



Queensland Education and Care Service Notification of change to information about Queensland approved provider

(Sections 124 and 126 of the *Education and Care Services Act 2013*)

Please read the following information before completing and submitting this notification 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 notification, 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.

Notification requirements and assessment

An approved provider must notify the Department of certain changes in relation to the approved provider for each approved Queensland education and care service operated by the approved provider.

A failure to comply may result in a financial penalty and other enforcement action.

Important

- Your notification will not be processed unless all sections are satisfactorily completed and all requested supporting documents are attached.
- Please write clearly in BLOCK LETTERS and use a black pen. Do not use correction fluid. The signatory should 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 notification 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**

2. **Provider approval number**

Part B: Notification details

3. **Please tick the appropriate box, provide reasons for the change in the space provided below at no.4 and attach any available supporting information**

<input type="checkbox"/>	<p>A change to whether the approved provider is a suitable person to operate a Queensland education and care service (within 7 days of the change happening or the day the approved provider became aware of the change)</p> <p>Change in suitability includes, if a person with management or control of a service stops having a current positive notice or current positive exemption notice; or any other change to information previously provided as part of a ECS02 – Suitability Statement for an approved provider</p>
<input type="checkbox"/>	<p>Appointment or removal of a person with management or control of the service (within 7 days of the change happening or the day the approved provider became aware of the change)</p> <p>For appointment of a person, attach a completed ECS02 Suitability Statement for each new person. For removal of a person, provide the person’s name and date of removal as a person with management or control of the service.</p>
<input type="checkbox"/>	<p>Approved provider ceasing to operate an approved service/s (within 7 days of the change happening or the day the approved provider became aware of the change)</p> <p>Name of service/s Matters affecting the ongoing operation of the approved service (e.g. appointment of receiver or liquidators)</p>
<input type="checkbox"/>	<p>Change to approved provider’s name (within 7 days of the change happening or the day the approved provider became aware of the change)</p> <p>Please attach evidence of the change of name e.g. advice from the Australian Securities and Investment Commission (ASIC) that an organisation has changed its name</p> <p>New name:</p>

Notifier declaration

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

of, _____ (insert address)

am, _____ (insert position/title of notifier)
for example, proprietor, director, partner, president

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

Signature of person making the declaration _____

Signed at _____ On the _____

Second notifier (if applicable)

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

of, _____ (insert address)

am, _____ (insert position/title of notifier)
for example, proprietor, director, partner, president

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

Signature of person making the declaration _____

Signed at _____ On the _____

Who may sign?

- The approved provider
- A person authorised to sign on the approved provider's behalf

Lodging your notification

Please lodge your application along with all of the requested documentation by posting or emailing to 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

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
Phone: 13 QGOV (13 7468)
Website: <http://www.earlychildhood.qld.gov.au/ecs>

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