



# Queensland Education and Care Service

## Application for extension of temporary waiver

(Section 104 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.

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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

A Queensland approved provider may apply for an extension of a temporary waiver applying to any Queensland education and care service that it operates. The extension must be for a period of not more than 12 months.

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

### 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 pen. 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. **Approved service name**

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4. **Service approval number**

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**Part C: Extension details**

5. **Has the temporary waiver previously been extended?**

No — *proceed*

Yes — *please state the period that the temporary waiver was previously extended for in the space provided below.*

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6. **Please provide a detailed statement explaining the reasons for seeking to have the temporary waiver extended. (Attach any evidence to support your application)**

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Temporary waiver start date:      / / ---      DD/MM/YYYY

Temporary waiver current end date:      / / ---      DD/MM/YYYY

Proposed new temporary waiver end date:      / / ---      DD/MM/YYYY

**Part D: Contact details**

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

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

Title  First name

Last name  Mobile Number

Phone number  Fax number

Email

**Postal address**

Address line 1

Address line 2

Suburb/Town

State  Postcode



**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?**

- The approved provider
- A person authorised to sign on behalf of the approved provider.

### 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: _____