



# Queensland education and care service

## Application for internal review of reviewable decision

(Sections 209 & 210 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.

**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 who is issued a compliance notice, or a given a notice of a decision by the Department to revoke a service waiver, may apply for an internal review of the decision.

An application for an internal review must be made within 14 days of the approved provider receiving the notice.

Applications will be assessed and a determination made within 30 days after a valid application is received by the Department. This time period may be extended by up to 30 days if additional information is required to decide the application.

### Important

- To assist the Department in assessing your application 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 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.**

## Please note

A person may also apply to the Queensland Civil and Administrative Tribunal (QCAT) to have any of the following decisions by the Department reviewed:

- To refuse to grant a Queensland provider approval or a Queensland service approval
- To grant a Queensland provider approval or a Queensland service approval on a condition
- To amend a Queensland provider approval or a Queensland service approval (other than in a way the approved provider has applied for or agreed to)
- To refuse to amend a Queensland provider approval or a Queensland service approval (in a way the approved provider has applied for)
- To suspend a Queensland provider or Queensland service approval other than on application by the approval holder
- To cancel a Queensland provider approval or a Queensland service approval
- To refuse to lift the suspension of a Queensland provider approval or a Queensland service approval
- A decision by the department to confirm an original decision to revoke a service waiver
- A decision by the department to confirm an original decision to issue a compliance notice
- To refuse to extend the transitional approval period for a personal representative of the estate of an approved provider who died
- To extend the transitional approval period other than for the further period the personal representative has applied for
- A decision to give a prohibition notice to a person
- To refuse to cancel a prohibition notice in force for a person
- To refuse to consent to the transfer of a service approval.

## QCAT enquiries

Website: <http://www.qcat.qld.gov.au>

E-mail: [enquiries@qcat.qld.gov.au](mailto:enquiries@qcat.qld.gov.au)

Phone: 1300 753 228

Mail: GPO Box 1639

Brisbane 4001



**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: Details of reviewable decision**

5. **Please tick the appropriate box relating to this application.**

Issue of a compliance notice – go to Part D

Revoke a service waiver – go to Part E

**Part D: Compliance notice details** *(please attach a copy of the notice to this application)*

6. **Please attach a copy of the notice to this application.**

7. **Reference number for the notice**  
*(Located on the top left of the compliance notice.)*

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8. **Please provide details of the notice or parts of the notice you are seeking to have reviewed.** *(Include contravention numbers stated in the compliance notice you were issued and a brief description of the contraventions. Additional space is provided on the next page.)*

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When was the compliance notice issued?

••/••/••••

DD/MM/YYYY

When did you receive the compliance notice?

••/••/••••

DD/MM/YYYY

9. Please provide a brief statement explaining why you think the decision to issue the compliance notice should be reviewed.

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**Part E: Notice of decision to revoke service waiver details**

**10. Please attach a copy of the notice to this application.**

**11. Reference number for the notice**  
*(Located on the top left of the notice)*

**12. Please provide details of the notice or parts of the notice you are seeking to have reviewed.**

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**When was the notice issued?**

••/••/••••

DD/MM/YYYY

**When did you receive the notice?**

••/••/••••

DD/MM/YYYY

**13. Please provide a brief statement explaining why you think the decision to revoke the service waiver should be reviewed.**

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**Part F: Applicant details**

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

*(Note: this will be the person who the Department may contact for questions in relation to this form)*

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

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

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

Email \_\_\_\_\_

**Postal address**

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Suburb/Town \_\_\_\_\_

State/Territory \_\_\_\_\_ 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 the approved provider's behalf

### Lodging your application

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](mailto: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](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: