



# Queensland Education and Care Service

## Suitability statement

(Sections 14 and 15 of the *Education and Care Services Act 2013*)

**Please read the following information before completing and submitting this form.**

Please ensure you are familiar with the requirements and obligations set out under the *Education and Care Services Act 2013* and the *Education and Care Services Regulation 2013*.

If you require further information about the obligations of approved providers under the *Education and Care Services Act* and *Regulation* or are unsure about the information required in this application, it is important that you visit the website <http://www.earlychildhood.qld.gov.au/ecs> or contact the relevant Regional Office for clarification.

Please ensure that the information you provide in this form is complete and correct.

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**Note:** All references to the 'Education and Care Services Act' in this form are to be read as references to the 'Education and Care Services Act 2013' and references to the *Education and Care Services Regulation* as references to the *Education and Care Services Regulation 2013*. References to the 'Department' refer to the Department of Education and Training.

### Suitability statement requirements and assessment

This form is to be completed by either:

- all individual persons applying for provider approval
- each person who will operate or be involved in the operation of a Queensland education and care service and are applying for:
  - a new provider approval; or
  - an amendment to a provider approval to add a person
- other persons as requested by the Department.

When you have completed this form please attach it to the relevant application/notification form (ECS01 Application for Queensland provider approval; or ECS03 Application for amendment to Queensland provider approval and ECS08 Notification of change to information about Queensland approved provider) and submit it to the Department.

### Important

- Your suitability statement will not be assessed until all necessary sections are satisfactorily completed and all requested supporting documents are attached.
- Please write clearly in BLOCK LETTERS in black ink. Do not use correction fluid. The signatory must initial any corrections to this form.

### Privacy statement

The Department is committed to ensuring that all actions taken in the administration of the Education and Care Services Act are in compliance with the Information Privacy Principles of the *Information Privacy Act 2009* (Qld).

The Department is collecting the information on this form for the purpose of assessing this application under the Education and Care Services Act. The information on this form may also be provided to other authorities or to other government agencies in accordance with the Education and Care Services Act.

**The Department and the Queensland Government may publish information collected on this form in accordance with the Education and Care Services Act.**



**Part A: Personal details**

**1. Please complete the following**

Title \_\_\_\_\_ First name \_\_\_\_\_

Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
DD/MM/YYYY

Email \_\_\_\_\_

**Residential address**

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Suburb/Town \_\_\_\_\_

State/Territory \_\_\_\_\_ Postcode \_\_\_\_\_

**Postal address**

As above

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Suburb/Town \_\_\_\_\_

State/Territory \_\_\_\_\_ Postcode \_\_\_\_\_



**Part B: Proof of identity**

2. **Please provide details of any former names or other names you may be known by.**  
(Please attach evidence of change of name, such as a copy of a marriage certificate)

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3. **Please select and attach a current certified copy of one of the following as evidence of your identity**

- passport, or
- driver's licence, or
- proof of age card

**Part C: Information about suitability**

4. **In the past three years have you held any role with an education and care service or a children's service?**

- No**
- Yes** - *Provide details of all roles in the table below, continue your entries on a separate sheet if necessary and attached the sheet to this form.*

Name of the service	Location (State/Territory)	Your role



5. Please select one of the options below and attach to this form the certified or original documents issued by the Blue Card Services, Public Safety Business Agency.

<input type="checkbox"/>	<b>Current positive notice</b>
<input type="checkbox"/>	<b>Current positive exemption notice</b>
<input type="checkbox"/>	<b>Application for exemption notice</b>

If you cannot provide this documentation, your application for provider approval will not progress.

6. Are you the subject of a current prohibition notice?

- No**
- Yes** – *This application cannot proceed if a prohibition notice is in force.*

7. Have you been convicted outside Australia of an offence related to working with children within the last three years?

- No**
- Yes** - *If you have been convicted outside Australia of any offence related to working with children, provide details.*

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8. Have you ever been subject to a formal disciplinary proceeding under the Education and Care Services Act, the repealed *Child Care Act 2002* or the *Education and Care Service National Law (Queensland) 2010*?

- No
- Yes - Provide details, including the date of any proceeding and type of action or outcome.

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9. Have you ever had an application for, or renewal of, a child-related authority refused or the suspension or cancellation of a child-related authority held by you?

**Information**

A child-related authority means:

- an approval under this Act; or
- a licence under the repealed *Child Care Act 2002* or the repealed *Child Care Act 1991*; or
- a provider approval, service approval or supervisor certificate under the Education and Care Services National Law; or
- a licence, authority or permit, under a law of Queensland or another jurisdiction, to carry out an activity involving children.

- No
- Yes - Please provide details.

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**Declaration**

I, \_\_\_\_\_ (insert full name of person signing the declaration)

of, \_\_\_\_\_ (insert address)

am, \_\_\_\_\_ (insert position/title of applicant)  
for example, proprietor, director, partner, president

I declare that the information provided in this statement (including any attachments) is true, complete and correct.

Signature of person making the declaration \_\_\_\_\_

Signed at \_\_\_\_\_ On the \_\_\_\_\_

**Who may sign?**

- The applicant

### Lodging your statement

Please lodge your application along with all of the requested documentation by posting or emailing to the Early Childhood and Community Engagement Division.

Mail: Early Childhood and Community Engagement Division  
Department of Education and Training  
PO Box 15033  
CITY EAST QLD 4002  
E-mail: [ecis@dete.qld.gov.au](mailto:ecis@dete.qld.gov.au)

### Enquiries

Contact the relevant Regional Office  
<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

Early Childhood and Community Engagement Division  
Department of Education and Training  
E-mail: [ecis@dete.qld.gov.au](mailto:ecis@dete.qld.gov.au)  
Phone: 13 QGOV (13 7468)  
Website: <http://www.earlychildhood.qld.gov.au/ecis>

For office use only	
Date form received: ___/___/___	
Name of receiving officer:	Signature: