



Queensland Education and Care Service Notification of surrender of Queensland service approval

(Section 90 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 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.

Notification requirements and assessment

A Queensland approved provider may surrender their service approval.

Approved providers **must** notify the parents of children enrolled at their services at least 14 days before the surrender is intended to take effect.

If a service approval is surrendered, the approval is cancelled on the date specified in this notification. Please note that the intended date of surrender must be after this notification is given to the Department.

Important

- To assist the Department in processing your notification 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 processing 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: Service details

3. **Approved service name**

4. **Service approval number**

Part B: Surrender details

**Please provide the date on which you intend
the surrender to take effect**



DD/MM/YYYY

(Please note the surrender date must be after the date of this notification and at least 14 days after notifying parents of the intention to surrender the service approval.)

5. **Please provide a statement explaining the reasons for surrendering the service approval.**

6. **I will notify/have notified the parents of children enrolled at the Queensland education and care service of the intention to surrender the service approval.**

Yes on date _____

Please attach a copy of the notice provided to, or to be provided to parents.



Part C: Contact details

7. Contact details for this notification:

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

Title _____ First name _____

Last name _____ Mobile number _____

Phone number _____ Fax number _____

Email _____

Postal address

Address line 1 _____

Address line 2 _____

Suburb/Town _____

State _____ Postcode _____

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/s



Lodging your notification

Please lodge your notification along with any 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

Phone: 13 QGOV (13 7468)

Website: <http://www.earlychildhood.qld.gov.au/ecs>

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