



## Queensland Education and Care Service

### Application for transfer of Queensland service approval

(Section 70 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* 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.

#### Application requirements and assessment

An approved provider may transfer a service approval to another approved provider with the consent of the Department.

The transferring approved provider must give written notice to the Department of the intention to transfer the service approval, at least 42 days before the proposed transfer date is intended to take effect.

The Department may grant or refuse to grant the transfer, or may grant the transfer with conditions the Department considers appropriate, including setting the date on which the transfer takes effect.

Applications will be assessed and a determination made within 30 days starting the day after a valid application and fee are received by the Department. If a determination is not made within the 30 days the application is taken to have been refused.

The transferring approved provider and the receiving approved provider must notify the Department of the date of the transfer within 2 days of the transfer taking effect.

#### Important

- Your application will not be assessed until all necessary sections are satisfactorily completed, all requested supporting documents are attached, and any prescribed fees paid.
- 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 in accordance with the Education and Care Services Act 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: Service details**

1. **Approved service name**

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2. **Service approval number**

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Please provide the date on which the transfer is intended to take effect:



DD/MM/YYYY

**Part B: Transferring approved provider details**

3. **Approved provider name**

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4. **Provider approval number**

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5. **Please provide contact details**

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

Last name \_\_\_\_\_ Mobile \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email \_\_\_\_\_

**Part C: Receiving approved provider details**

6. **Approved provider name**

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7. **Provider approval number**

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8. **Please provide contact details**

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

Last name \_\_\_\_\_ Mobile \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email \_\_\_\_\_



**Part D: New service details**

The receiving approved provider needs to provide details of any proposed changes to the service approval and confirm details of the service approval.

**9. Service name**

Will the name of the service change?

- Yes – please provide the new name of the service below
- No – please confirm the name of the service below

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**10. Appointment of nominee**

*(Note: an approved provider must appoint a nominee to be the point of communication between the Department and an approved service. A nominee must be an adult and may be a supervisor at a Queensland education and care service.)*

Will the approved provider’s nominee change?

- Yes → please provide new nominee details below
- No → please confirm nominee details below

Title	First name
Middle name	Last name
Mobile	Phone number
Email	

**11. Postal address**

Address line 1	
Address line 2	
Suburb/Town	
State	Postcode

**12. Please confirm the location of the premises (Please tick one)**

- Non-school site
- Government school site
- Non-government school site

**13. Please confirm the contact details for the service premises**

Phone number \_\_\_\_\_ Mobile number \_\_\_\_\_  
\_\_\_\_\_  
Fax number \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
\_\_\_\_\_

**14. Please confirm the physical address for the service premises**

Address line 1 \_\_\_\_\_  
\_\_\_\_\_  
Address line 2 \_\_\_\_\_  
\_\_\_\_\_  
Suburb/Town \_\_\_\_\_  
\_\_\_\_\_  
State/Territory \_\_\_\_\_ Postcode \_\_\_\_\_  
\_\_\_\_\_

**15. Please confirm the postal address for the service**

Address line 1 \_\_\_\_\_  
\_\_\_\_\_  
Address line 2 \_\_\_\_\_  
\_\_\_\_\_  
Suburb/Town \_\_\_\_\_  
\_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_  
\_\_\_\_\_

**16. Please confirm the after hours emergency phone number for the service**

\_\_\_\_\_



**Part D: Operational details**

**17. What is the expected nature of the education and care to be provided?**

(Please tick those that apply)

- Service funded by the Queensland Government to provide Limited Hours Care
- Occasional care
- Services funded by Australian Government under Budget based Funded (BBF) Programme, not in receipt of Child Care Benefit (CCB)
- Disability service—disability service under the *Disability Services Act 2006* (DSA) or early childhood intervention service
- Other (please specify)

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**Further information about service type**

**Disability or early childhood intervention service:** an early childhood education and care service that is classified as a disability service under the DSA is excluded from the National Law. Any service type, even long day care, could be classified in this way if it is delivering a service for children with a disability that is a Queensland education and care service and is also one or more of the following –

- i. a respite service;
- ii. a community support service; or
- iii. another service under section 12 of the DSA.

An early childhood intervention service is provided for the principal purpose of providing intervention or support for children with a disability, additional needs or developmental delay.

**Limited hours care:** services that provide education and care for less than 20 hours per week for up to 30 children **and** will be funded by the Queensland Government to provide limited hours care.

**Occasional care:** services that provide education and care in a centre based service primarily on an ad-hoc or casual basis where –

- i. the service does not usually offer full-time or all day education and care to children on an ongoing basis; and
- ii. most of the children provided with education and care are preschool age or under.

**BBF services not in receipt of CCB:** The Australian Government Budget Based Funded (BBF) Programme provides direct operational funding to early childhood education and care services in areas where the market would not normally allow the services to operate. BBF services that are not eligible for CCB funding are captured under the ECS Act. Services that will be in receipt of CCB are captured under the National Quality Framework. BBF services include outside school hours care services that provide care for school age children before school, after school, during school holidays, and on pupil free days and long day care provided for a Multi-functional Aboriginal Children's Service.

**18. Proposed ages of children to be educated and cared for** (Please tick all that apply)

- Birth–2 years
- 2 years–3 years
- 3 years–preschool age
- School age

**19. What is the proposed maximum number of children to be educated and cared for by the service?**

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**20. Public liability insurance** (please provide details of the public liability insurance policy for at least \$10,000,000 that will be for the service and attach a copy of the certificate of currency)

Insurance company:

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Policy number:

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Date of expiry: (DD/MM/YYYY)

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**Part E: Proposed hours and days of operation of the service**

**21. Will the hours and days of operation of the service change?**

- Yes → please provide new details in 22 below
- No → please confirm details in 22 below

**22. For each operational period type please provide the start date, end date and a description of the operational period (DD/MM/YYYY)**

*(If you have more than two operational periods, please provide the following information for these periods on a separate sheet of paper)*

**Operational period 1**

Start date \_\_\_\_\_ End date \_\_\_\_\_

Operational type (i.e. annual or holiday care) \_\_\_\_\_

Number of operational weeks per year \_\_\_\_\_

Please indicate in the table below the proposed hours and days of operation of the service for this operational period.

Day	Opening time	Closing time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Operational period 2**

Start date \_\_\_\_\_ End date \_\_\_\_\_

Operational type (i.e. annual or holiday care) \_\_\_\_\_

Number of operational weeks per year \_\_\_\_\_

Please indicate in the table below the proposed hours and days of operation of the service for this operational period.

Day	Opening time	Closing time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**23. Will there be any change to rest periods at the service?**

- Yes → provide details of proposed rest periods below
- No → please confirm rest period details below

Please state the time and duration of the rest period/s (maximum of two rest periods per day)

Rest period 1 \_\_\_\_\_

Rest period 2 \_\_\_\_\_

Please attach a statement providing details of the following matters, as they apply to the rest period/s:

- Ages of the children being educated and cared for
- Times the children will usually be resting
- Service capacity
- How the physical layout of the service premises allows for adequate supervision
- Staffing arrangements for the rest period (Regulations 46–47)
- Information provided to parents and/or guardians about staffing arrangements for rest periods

## Part F: Policies and procedures

**24. By ticking the boxes below you confirm that the following policies and procedures have been prepared in accordance with Regulation 65 for the Queensland education and care service and that these will be available upon request by the Department.**

*(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 65 of the Education and Care Services Regulation.

### **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.
- Incident, injury, trauma and illness procedures complying with Regulation 23
- Dealing with infectious diseases, including procedures complying with Regulation 24
- Dealing with medical conditions in children
- Emergency and evacuation
- Delivery of children to, and collection of children from, Queensland education and care service premises, including procedures complying with Regulation 26
- Excursions, including procedures complying with Regulations 55 and 56
- Providing a child safe environment

- Staffing, including:
  - a code of conduct for staff members and volunteers
  - determining the responsible person present at the service
  - the participation of volunteers and students on practicum placements.
- Interactions with children including the matters set out in Regulation 57
- 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.

**Part G: Contact details**

**25. Contact person for this application**

*(Note: this will be the person the Department may contact for questions about this application)*

Title	First name
Last name	Mobile number
Phone number	Fax number
Email	

**Transferring provider 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)**

**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 \_\_\_\_\_

### Receiving provider 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)

#### 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 \_\_\_\_\_

### Who may sign?

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



**Payment Details**

The fee required to be paid with an application to transfer a service approval is **\$104.00**.

Note: The Department can waiver/defer/refund fees in some circumstances.

**Fees can be made by electronic funds transfer, cheque or money order.**

**Payment by electronic funds transfer**

To pay your fee by electronic funds transfer please contact your regional office.

<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

**Payment by cheque or money order**

Please make your cheque or money order payable to the Department of Education and Training.

**Lodging your application**

Please lodge your application along with all of the required documentation by posting or emailing to the relevant Regional Office, Department of Education and Training.

<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

**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:
<input type="checkbox"/> Application fee received (see Schedule 1, <i>Education and Care Services Regulation 2013</i> )	
Please tick and provide details – (bank/branch/number/amount)	
<input type="checkbox"/> Cheque	
<input type="checkbox"/> Money order	
<input type="checkbox"/> Electronic funds transfer	
Payment receipt number:	