removing/withdrawing of nominated supervisors

Change to names or contact details of nominated supervisor

Change Type Change Details

NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

Note: Removing the Nominated Supervisor will only be effective after this form is submitted.

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE
Test case user case user	Current	Yes	01/01/2018	
sample test user test user	Pending	Yes	31/01/2018	

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE
Test case user case user	Current	Yes	01/01/2018	31/01/2018
sample test user test user	Pending	Yes	31/01/2018	

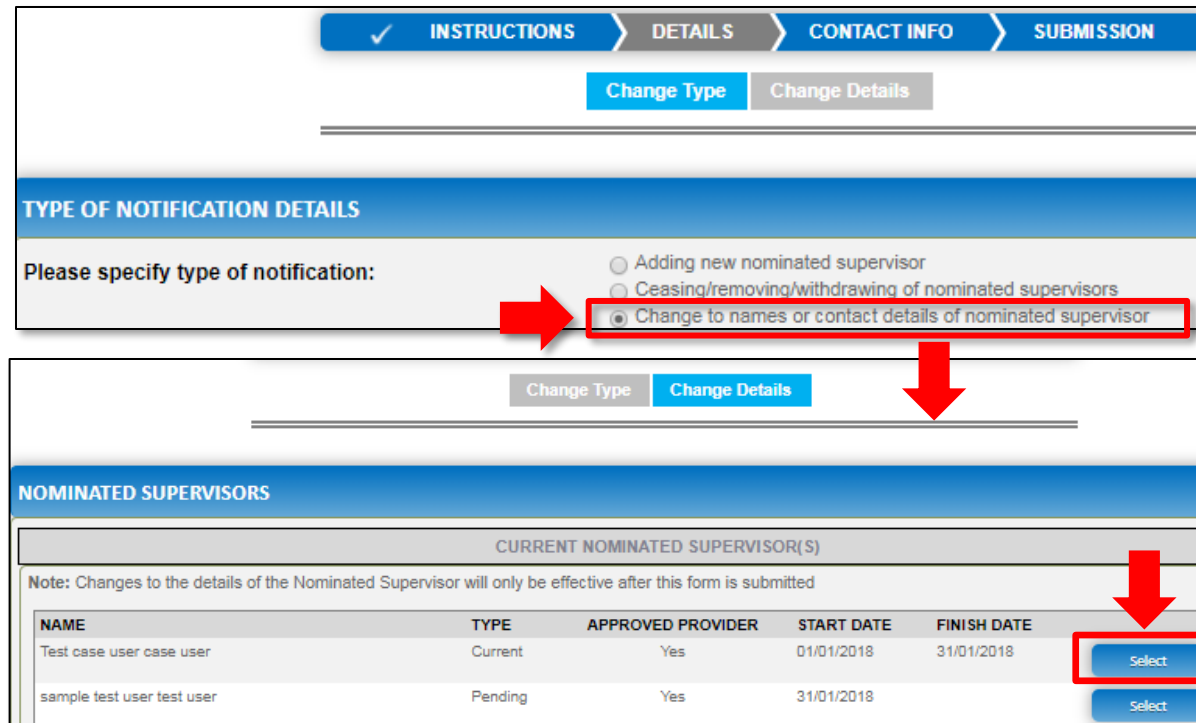
Previous Save and Close **Next**

1.b.(i) Select a **FINISH DATE** for the supervisor you want to remove and click **Next**.

[Back to Main Menu](#)

Fill Details in the Form

1.c If you select **Change to names or contact details of nominated supervisor**, then on the **Change Details** page, the **NOMINATED SUPERVISOR** section is displayed. To choose the supervisor for which you want to change name or contact details, click corresponding **Select**.



Change Type Change Details

INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION

Change Type Change Details

TYPE OF NOTIFICATION DETAILS

Please specify type of notification:

Adding new nominated supervisor
 Ceasing/removing/withdrawing of nominated supervisors
 Change to names or contact details of nominated supervisor

Change Type Change Details

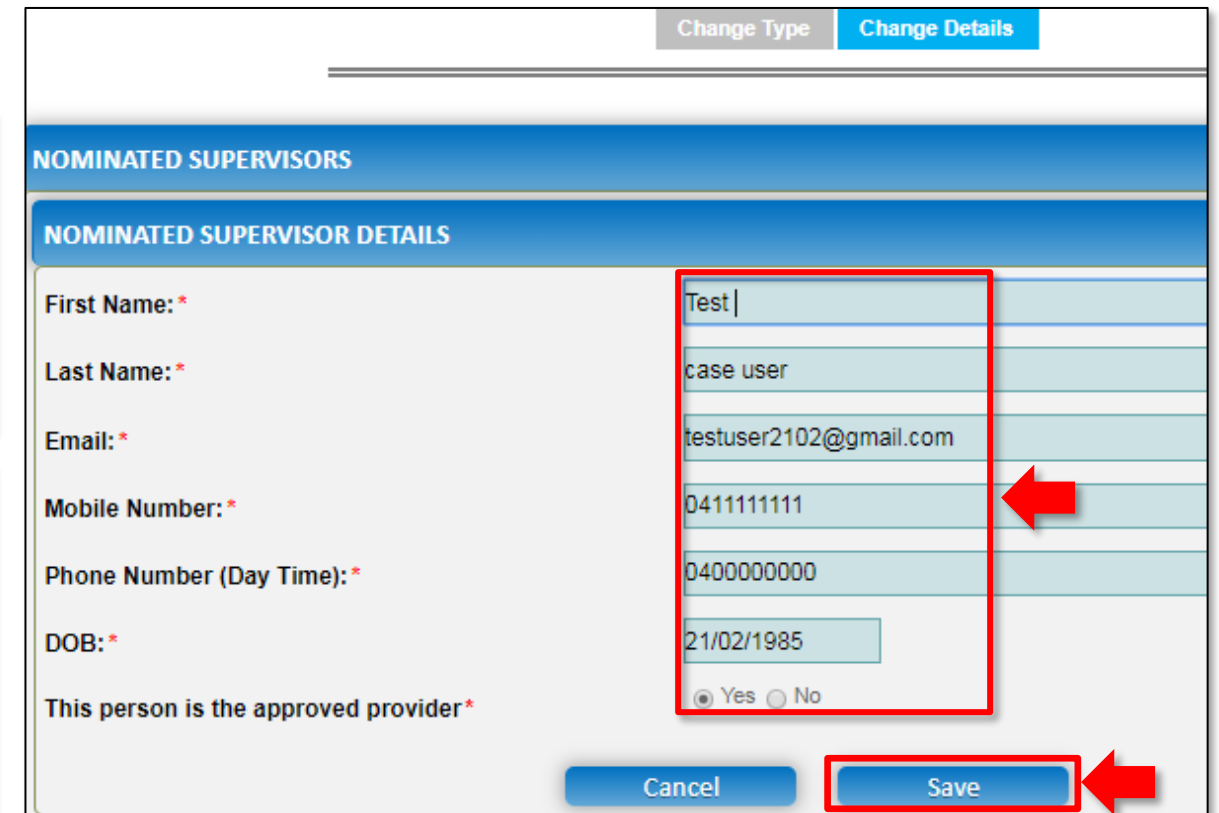
NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

Note: Changes to the details of the Nominated Supervisor will only be effective after this form is submitted

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE	
Test case user case user	Current	Yes	01/01/2018	31/01/2018	Select
sample test user test user	Pending	Yes	31/01/2018		Select

1.c.(i) On the **Change Details** page, the **NOMINATED SUPERVISOR DETAILS** section is displayed. Fill supervisor's new details, such as full name, contact details, date of birth and whether the person is an approved provider. Click **Save**.



Change Type Change Details

NOMINATED SUPERVISORS

NOMINATED SUPERVISOR DETAILS

First Name: * Test |

Last Name: * case user

Email: * testuser2102@gmail.com

Mobile Number: * 0411111111

Phone Number (Day Time): * 0400000000

DOB: * 21/02/1985

This person is the approved provider * Yes No

Cancel Save

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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Fill Details in the Form

1.c.(ii) To move to the **CONTACT INFO** stage, click **Next**.

NOMINATED SUPERVISORS

CURRENT NOMINATED SUPERVISOR(S)

Note: Changes to the details of the Nominated Supervisor will only be effective after this form is submitted

NAME	TYPE	APPROVED PROVIDER	START DATE	FINISH DATE	
Test case user case user	Current	Yes	01/01/2018	31/01/2018	↻
sample test user test user	Pending	Yes	31/01/2018		

Previous Save and Close Next

1.d and 1.e If you had selected either **Suspension or cancellation** or **Disciplinary proceedings** on the **Change Type** page (see below figure), you will be prompted in the next page for the nominated supervisor as shown earlier. From there you simply need to provide the details of the suspension/cancellation or disciplinary proceedings for the relevant nominated supervisor.

TYPE OF NOTIFICATION DETAILS

Please specify type of notification:

- Adding new nominated supervisor
- Ceasing/removing/withdrawing of nominated supervisors
- Change to names or contact details of nominated supervisor
- Suspension or cancellation of a working with children card or teacher registration of a Nominated Supervisor
- Disciplinary proceedings under an education law of a participating jurisdiction in respect of a Nominated Supervisor

Provide Contact Details in the Form

1. The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select **Save as application/notification default contact** (if required). Click **Next**.

Notification of Change to Nominated Supervisor

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO SUBMISSION

NAME AND CONTACT DETAILS FOR THIS NOTIFICATION

Note: The contact for this Notification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this form.

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

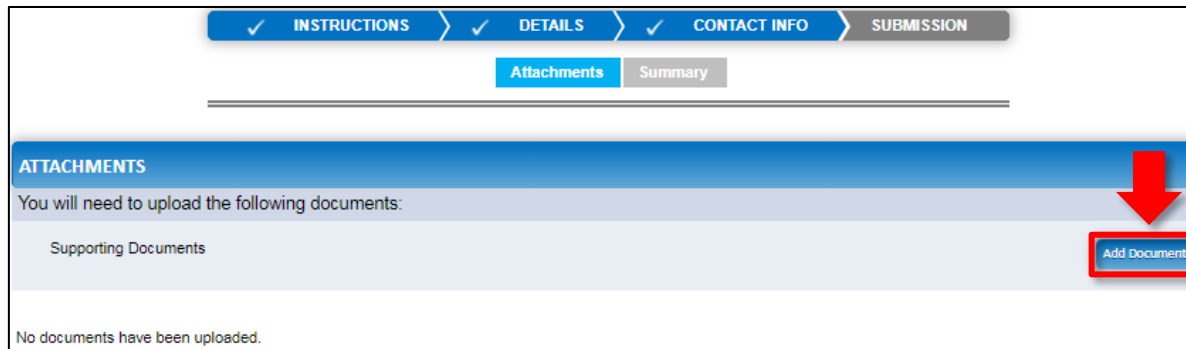
Previous Save and Close Next

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

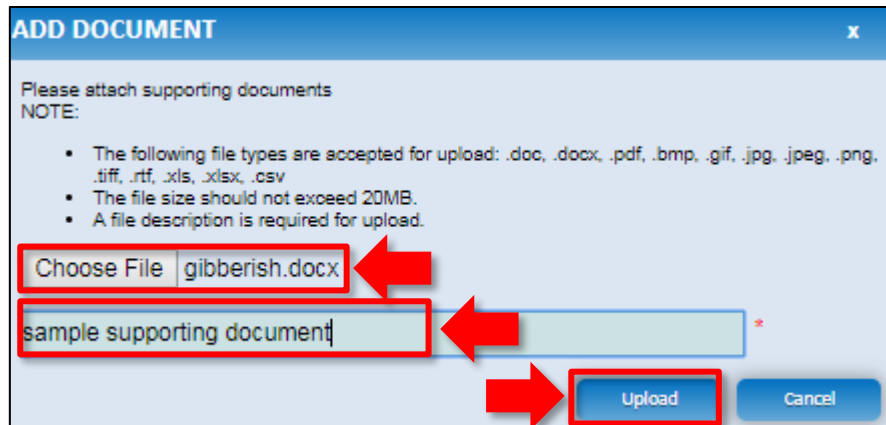
[Back to Main Menu](#)

Submit the Form

1. In the **SUBMISSION** stage, the **Attachments** page might be displayed based on the notification type you selected in the **DETAILS** stage. Add all the requested documents. Click **Add Documents** to add the requested documents.

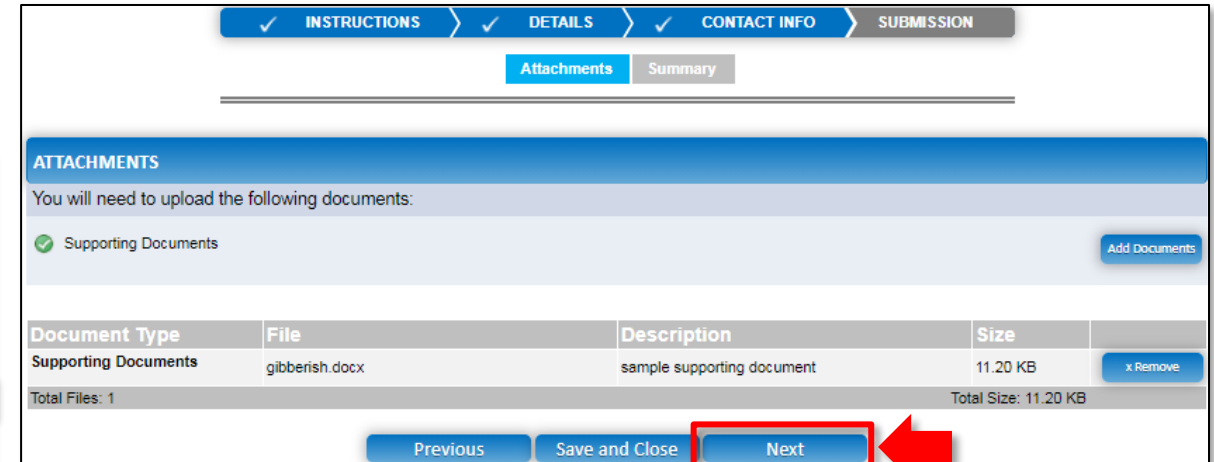


2. Browse and choose the required file. Add description and click **Upload**.



Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

3. After adding all the requested documents, click **Next**.



Document Type	File	Description	Size	
Supporting Documents	gibberish.docx	sample supporting document	11.20 KB	x Remove

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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**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary

SUMMARY

Here is a summary of the information you are about to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to amend.
 Note: You cannot make further changes beyond this point.
 Warning: Forms not submitted within 90 days from the start date will be deleted from the system.

NOTIFICATION OF CHANGE TO NOMINATED SUPERVISOR
Edit

PROVIDER DETAILS			
Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: Approved	
SERVICE DETAILS			
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved	
NOMINATED SUPERVISOR DETAILS			
Type of Notification: Change to names or contact details of nominated supervisor			
Modified Nominated Supervisors Details			
NAME	DOB	PHONE NUMBER	EMAIL
Test case user case user	21/02/1985	0411111111	testuser2102@gmail.com

NOTIFIER'S DETAILS
Edit

Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
---------------------	----------------------------	---

5. Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

ATTACHMENT DETAILS
Edit

Document Type	Description	File Name
Supporting Documents	sample supporting document	gibberish.docx

DECLARATION

I declare that: *

- The information provided in this application form (including any attachments) is true, complete and correct;
- I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
- The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
- I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
- The Regulatory Authority is authorised to verify any information provided in this application;
- Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
- I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
- I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).


Previous
Save and Close
Submit

🔄 Submission in progress...

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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

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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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- [Access Notification of Incident Form](#)
 - Steps to access the **Notification of Incident** form.
- [Begin Notification of Incident Form](#)
 - Steps to start working on the **Notification of Incident** form.
- [Fill Details in Notification of Incident Form](#)
 - Steps to add the following requested information in the form:
 - [Select type of incident](#).
 - [Fill incident related details](#).
- [Provide Contact Details in Notification of Incident Form](#)
 - Steps to add requested contact information.
- [Submit Notification of Incident Form](#)
 - Steps to submit and finalise the form by completing the following:
 - [Adding attachments](#)
 - [Reviewing summary and finalising the form](#)
- [Print or Close Notification of Incident Form](#)
 - Steps to print and close the form.

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Access Notification of Incident Form

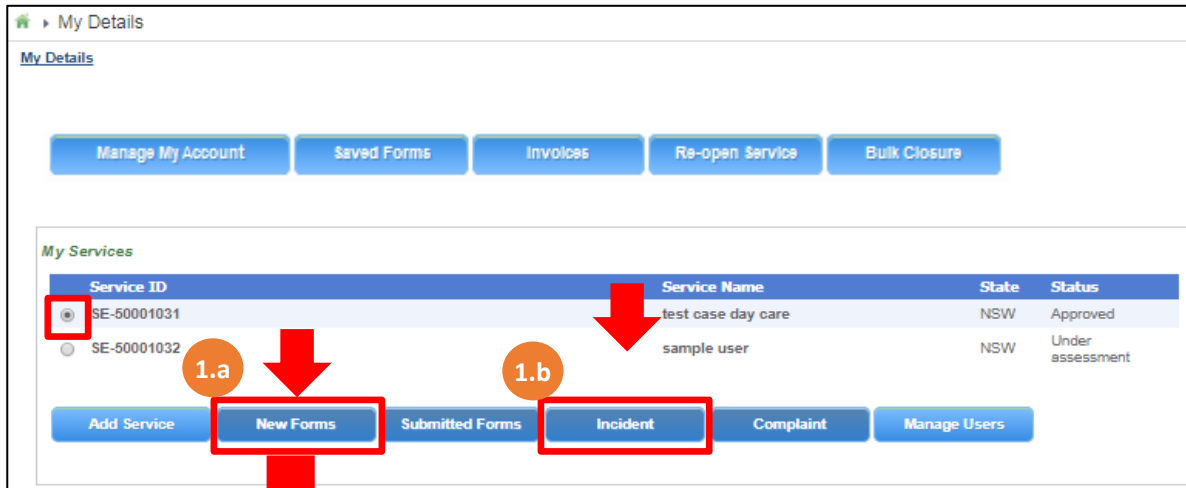
1. From the **My Details** page, in the **My Services** section, select a **Service ID** and perform either steps **1.a** and **1.a.(i)**
OR step **1.b** to access the **Notification of Incident** form.

1.a Click **New Forms**.

1.a.(i) Then, on the **Submit a Service Form** page, click **Notify** corresponding to the **Form #** : **I01** and **Form Name** : **Notification of Incident** form.

OR

1.b Click **Incident**. The **Notification of Incident** form opens.

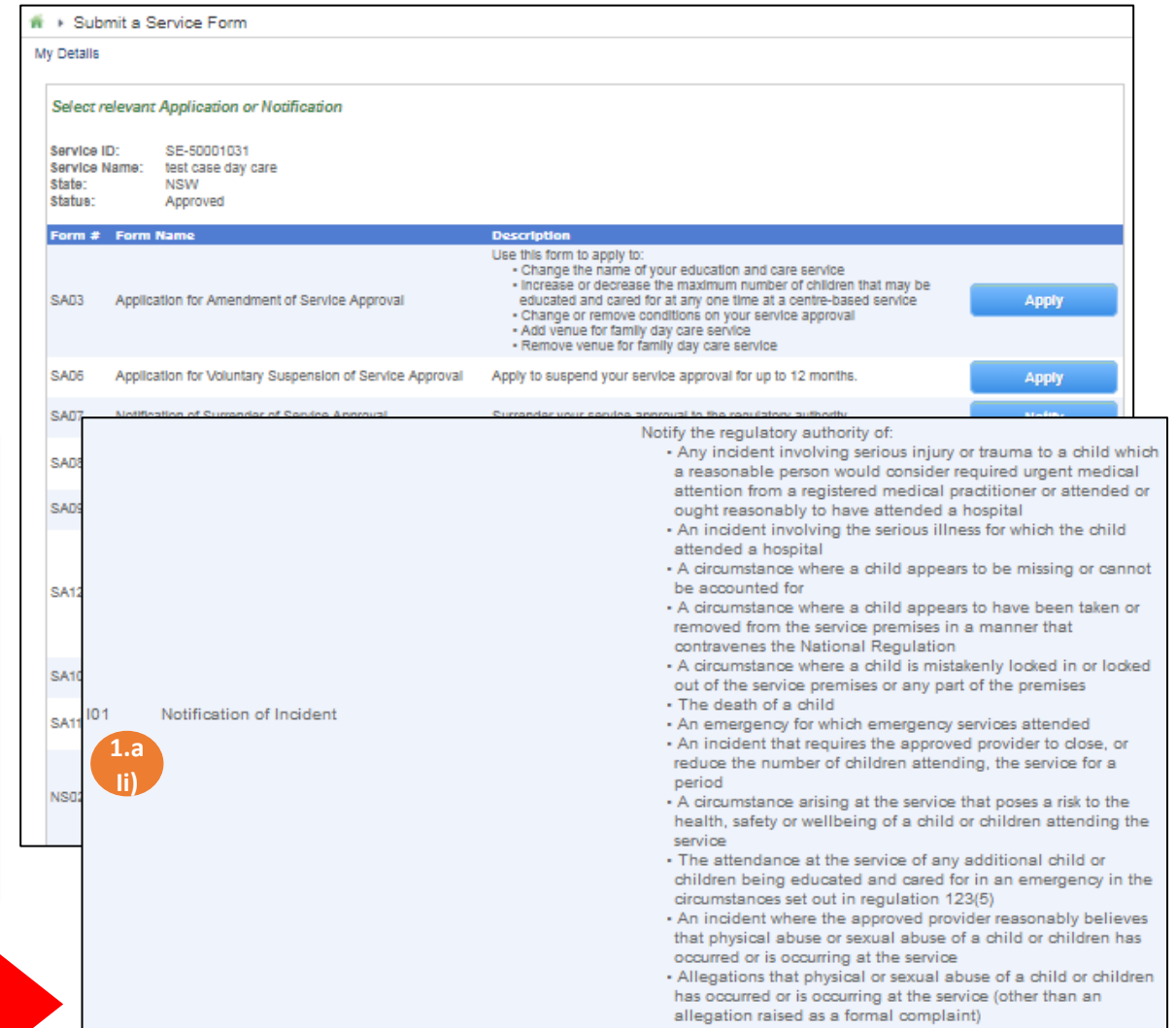


My Details

My Services

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Approved
SE-50001032	sample user	NSW	Under assessment

Buttons: Manage My Account, Saved Forms, Invoices, Re-open Service, Bulk Closure, Add Service, **New Forms**, Submitted Forms, **Incident**, Complaint, Manage Users



Submit a Service Form

My Details

Select relevant Application or Notification

Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description
SA03	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.
SA08		Notify the regulatory authority of: • Any incident involving serious injury or trauma to a child which a reasonable person would consider required urgent medical attention from a registered medical practitioner or attended or ought reasonably to have attended a hospital • An incident involving the serious illness for which the child attended a hospital • A circumstance where a child appears to be missing or cannot be accounted for • A circumstance where a child appears to have been taken or removed from the service premises in a manner that contravenes the National Regulation • A circumstance where a child is mistakenly locked in or locked out of the service premises or any part of the premises • The death of a child • An emergency for which emergency services attended • An incident that requires the approved provider to close, or reduce the number of children attending, the service for a period • A circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service • The attendance at the service of any additional child or children being educated and cared for in an emergency in the circumstances set out in regulation 123(5) • An incident where the approved provider reasonably believes that physical abuse or sexual abuse of a child or children has occurred or is occurring at the service • Allegations that physical or sexual abuse of a child or children has occurred or is occurring at the service (other than an allegation raised as a formal complaint)
I01	Notification of Incident	

Buttons: Apply, Apply, Notify

1.a (i)

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Begin Notification of Incident Form

1. In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.



Notification of Incident

My Details

Service: test case day care

INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000891	Provider Status: Approved
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SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---	---	-----------------------------

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law* (National Law) and the *Education and Care Services National Regulations* (National Regulations).

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

You must make your notification to the regulatory authority within the relevant prescribed timeframe.

The following must be notified within 24 hours: any serious incident; any incident that requires the approved provider to close, or reduce the number of children attending, the service for a period; the attendance at the service of any additional child or children in an emergency.

The following must be notified within 7 days: any circumstance at the service that poses a risk to the health, safety or wellbeing of a child or children; any incident or allegation of physical or sexual abuse of a child or children at the service.

Privacy Statement

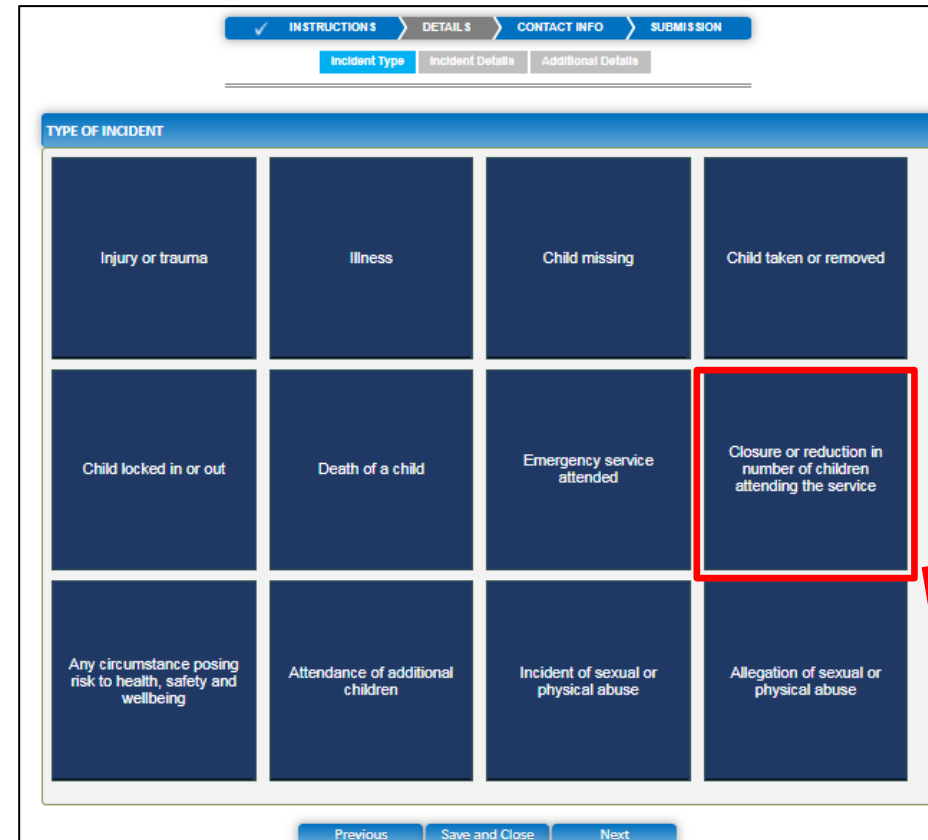
ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy

Cancel **Begin**

2. To start entering the details in the **Incident** notification, click **Begin**.

Fill Details in Notification of Incident Form

1. In the **DETAILS** stage, on the **Incident Type** page, select the relevant incident type from the **TYPE OF INCIDENT** options (for example, **Closure or reduction in number of children attending the service** or **Any circumstance posing risk to health, safety and wellbeing**).



INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

Incident Type | Incident Details | Additional Details

TYPE OF INCIDENT

Injury or trauma	Illness	Child missing	Child taken or removed
Child locked in or out	Death of a child	Emergency service attended	Closure or reduction in number of children attending the service
Any circumstance posing risk to health, safety and wellbeing	Attendance of additional children	Incident of sexual or physical abuse	Allegation of sexual or physical abuse

Previous Save and Close Next

Note: You can only report one incident type through a single **Notification of Incident** form.

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Fill Details in Notification of Incident Form

1.a On selecting a particular **TYPE OF INCIDENT**, the description of the incident type is displayed. Click **Next** to move to the **Incident Details** page.

TYPE OF INCIDENT			
Injury or trauma	Illness	Child missing	Child taken or removed
Child locked in or out	Death of a child	Emergency service attended	Reg 175-Any incident that requires the approved provider to close, or reduce the number of children attending, the education and care service for a period
Any circumstance posing risk to health, safety and wellbeing	Attendance of additional children	Incident of sexual or physical abuse	Allegation of sexual or physical abuse

Previous Save and Close **Next**

Note: For assistance in filling in the incident details for an emergency management situation, refer to the [Emergency Management Help Guide](#)

2. In the **INCIDENT DETAILS** section, the fields are provided based on the **TYPE OF INCIDENT** selected on the **Incident Type** page and may differ based on the incident type selection.

Fill in the requested details. Click **Next** to move to the **CONTACT INFO** stage.

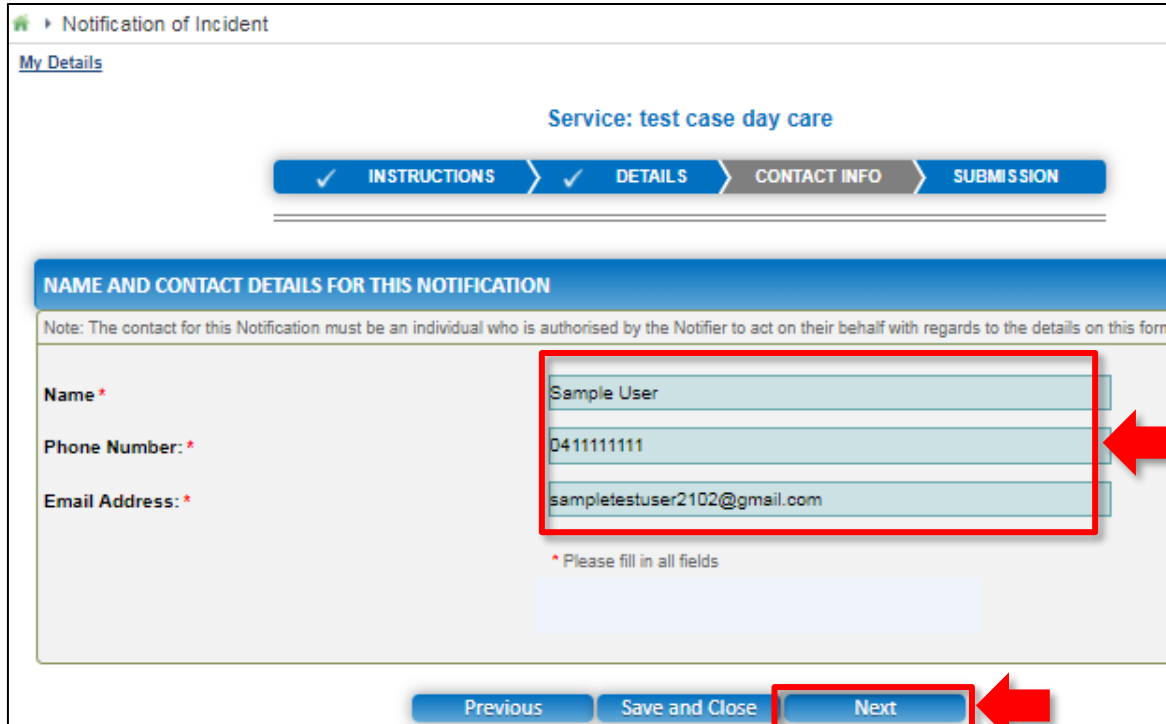
INCIDENT DETAILS	
Incident date: *	<input type="text"/>
Incident Management	
What action was required? *	<input type="radio"/> Closure <input type="radio"/> Number reduction
Please supply the following information:	
<ul style="list-style-type: none"> • Detailed description of the incident including nature, time, cause, etc • Detailed description of impact on operation of the service including dates and times closed and reduced numbers of children attending the service • Involvement of emergency services or other authorities (if relevant) • Action taken by Approved Provider to manage the incident • Any other relevant information 	
<input type="text"/>	

Previous Save and Close **Next**

[Back to Main Menu](#)

Provide Contact Details in Notification of Incident Form

1. The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person of the provider. Select **Save as application/notification default contact** (if required). Click **Next**.



Notification of Incident

My Details

Service: test case day care

INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION

NAME AND CONTACT DETAILS FOR THIS NOTIFICATION

Note: The contact for this Notification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this form.

Name * Sample User

Phone Number * 0411111111

Email Address * sampletestuser2102@gmail.com

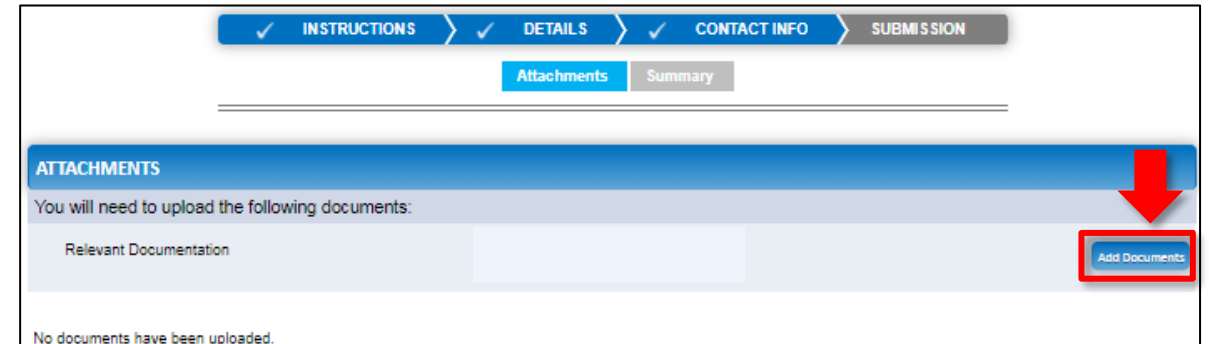
* Please fill in all fields

Previous Save and Close Next

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

Submit Notification of Incident Form

1. In the **SUBMISSION** stage, on the **Attachments** page, add all the requested documents. Click **Add Documents** to add the requested documents.



INSTRUCTIONS DETAILS CONTACT INFO SUBMISSION

Attachments Summary

ATTACHMENTS

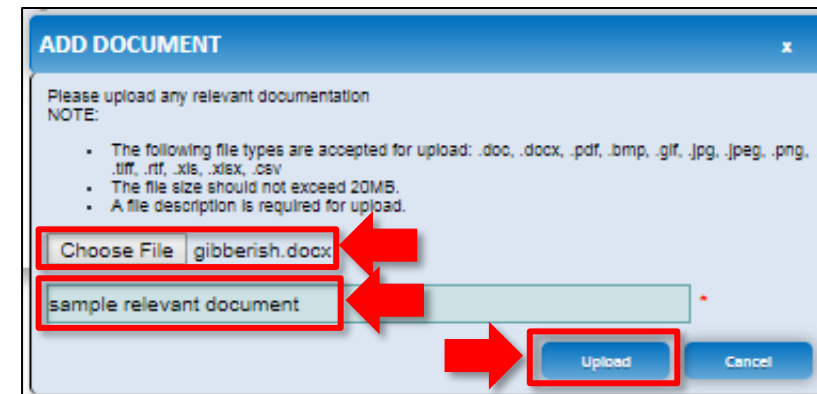
You will need to upload the following documents:

Relevant Documentation

Add Documents

No documents have been uploaded.

2. Browse and choose the required file. Add description and click **Upload**.



ADD DOCUMENT

Please upload any relevant documentation

NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tiff, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File gibberish.docx

sample relevant document

Upload Cancel

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

[Back to Main Menu](#)

Submit Notification of Incident Form

3. After adding all the requested documents, click **Next**.

ATTACHMENTS

You will need to upload the following documents:

Relevant Documentation [Add Documents](#)

Document Type	File	Description	Size	
Relevant Documentation	gibberish.docx	sample relevant document	11.20 KB	x Remove

Total Files: 1 Total Size: 11.20 KB

Previous Save and Next

Note: Instead of adding documents, you could choose to fax or post documents. In such case, instead of clicking **Add Documents**, select the **I will be posting or faxing instead** checkbox.

4. In the **Summary** section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

✓ INSTRUCTIONS > ✓ DETAILS > ✓ CONTACT INFO > **SUBMISSION**

Attachments Summary

SUMMARY

Here is a summary of the information you are about to submit. If you need to make changes, please click on the **Edit** link of the corresponding section you want to amend.

Note: You cannot make further changes beyond this point.

Warning: Forms not submitted within 90 days from the start date will be deleted from the system.

Notification of Incident Edit

PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000001	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved
INCIDENT DETAILS		
Incident type:	Reg 175-Any incident that requires the approved provider to close, or reduce the number of children attending, the education and care service for a period	
Incident date:	19/01/2018	
Detailed description of the incident including nature or risk, time, cause, etc:	sample detailed incident description sample detailed description of impact on service sample description of involvement of emergency services sample description of action taken for incident management sample miscellaneous information	
NOTIFIER'S DETAILS		
Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com

Notifier's Details Edit

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Submit Notification of Incident Form

5. Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

ATTACHMENT DETAILS

Document Type	Description	File Name
Relevant Documentation	sample relevant document	gibberish.docx

DECLARATION

I declare that: *

1. The information provided in this application form (including any attachments) is true, complete and correct;
 2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
 3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
 4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
 5. The Regulatory Authority is authorised to verify any information provided in this application;
 6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
 7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
 8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous
Save and Close
Submit

Edit

Submission in progress...

Print or Close Notification of Incident Form

1. Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.

Application Submitted

[My Details](#)

Thank you for your submission

Notification Reference Number: NOT-50005943

Service Number: SE-50001031

For any enquiries regarding the progress of your notification, please contact NSW Regulatory Authority. Contact details can be found on the [ACECQA](#) website.

OK
Print

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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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- [Access Notification of Complaint Form](#)
 - Steps to access the **Notification of Complaint** form.
- [Begin Notification of Complaint Form](#)
 - Steps to start working on the **Notification of Complaint** form.
- [Fill Details in Notification of Complaint Form](#)
 - Steps to add the following requested information in the form:
 - [Select type of complaint.](#)
 - [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:
 - [Adding attachments](#)
 - [Reviewing summary and finalising the form](#)
- [Print or Close Notification of Complaint Form](#)
 - Steps to print and close the form.

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Access Notification of Complaint Form

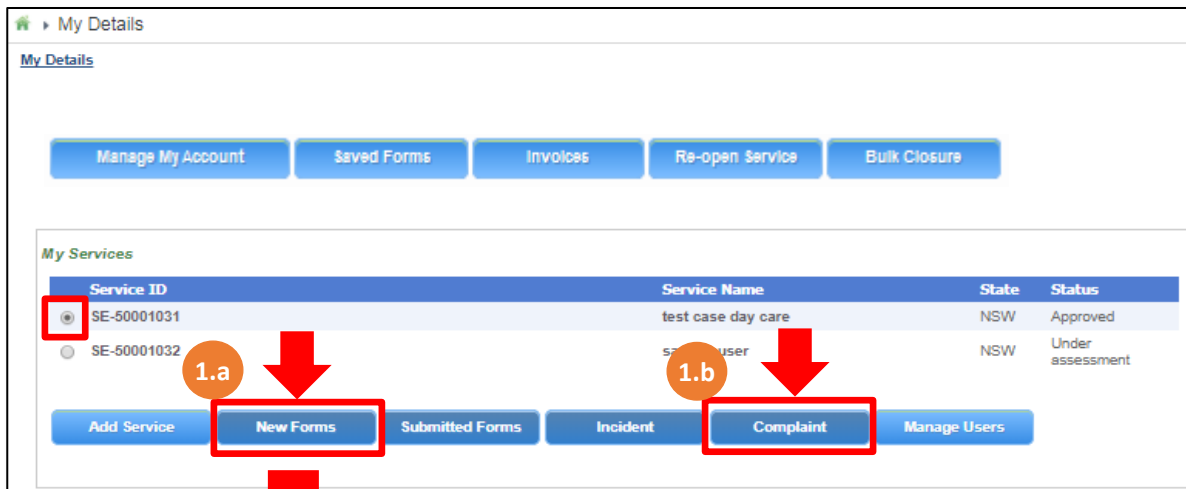
1. From the **My Details** page, in the **My Services** section, select a **Service ID** and perform either steps **1.a** and **1.a.(i)**

OR step **1.b** to access the **Notification of Complaint** form:

1.a Click **New Forms**.

1.a.(i) Then, on the **Submit a Service Form** page, click **Notify** corresponding to the **Form #** : **C01** and **Form Name** : **Notification of Complaints** form.

OR **1.b** Click **Complaint**. The **Notification of Complaint** form opens.

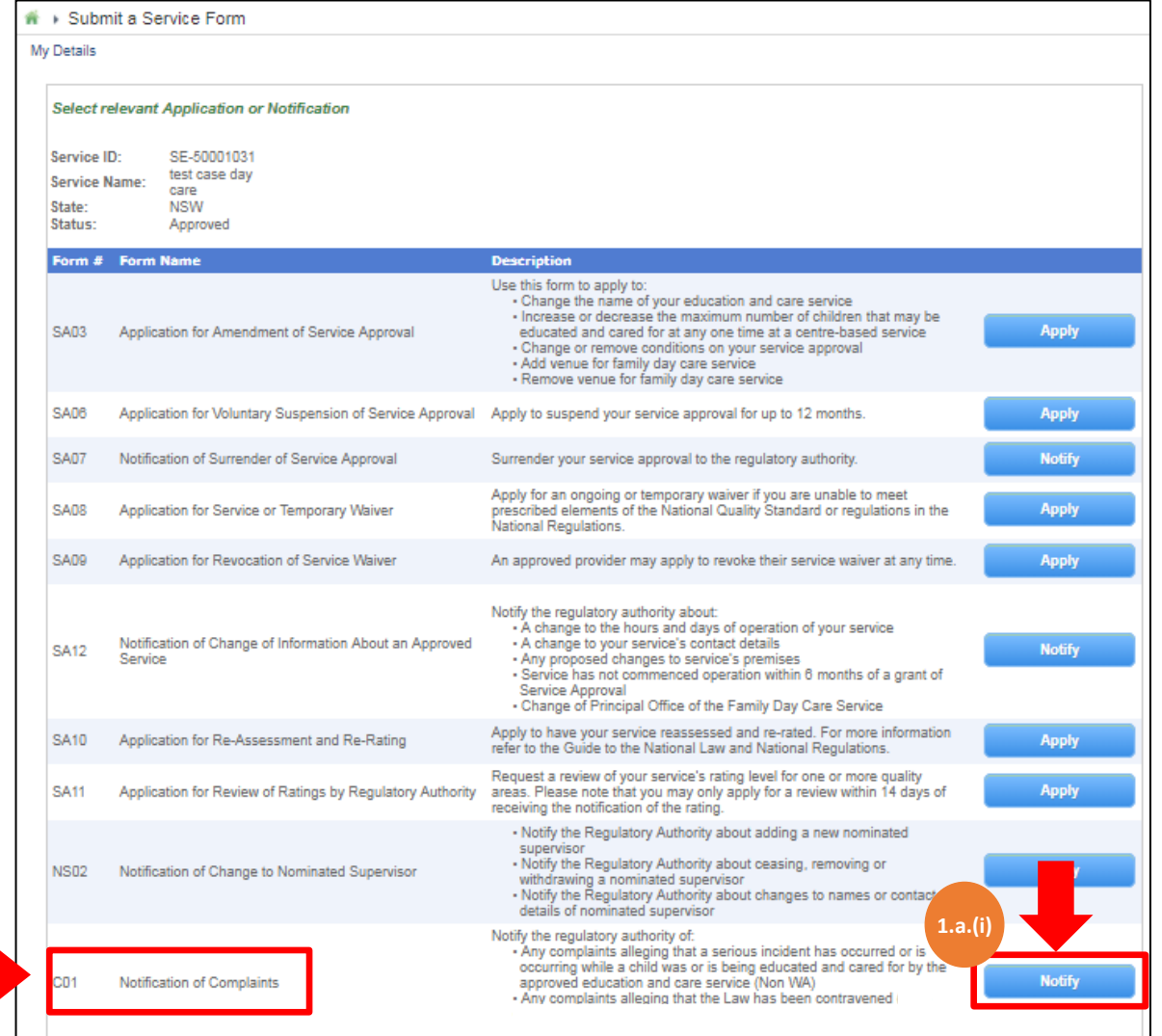


My Details

My Services

Service ID	Service Name	State	Status
SE-50001031	test case day care	NSW	Approved
SE-50001032	sp... user	NSW	Under assessment

Buttons: Add Service, **New Forms**, Submitted Forms, Incident, **Complaint**, Manage Users



Submit a Service Form

My Details

Select relevant Application or Notification

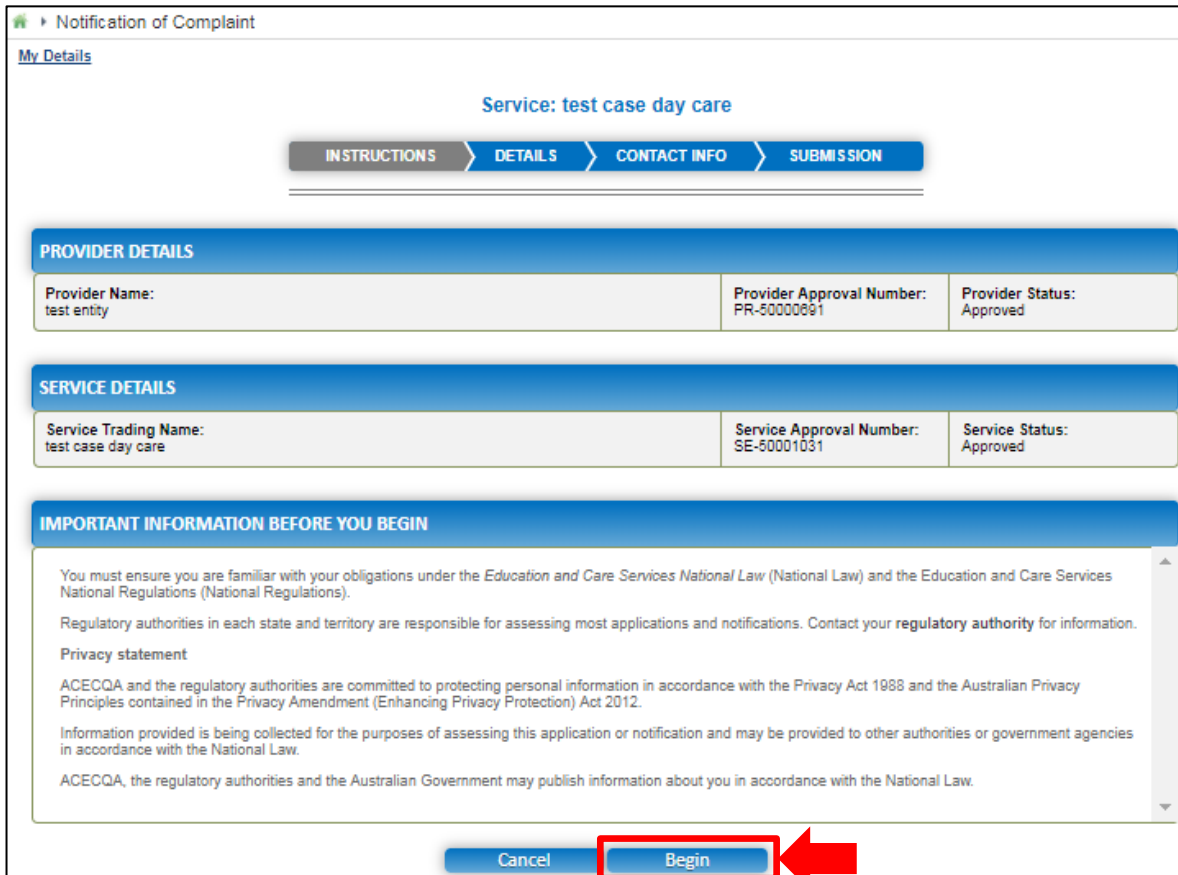
Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

Form #	Form Name	Description	Action
SA03	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service	Apply
SA06	Application for Voluntary Suspension of Service Approval	Apply to suspend your service approval for up to 12 months.	Apply
SA07	Notification of Surrender of Service Approval	Surrender your service approval to the regulatory authority.	Notify
SA08	Application for Service or Temporary Waiver	Apply for an ongoing or temporary waiver if you are unable to meet prescribed elements of the National Quality Standard or regulations in the National Regulations.	Apply
SA09	Application for Revocation of Service Waiver	An approved provider may apply to revoke their service waiver at any time.	Apply
SA12	Notification of Change of Information About an Approved Service	Notify the regulatory authority about: • A change to the hours and days of operation of your service • A change to your service's contact details • Any proposed changes to service's premises • Service has not commenced operation within 6 months of a grant of Service Approval • Change of Principal Office of the Family Day Care Service	Notify
SA10	Application for Re-Assessment and Re-Rating	Apply to have your service reassessed and re-rated. For more information refer to the Guide to the National Law and National Regulations.	Apply
SA11	Application for Review of Ratings by Regulatory Authority	Request a review of your service's rating level for one or more quality areas. Please note that you may only apply for a review within 14 days of receiving the notification of the rating.	Apply
NS02	Notification of Change to Nominated Supervisor	• Notify the Regulatory Authority about adding a new nominated supervisor • Notify the Regulatory Authority about ceasing, removing or withdrawing a nominated supervisor • Notify the Regulatory Authority about changes to names or contact details of nominated supervisor	Apply
C01	Notification of Complaints	Notify the regulatory authority of: • Any complaints alleging that a serious incident has occurred or is occurring while a child was or is being educated and cared for by the approved education and care service (Non WA) • Any complaints alleging that the Law has been contravened	Notify

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Begin Notification of Complaint Form

1. In the **INSTRUCTIONS** stage, carefully read the information provided in the **IMPORTANT INFORMATION BEFORE YOU BEGIN** section.



Notification of Complaint

My Details

Service: test case day care

INSTRUCTIONS > DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000691	Provider Status: Approved
-------------------------------	--	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---	---	-----------------------------

IMPORTANT INFORMATION BEFORE YOU BEGIN

You must ensure you are familiar with your obligations under the *Education and Care Services National Law (National Law)* and the *Education and Care Services National Regulations (National Regulations)*.

Regulatory authorities in each state and territory are responsible for assessing most applications and notifications. Contact your **regulatory authority** for information.

Privacy statement

ACECQA and the regulatory authorities are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Information provided is being collected for the purposes of assessing this application or notification and may be provided to other authorities or government agencies in accordance with the National Law.

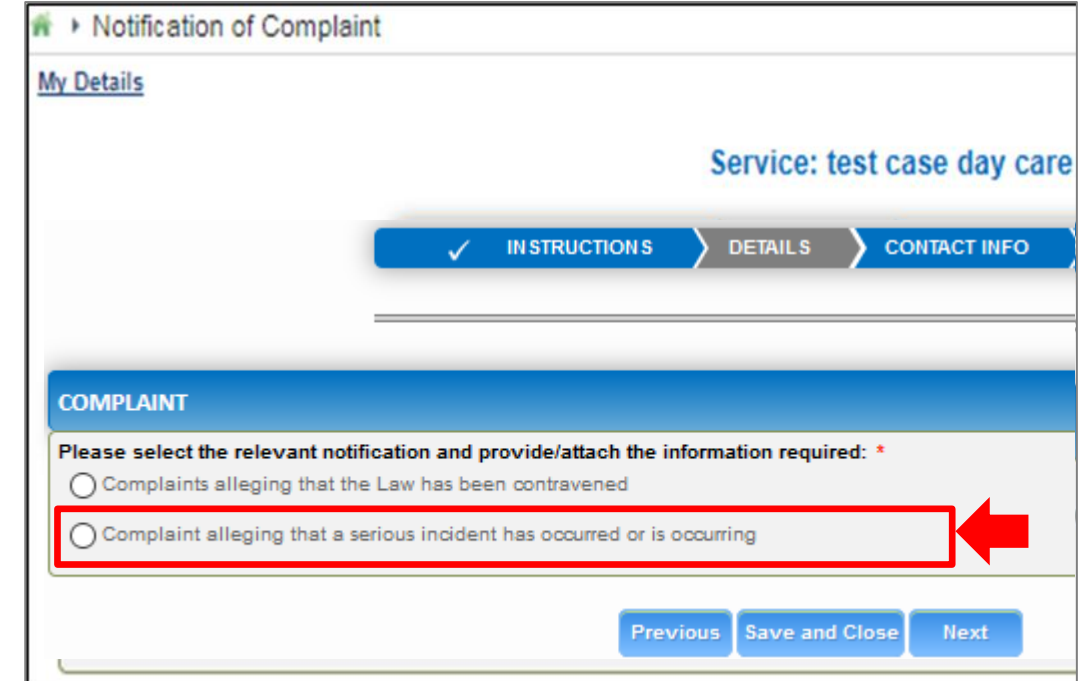
ACECQA, the regulatory authorities and the Australian Government may publish information about you in accordance with the National Law.

Cancel **Begin**

2. To start entering the details in the **Complaint** notification, click **Begin**.

Fill Details in Notification of Complaint Form

1. In the **DETAILS** stage, in the **COMPLAINT** section, select the relevant complaint type from the **Please select the relevant notification and provide/attach the information required** options (for example, **Complaints alleging that the Law has been contravened**).



Notification of Complaint

My Details

Service: test case day care

✓ INSTRUCTIONS > DETAILS > CONTACT INFO

COMPLAINT

Please select the relevant notification and provide/attach the information required: *

Complaints alleging that the Law has been contravened

Complaint alleging that a serious incident has occurred or is occurring

Previous Save and Close Next

Note: You can only file one complaint type through a single **Notification of Complaint** form.

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Fill Details in Notification of Complaint Form

2. On selecting a particular complaint type, the **COMPLAINANT DETAILS**, **DETAILS OF CHILD/CHILDREN**, and **COMPLAINT DETAILS** sections are displayed. Fill these section with the requested details and click **Next**.

Service: test case day care

✓ INSTRUCTIONS → DETAILS → CONTACT INFO

COMPLAINT

Please select the relevant notification and provide/attach the information required: *

Complaints alleging that the Law has been contravened

Complaint alleging that a serious incident has occurred or is occurring

COMPLAINANT DETAILS

Please supply the following information:*

- Complainant name and contact details

sample user
0422222222

Note: The sections rendered on the form in this stage may slightly differ based on the complaint type selected.

DETAILS OF CHILD/CHILDREN

Please supply the following information:

- Name of child/children, gender and date of birth to whom complaint relates (if relevant)

test child, male, 21/02/2013
sample child, female, 25/05/2014

COMPLAINT DETAILS

Please supply the following information:*

- Date complaint received
- Copy of written complaint (or written summary) and any other relevant documentation (including correspondence, photographs, statements, etc)
- Steps taken / actions planned by approved provider in response to the complaint

19/01/2018
copy of complaint attached
sample list of actions taken

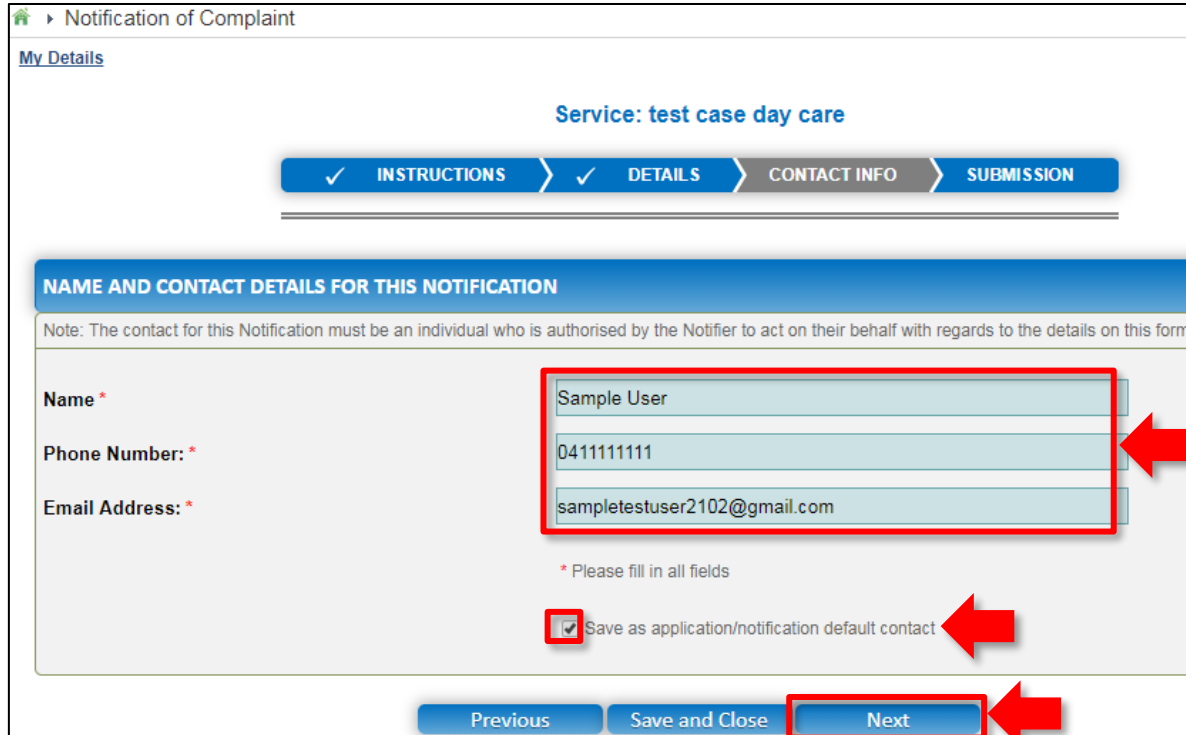
Previous Save and Close **Next**

Note: Ensure that you fill all the mandatory fields that are marked with an Asterisk *.

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Provide Contact Details in Notification of Complaint Form

1. The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select **Save as application/notification default contact** (if required). Click **Next**.



Notification of Complaint

My Details

Service: test case day care

INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

NAME AND CONTACT DETAILS FOR THIS NOTIFICATION

Note: The contact for this Notification must be an individual who is authorised by the Notifier to act on their behalf with regards to the details on this form.

Name * Sample User

Phone Number * 0411111111

Email Address * sampletestuser2102@gmail.com

* Please fill in all fields

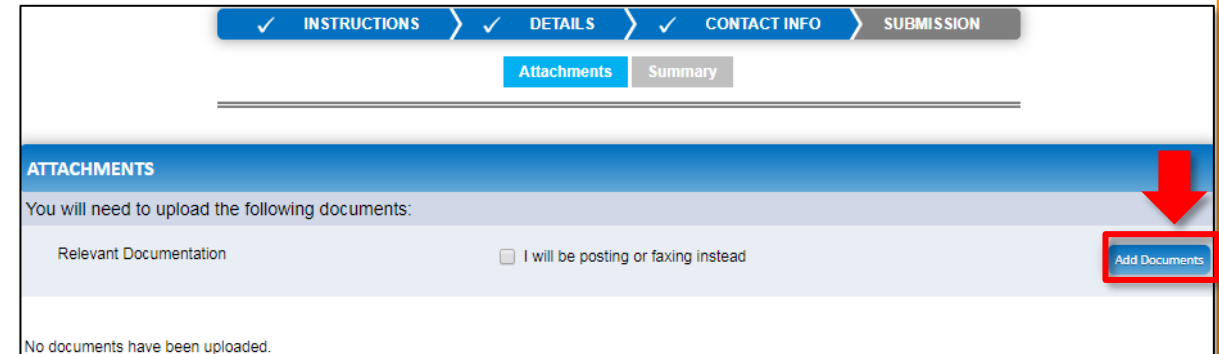
Save as application/notification default contact

Previous Save and Close **Next**

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

Submit Notification of Complaint Form

1. In the **SUBMISSION** stage, add all the requested documents on the **Attachments** page. Click **Add Documents** to add the requested documents.



INSTRUCTIONS ✓ DETAILS ✓ CONTACT INFO ✓ SUBMISSION

Attachments Summary

ATTACHMENTS

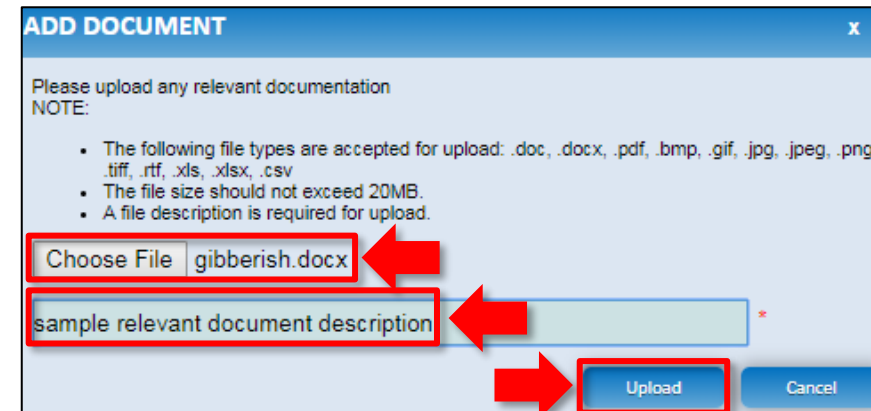
You will need to upload the following documents:

Relevant Documentation I will be posting or faxing instead

Add Documents

No documents have been uploaded.

2. Browse and choose the required file. Add description and click **Upload**.



ADD DOCUMENT

Please upload any relevant documentation

NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tif, .rtf, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File gibberish.docx

sample relevant document description *

Upload Cancel

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

[Back to Main Menu](#)

Submit Notification of Complaint Form

3. After adding all the requested documents, click **Next**.

ATTACHMENTS

You will need to upload the following documents:

✓ Relevant Documentation Add Documents

Document Type	File	Description	Size	
Relevant Documentation	gibberish.docx	sample relevant document description	11.20 KB	x Remove
Total Files: 1		Total Size: 11.20 KB		

Previous
Save as
Next

Note: Instead of adding documents, you could choose to fax or post documents. In such case, instead of clicking **Add Documents**, select the **I will be posting or faxing instead** checkbox.

4. In the **Summary** section, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

✓ INSTRUCTIONS
✓ DETAILS
✓ CONTACT INFO
SUBMISSION

Attachments
Summary

SUMMARY

Here is a summary of the information you are about to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to amend.

Note: You cannot make further changes beyond this point.

Warning: Forms not submitted within 90 days from the start date will be deleted from the system.

NOTIFICATION OF COMPLAINT

Edit


PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved
COMPLAINT		
Please select the relevant notification and provide/attach the information required:		
Complaints alleging that the Law has been contravened		
COMPLAINT DETAILS		
Please supply the following information:*		
sample user 042222222		
• Complainant name and contact details		
Please supply the following information:		
test child, male, 21/02/2013 sample child, female, 25/05/2014		
• 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		

[Back to Main Menu](#)

Submit Notification of Complaint Form

5. Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

NOTIFIER'S DETAILS		
Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
Edit		
ATTACHMENT DETAILS		
Document Type	Description	File Name
Relevant Documentation	sample relevant document description	gibberish.docx
Edit		
DECLARATION		
<input checked="" type="checkbox"/> I declare that: * <ul style="list-style-type: none"> 1. The information provided in this application form (including any attachments) is true, complete and correct; 2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form; 3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments; 4. I have read and understood a Provider's legal obligations under the <i>Education and Care Services National Law</i>; 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 <i>Family Assistance Law</i> and may be disclosed to other persons/authorities where authorised by the <i>Education and Care Services National Law</i> or other legislation; and 7. I am aware that I may be subject to penalties under the <i>Education and Care Services National Law</i> if I provide false or misleading information in this form. 8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law). 		
Previous Save and Close Submit		

 Submission in progress...

Print or Close Notification of Complaint Form

1. Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.

Application Submitted

[My Details](#)

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 [ACECQA](#) website.

[OK](#) [Print](#)

Introduction

This **Quick Reference Guide (QRG)** provides details about the **RA Requested Information (RI01)** form available in **National Quality Agenda IT System (NQA IT System)**.

Use this form for:

Submitting information requested by Regulatory Authority (RA), such as: Quality Improvement Plan (QIP), Emergency Management Plan, Response to RA correspondence, and FDC Register.

Prerequisites: Before you start performing the tasks mentioned in this QRG, ensure that you have:

- Any up-to-date browser and an existing email account that is registered on the portal.
- Logged in to the **NQA IT System** portal, refer the **Register and Log-In** QRG.
- Navigated the **NQA IT System** portal, refer the **Portal Overview** QRG.
- At least one service, refer the **Application for Service Approval** QRG.
- The required documents that you may be asked to attach based on the document type you select (only one of the following types):
 - **Quality Improvement Plan**
 - **Emergency Management Plan**
 - **Response to RA Correspondence**
 - **FDC Register**

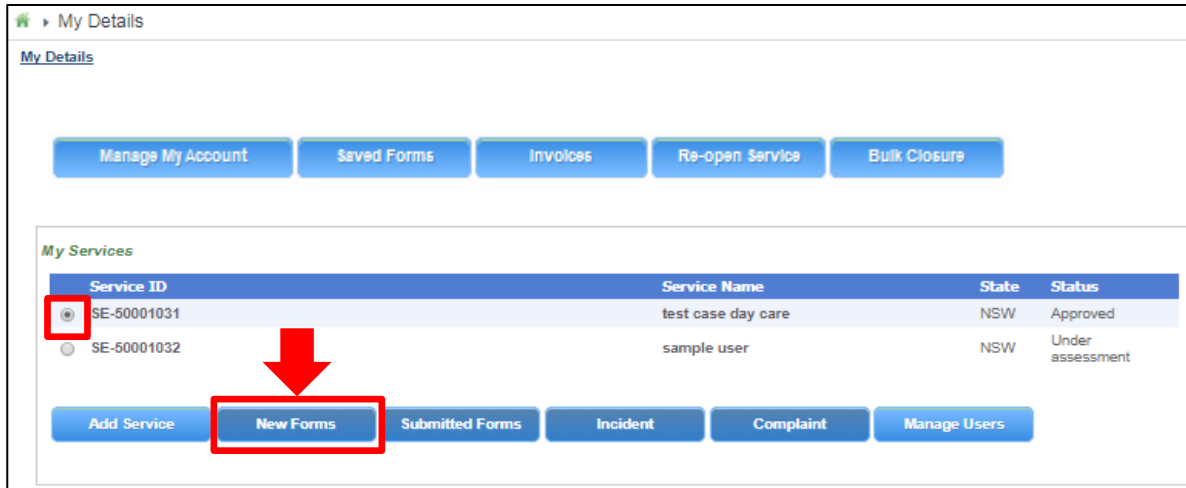
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- [Access RA Requested Information Form](#)
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 - Steps to add the following requested information in the form:
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 - [Add requested documents.](#)
- [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:
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 - Steps to print and close the form.

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Access RA Requested Information Form

1. From the **My Details** page, in the **My Services** section, select a **Service ID** and click **New Forms**.



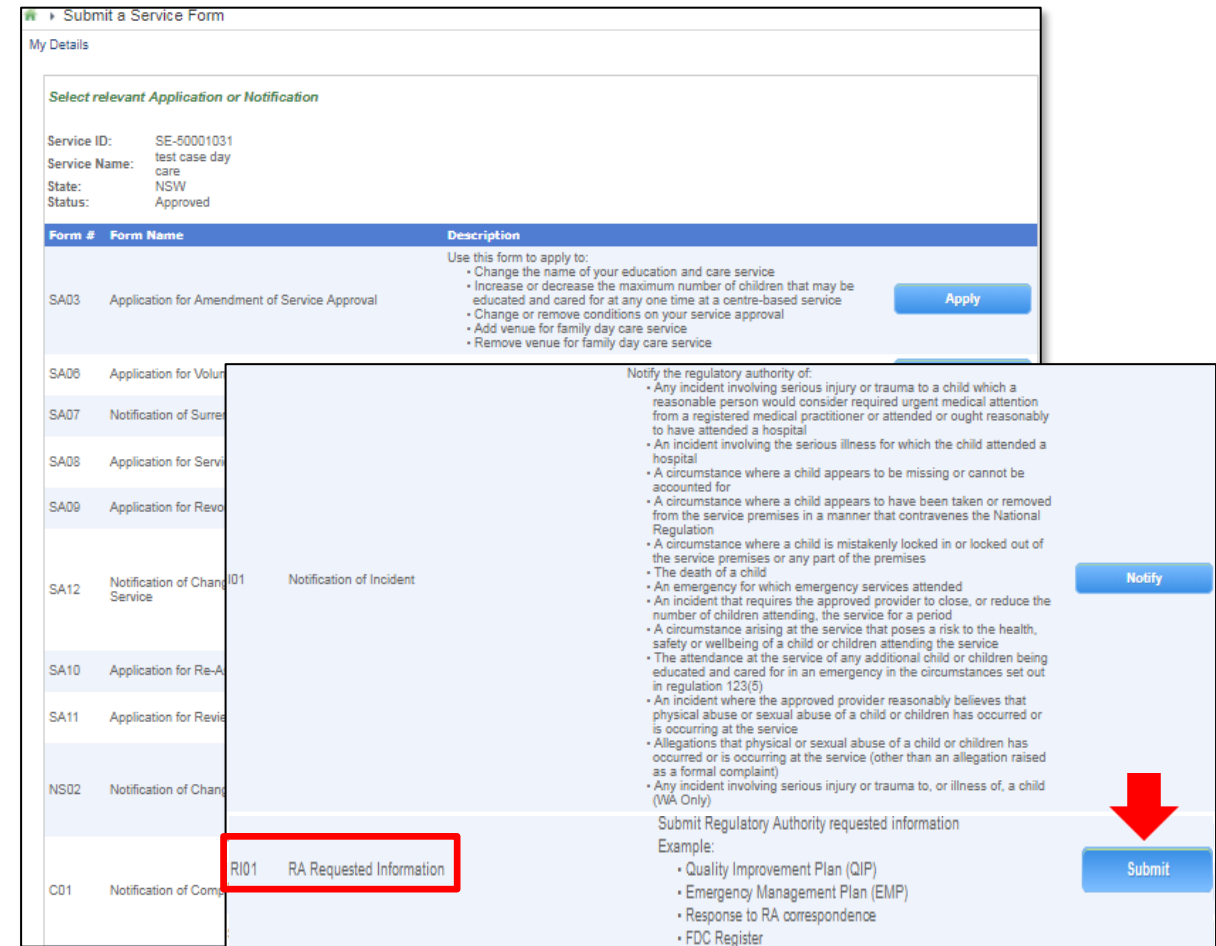
My Details

My Services

Service ID	Service Name	State	Status
<input checked="" type="radio"/> SE-50001031	test case day care	NSW	Approved
<input type="radio"/> SE-50001032	sample user	NSW	Under assessment

New Forms

2. On the **Submit a Service Form** page, click **Submit** corresponding to the **Form # : RI01** and **Form Name : RA Requested Information**.



Submit a Service Form

My Details

Select relevant Application or Notification

Service ID: SE-50001031
Service Name: test case day care
State: NSW
Status: Approved

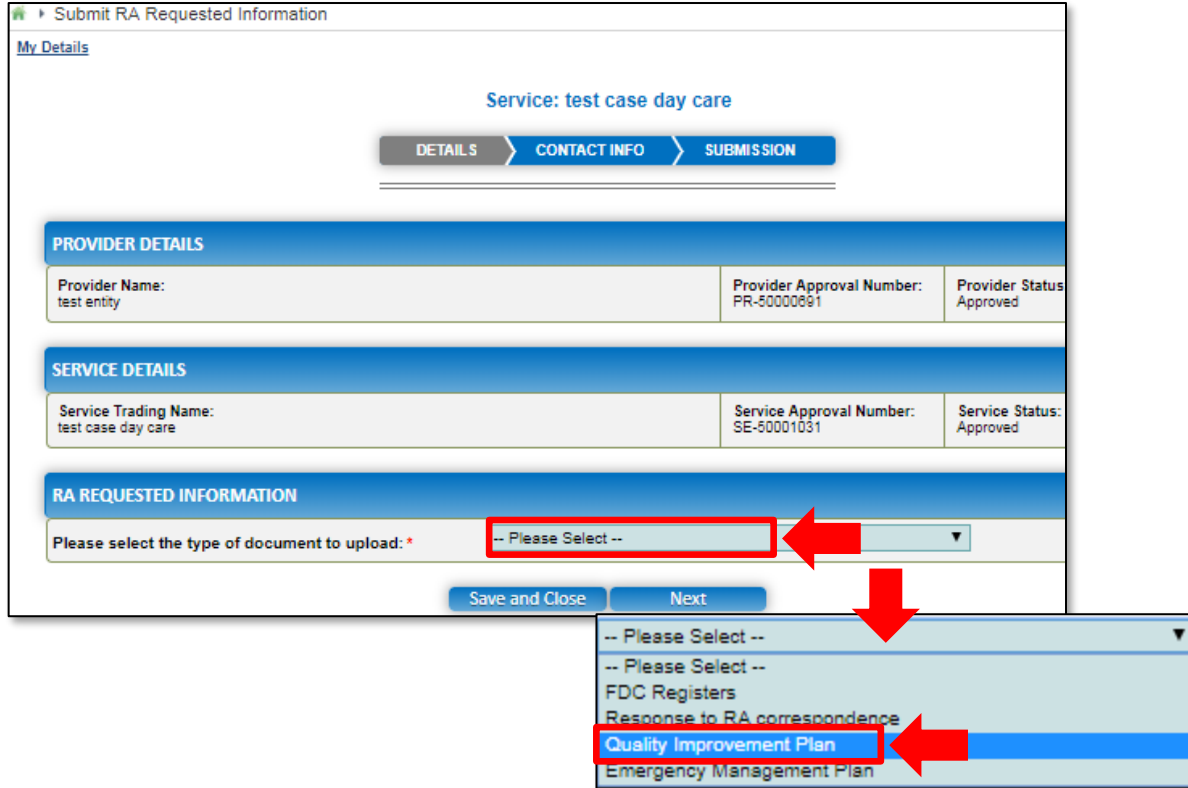
Form #	Form Name	Description
SA03	Application for Amendment of Service Approval	Use this form to apply to: • Change the name of your education and care service • Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service • Change or remove conditions on your service approval • Add venue for family day care service • Remove venue for family day care service
SA06	Application for Volun	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
SA07	Notification of Surre	
SA08	Application for Serv	
SA09	Application for Revo	
SA12	Notification of Chang	
SA10	Application for Re-A	
SA11	Application for Revis	
NS02	Notification of Chang	
RI01	RA Requested Information	Submit Regulatory Authority requested information Example: • Quality Improvement Plan (QIP) • Emergency Management Plan (EMP) • Response to RA correspondence • FDC Register
C01	Notification of Com	

Submit

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Fill Details in RA Requested Information Form

1. In the **DETAILS** stage, in the **RA REQUESTED INFORMATION** section, select the relevant option from the **Please select the type of document to upload** dropdown list, for example **Quality Improvement Plan**.



Submit RA Requested Information

My Details

Service: test case day care

DETAILS CONTACT INFO SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000891	Provider Status: Approved
-------------------------------	--	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---	---	-----------------------------

RA REQUESTED INFORMATION

Please select the type of document to upload: * -- Please Select --

Save and Close Next

-- Please Select --

-- Please Select --

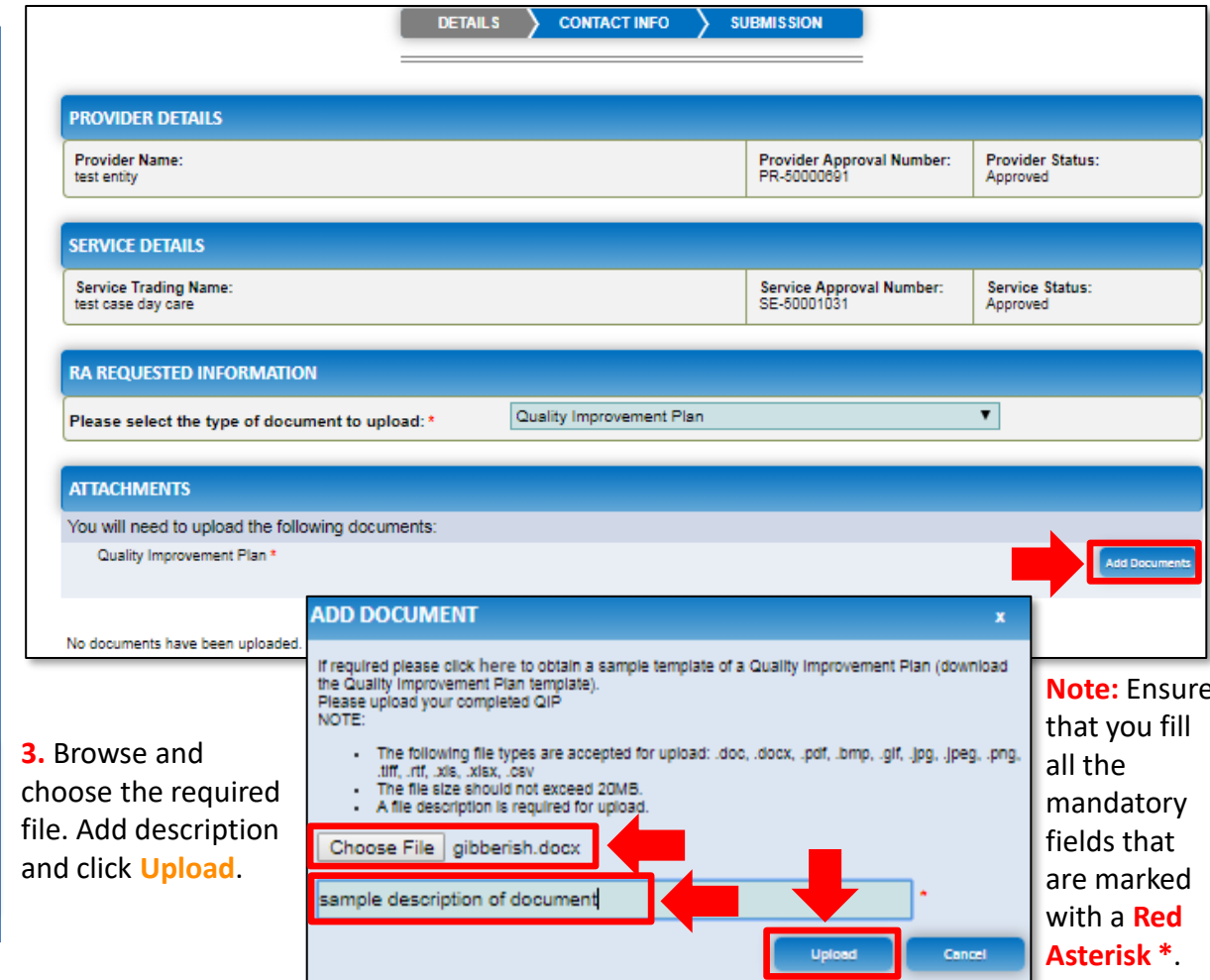
FDC Registers

Response to RA correspondence

Quality Improvement Plan

Emergency Management Plan

2. After selecting the relevant document type, the **ATTACHMENTS** section is displayed. Click **Add Documents** to add the requested documents.



DETAILS CONTACT INFO SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000891	Provider Status: Approved
-------------------------------	--	------------------------------

SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
---	---	-----------------------------

RA REQUESTED INFORMATION

Please select the type of document to upload: * Quality Improvement Plan

ATTACHMENTS

You will need to upload the following documents:

Quality Improvement Plan *

Add Documents

ADD DOCUMENT

If required please click here to obtain a sample template of a Quality Improvement Plan (download the Quality Improvement Plan template). Please upload your completed QIP

NOTE:

- The following file types are accepted for upload: .doc, .docx, .pdf, .bmp, .gif, .jpg, .jpeg, .png, .tif, .tiff, .xls, .xlsx, .csv
- The file size should not exceed 20MB.
- A file description is required for upload.

Choose File gibberish.docx

sample description of document

Upload Cancel

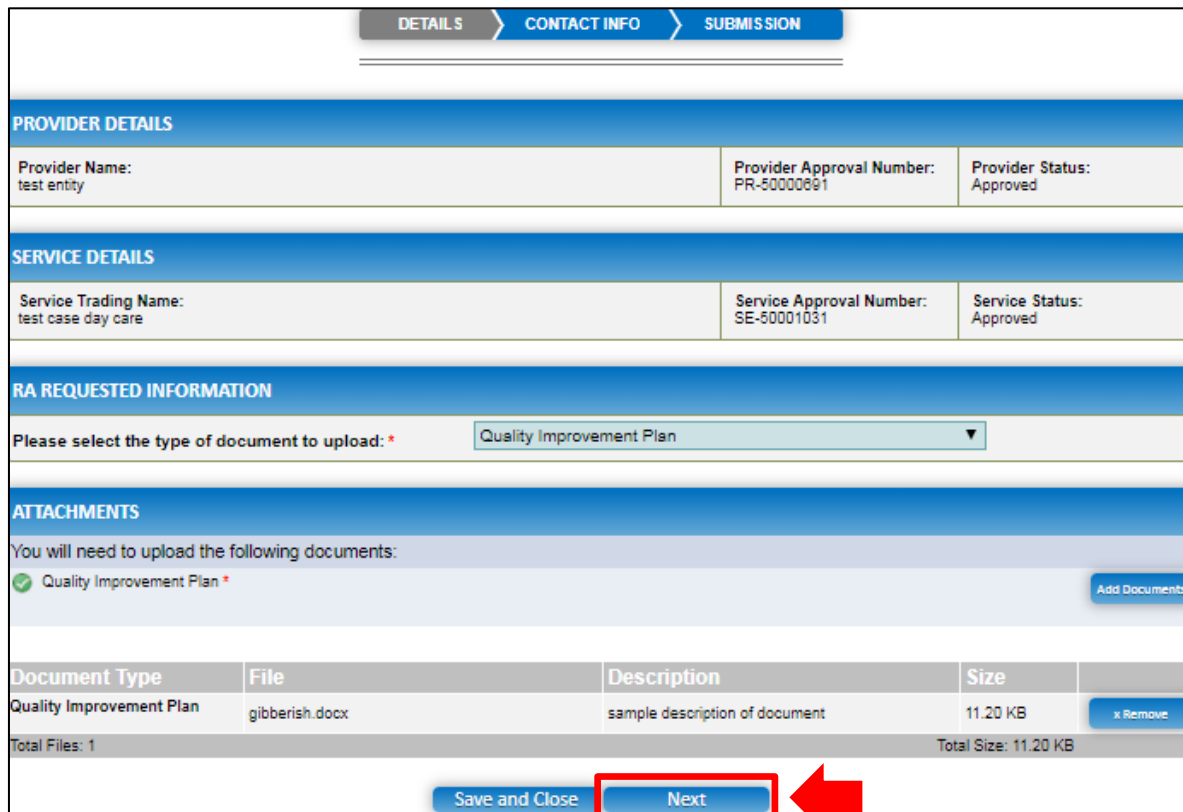
3. Browse and choose the required file. Add description and click **Upload**.

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

[Back to Main Menu](#)

Fill Details in RA Requested Information Form

4. After adding all the requested documents, click **Next**.



DETAILS > CONTACT INFO > SUBMISSION

PROVIDER DETAILS

Provider Name: test entity	Provider Approval Number: PR-50000891	Provider Status: Approved
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SERVICE DETAILS

Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Status: Approved
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RA REQUESTED INFORMATION

Please select the type of document to upload: * Quality Improvement Plan

ATTACHMENTS

You will need to upload the following documents:

- Quality Improvement Plan *

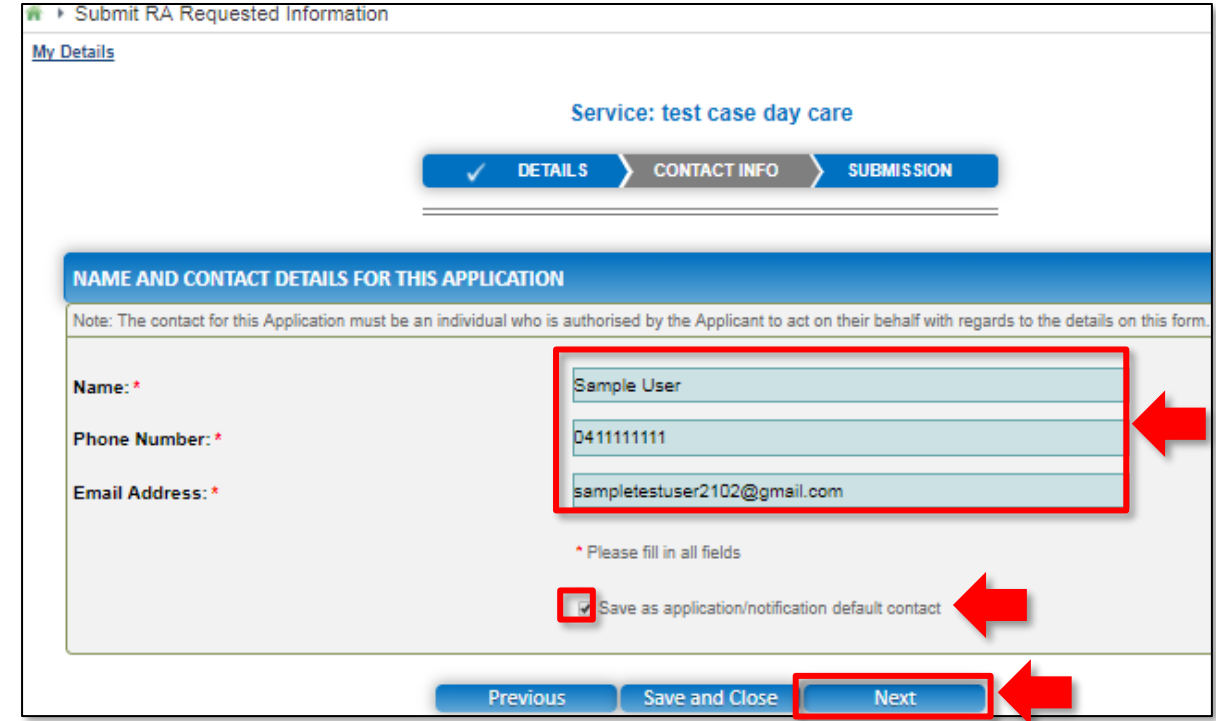
Document Type	File	Description	Size
Quality Improvement Plan	gibberish.docx	sample description of document	11.20 KB

Total Files: 1 Total Size: 11.20 KB

Save and Close **Next**

Provide Contact Details in RA Requested Information Form

1. The **CONTACT INFO** stage of the form is available. Enter the contact information. Fill name, phone number, and email address of the contact person for the provider and select **Save as application/notification default contact** (if required). Click **Next**.



Submit RA Requested Information

My Details

Service: test case day care

DETAILS > CONTACT INFO > SUBMISSION

NAME AND CONTACT DETAILS FOR THIS APPLICATION

Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

Name: * Sample User

Phone Number: * 0411111111

Email Address: * sampletestuser2102@gmail.com

* Please fill in all fields

Save as application/notification default contact

Previous Save and Close **Next**

Note: Ensure that you fill all the mandatory fields that are marked with a **Red Asterisk ***.

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Submit RA Requested Information Form

1. In the **SUBMISSION** stage, review the information submitted. If you need to modify any of the provided details or if you need to add more information, click **Edit**.

DETAILS
 CONTACT INFO
 SUBMISSION

SUMMARY

Here is a summary of the information you are about to submit. If you need to make changes, please click on the Edit link of the corresponding section you want to amend.

Note: You cannot make further changes beyond this point.

Warning: Forms not submitted within 90 days from the start date will be deleted from the system.

RA REQUESTED INFORMATION [Edit](#)

PROVIDER DETAILS		
Provider Approval Name: test entity	Provider Approval Number: PR-50000691	Provider Approval Status: Approved
SERVICE DETAILS		
Service Trading Name: test case day care	Service Approval Number: SE-50001031	Service Approval Status: Approved

ATTACHMENT DETAILS [Edit](#)

Document Type	Description	File Name
Quality Improvement Plan	sample description of document	gibberish.docx

2. Read the **DECLARATION** text carefully and select **I declare that**. To finalise and submit the application, click **Submit**.

NOTIFIER'S DETAILS [Edit](#)


Name Sample User	Phone Number 0411111111	Email Address sampletestuser2102@gmail.com
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DECLARATION

I declare that: *

1. The information provided in this application form (including any attachments) is true, complete and correct;
2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the *National Law* using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the *National Law*).

Previous
Save and Close
Submit

 Submission in progress...

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Print or Close RA Requested Information Form

1. Application is submitted and the **Thank you for your submission** message is displayed with **Application Reference Number** and **Service Number** details. Click **OK** to close the application or **Print** to print the application.



Application Submitted

[My Details](#)

Thank you for your submission

Notification Reference Number: NOT-50005972

Service Number: SE-50001031

For any enquiries regarding the progress of your notification, please contact NSW Regulatory Authority. Contact details can be found on the [ACECQA](#) website.

OK Print