



# Queensland Education and Care Service

## Application by personal representative to extend transitional approval period

(Section 39(7) of the *Education and Care Services Act 2013*)

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

**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.

### Application requirements and assessment

If an individual Queensland approved provider dies the personal representative of the individual's estate is taken to be the approved provider for six months from the date of death (the transitional approval period).

The personal representative may apply for an extension of the transitional approval period of not more than six months.

Applications will be assessed and a determination made as soon as possible after the Department receives the application.

### Important

- To assist the Department in assessing your application please complete all sections and attach all requested supporting documents.
- 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: Provider details**

1. **Approved provider name**

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2. **Provider approval number**

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**Part B: Service details**

3. **Please provide details of all Queensland service approvals held by the approved provider in the table below.**

Approved service name	Service approval number

**Part C: Extension details**

**Start date of the transitional approval period:**

●●/●●/●●●●

DD/MM/YYYY

**Current end date of the transitional approval period:**

●●/●●/●●●●

DD/MM/YYYY

**Proposed new end date of the transitional approval period:**

●●/●●/●●●●

DD/MM/YYYY

*(Note: the extension period cannot exceed 6 months).*



**Part D: Contact details**

**4. Contact details for this application:**

*(Note: this will be the person who the Department may contact with questions relating to this application)*

Title First name

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Last name Mobile number

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Phone number Fax number

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Email

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**Postal address**

Address line 1

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Address line 2

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Suburb/Town

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State Postcode

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### Applicant 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 application (including any attachments) is true, complete and correct.

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

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

### Second applicant (if applicable)

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 application (including any attachments) is true, complete and correct.

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

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

### Who may sign?

- Personal representative of deceased approved provider



### Lodging your application

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/ecs>

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