



Queensland Education and Care Service

Notification of change to information about Queensland approved service

(Sections 114 and 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 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: Service details

3. **Approved service name**

4. **Service approval number**

5. **Please provide the address of the service**

Address line 1

Address line 2

Suburb/Town

State

Postcode



Part C: Notification details

6. Please tick the appropriate box and provide reasons for the type of notification in the space below at no.7

<input type="checkbox"/>	<p>Proposed changes to the service premises (e.g. refurbishment) (within 7 days of the change happening or the day the approved provider became aware of the change)</p> <p>Please provide details of the nature of the proposed changes to the service premises (e.g. construction of new swings, refurbishment) including location and nature Details of any likely impact on the operation of the service Expected date of commencement and completion of changes</p>
<input type="checkbox"/>	<p>Person with management or control of the approved service stops having a current positive notice or current positive exemption notice (within 7 days of the change happening or the day the approved provider became aware of the change)</p> <p>Please provide details of the reasons why the person has stopped having a current positive notice or current positive exemption notice</p>
<input type="checkbox"/>	<p>Service has not commenced operation within 6 months of grant of service approval (within 7 days of the change happening or the day the approved provider became aware of the change)</p> <p>Please attach a written statement of the approved provider's intention to operate the service or not If intention is to operate, the date on which the service will commence operation</p>
<input type="checkbox"/>	<p>Intention to transfer service approval</p> <p>Must provide notification of transfer 42 days before transfer is intended to take effect Please provide details of the reasons for the transfer</p>
<input type="checkbox"/>	<p>Appointment of nominee</p> <p>An approved provider must appoint and continue to have a nominee for each approved service A nominee must be an adult and may be a supervisor at the service Please provide contact details for the nominee for the service at 8 below</p>

Part D: Contact details

9. Contact person 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
- A person authorised to sign on the approved provider's behalf



Lodging your notification

Please lodge your notification 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

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: