 **Child Care Service**

# Application for approval underthe family assistance lawConfidential when completed

## Information for Applicants

**This form is to be completed by a person or organisation who is seeking to have a child care service approved under the family assistance law for Child Care Benefit purposes.**

Applicants should note that it is a condition of approval that services comply with the eligibility rules set out in the *Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000*) the family assistance law and Commonwealth, State or Territory child care laws.

Family assistance law relevant to Child Care Benefit consists of the following, as amended from time to time:

* *A New Tax System (Family Assistance) Act 1999*
* *A New Tax System (Family Assistance) (Administration) Act 1999*
* schedule 6 to the A New Tax System (*Family Assistance and Related Measures) Act 2000*
* any instrument (including regulations) made under the *A New Tax System (Family Assistance) Act 1999 or the A New Tax System (Family Assistance) (Administration) Act 1999*.

Information about legislation and your obligations can be found at the website of the Department of Education (the department) here: Information on becoming an Approved Child Care Service (www.education.gov.au/node/559)

Section 194 of the A New Tax System (Family Assistance) (Administration) Act 1999 provides that only a person who operates, or proposes to operate, any of the following kinds of service may apply to the Secretary to have the service approved for the purposes of family assistance law.

### Long Day Care service

**What is Long Day Care?**

Long Day Care (LDC) is a centre-based form of child care service. LDC services provide quality all-day or part-time care for children of working families and the general community (services may cater to specific groups within the general community).

An LDC service must:

* provide care to children, the majority of whom are children not yet attending school and who attend the service at least one day a week
* operate on all normal working days for at least 48 weeks of the year and remain available to provide care for any child for at least eight continuous hours on each normal working day it operates.

More information about what long day care is can be found in the types of service section of the Child Care Services Handbook (www.education.gov.au/node/547)

### Important

* Please be advised that making false statements or providing misleading information is a serious offence under section 137.1 of the *Criminal Code Act 1995 (Cth)* which may constitute a criminal offence and lead to imprisonment.
* **ATTACHMENT REQUIRED** indicates that documentation is required to support your application. The documentation required will either be listed below each section, or is available via the webpage: Information on becoming an Approved Child Care Service (www.education.gov.au/node/559)
* **HELP TEXT** indicates some additional information, clarification or definitions to assist with the question.
* It is recommended that you save the form (Ctrl+S) regularly as you complete the details. This will minimise the risk of data loss.
* Your application will not be processed unless all necessary questions are satisfactorily completed and all requested supporting documents are supplied.
* If you have any questions about this form, please contact the Child Care Benefit Approvals Team in your State or Territory.

**General number - 1800 670 305**

(For the cost of a local call unless calling from a mobile phone.)

This number is Australia wide. Callers must identify which State or Territory office they wish to speak with.

Child Care Benefit -

Identification of service operator

Who can apply to have a service approved?

Section 194 of the *A New Tax System (Family Assistance) (Administration) Act 1999* (the Admin Act) provides that a 'person' who operates, or proposes to operate, any of the following kinds of child care service:

a) a Long Day Care service

b) a Family Day Care service

ba) an In-Home Care service

c) an Occasional Care service

d) an Outside School Hours Care service

may apply to the Secretary to have the service approved for the purposes of the family assistance law (Child Care Benefit (CCB)).

A **'person'** can be interpreted as any of the following:

* An individual (or sole trader)
* A company
* A partner in a Partnership
* An individual member of an unincorporated association
* An Indigenous Corporation
* The Trustee of a Trust
* A Trustee company
* Incorporated associations
* A government body (Federal, State/Territory or Local)
* An entity created under statute (e.g. Universities, religious bodies, charitable organisation).

A **'person'** making an application under section 194 of the Act to have a child care service approved for the purposes of family assistance law is referred to as the **applicant**.

When the application is approved, the applicant becomes the **operator/provider** of the approved CCB service.

*Note:*A payment made under the family assistance law to the service is generally paid to the operator/provider of the approved CCB service. The operator/provider is legally responsible for ensuring any payment made to the service under the family assistance law is used for the purpose for which it was made. In some circumstances, the operator/provider may authorise the department to make the payment to another person's bank account (this must be done in writing). Such authorisation does not have the effect of transferring ultimate responsibility for the proper use of the monies.

Suitability of an applicant to operate a child care service

In assessing an application, the Secretary is guided by rules that a child care service must satisfy in order to become approved for the purposes of the family assistance law. These rules are outlined in the *Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000.*

These rules state that the applicant must be a suitable person to operate a child care service. In making the assessment, the Secretary may consider the applicant's:

1. expertise and experience
2. ability to meet and provide the appropriate quality of child care
3. governance arrangements
4. record of compliance with family assistance law, Commonwealth, State or Territory law and quality standards relating to child care
5. record of financial management including any instances of bankruptcy, insolvency, external administration and debts owing to the Commonwealth (in relation to child care)
6. criminal convictions or findings of guilt
7. criminal charges pending before the court.

In making the assessment, the Secretary may also consider:

1. the suitability of any of the applicant's previous, current or proposed key personnel, and
2. **any person** connected with the applicant, who affects, or is likely to affect, the operation of the service by the operator/provider, and
3. **any person** connected with the applicant's previous, current or proposed key personnel, who affects, or is likely to affect the operation of the service by the applicant.

Operator's/Provider's Personnel

**Key Personnel** includes anyone who participates directly or indirectly in the decision making or management of the child care services or the legal entity (the organisation that is the approved operator/provider for CCB purposes) that operates the child care service. This includes:

1. an officer (within the meaning given by section 9 of the *Corporations Act 2001*) of the operator/provider
2. a member of the group of people that is responsible for the executive decisions of the operator/provider
3. any other person who is concerned in, or who takes part in, the management of the operator/provider
4. any person who, under an arrangement with the operator/provider, manages or supervises the child care service.

**Authorised persons** are nominated by the operator/ provider or key personnel and have permission to perform a range of interactions with the department including:

1. notifying the department of the cessation of operations
2. changing bank account details and other information regarding the child care service
3. adding and removing Authorised Persons and Service Contacts
4. authorising data submission transactions to the Child Care Management System (CCMS)
5. querying fee reduction entitlement on behalf of families.

**Service Contacts** have permission to discuss family fee reduction entitlement and CCMS transaction processing results with the department. They can notify the department of non-financial contact details including:

1. service email addresses
2. postal addresses
3. telephone and fax numbers.

Service Contacts do not have permission to notify the department of any other changes to the information the department holds about a service.

Operator's/Provider's obligations under the family assistance law

The operator/provider will have final responsibility for the following matters:

* passing on the amount of child care benefit and child care rebate as calculated by the Department of Human Services
* assisting the department recover any debts of the service under the family assistance law
* maintaining the records required by the family assistance law
* ensuring that the staff of the child care service are 'suitable people' to provide child care
* ensuring that the service is insured in accordance with the obligations under the family assistance law
* ensuring that the service is open for the required number of hours, days and weeks each year
* ensuring that the service complies with the relevant privacy and confidentiality obligations in relation to the service.

In addition, the **operator/provider** is responsible for all other obligations under the family assistance law.

What are the potential liabilities of the operator/ provider of the approved child care service?

If the **operator/provider** fails to ensure that the service is complying with any relevant legal obligations, the **operator/provider** may be liable:

* for fines and other penalties if the service does not notify the Commonwealth of changes to it circumstances as required
* for fines and other penalties if the service defrauds the Commonwealth
* for fines and other penalties if the service does not comply with its general responsibilities (as outlined under the heading Operator's/Provider's obligations under family assistance law above)
* to repay the payment made to the service to reduce child care fees, if the money was not used for this purpose
* to account for any other debts to the Commonwealth incurred by the service.

## PART 1 APPLICATION REQUIREMENTS

### Please complete the following:

|  |  |
| --- | --- |
| I have read and understood the preceding information (circle or delete as appropriate) | Yes / No |

**I confirm that in relation to the child care service, for which I am seeking approval**

|  |  |
| --- | --- |
| Name of child care service |  |

**the following legal entity is the operator/provider**

**HELP TEXT:** This would need to match the Provider Approval issued by the State Regulatory Authority. This name will appear on all official and legal papers.

|  |  |
| --- | --- |
| Full legal name of operator/provider |  |

### The Long Day Care service for which I am seeking approval:

**You must agree to all the conditions to be eligible to submit this application form.**

|  |  |
| --- | --- |
| is centre based (circle as appropriate) | Agree |
| will provide care to a majority of children who have not yet commenced school and who will attend the service at least one day a week (circle as appropriate) | Agree |
| will operate on all normal working days for at least 48 weeks of the year (circle as appropriate) | Agree |
| will be available to provide care for any particular child for at least eight continuous hours on each normal working day it operates (circle as appropriate) | Agree |
| will not prevent a child from attending any part of a session of care that child attends (circle as appropriate) | Agree |

The operator/provider must satisfy each of the above criteria in order to be approved for CCB purposes. If the service you are seeking approval for does not satisfy one or more of the criteria, you can simply abandon the application or to speak with an approvals officer. Please call 1800 670 305. Callers must identify which State or Territory office they wish to speak with. All information provided in an application for approval form must be complete and correct.

|  |  |
| --- | --- |
| I have read and understood the requirements and confirm the service for which I am seeking approval will satisfy each of the above criteria. (circle or delete as appropriate) | Yes / No |

|  |  |
| --- | --- |
| Are you a registered carer with the Department of Human Services? (A person cannot make an application for Child Care service approval under the Family Assistance Law if the person is a registered carer. Registered care is child care provided by nannies, grandparents, relatives or friends who are registered with the Department of Human Services) (circle or delete as appropriate) | Yes / No |

|  |  |
| --- | --- |
| Do you have, or will you obtain, software registered for use under the Child Care Management System (www.education.gov.au/node/579) (CCMS) and the capacity to use this software to submit information to the department electronically?(circle or delete as appropriate)**HELP TEXT:** If approved, your service will be required to meet a range of obligations under Family Assistance Law. These obligations require your service to obtain registered CCMS software to enable you to receive payments to receive Child Care Benefit fee reductions.If your service cannot meet these obligations it may be sanctioned, and you may also be guilty of an offence.  | Yes / No |

### Operator's/Provider's Representative(s):

**Provide the details of the operator's/provider's representative(s) for this application.**

An Operator's/Provider's Representative is a person with the legal authority to complete and sign this application on behalf of the operator/provider. This representative also becomes the contact person for any communication arising from this application. The representative you nominate will have the same permissions as Key Personnel.

You should refer to the rules of the legal entity you are representing to decide who has this authority.

 *Note: The first Operator's/Provider's Representative will be the default contact for information that will be published on the MyChild website (http://mychild.gov.au/). This information includes operational hours, fee sets etc. If approved, you will be able to amend/update this information through your registered CCMS software.*

#### Person 1:

|  |  |
| --- | --- |
| Title |  |
| Given name(s) |  |
| Family name |  |
| Position(circle or delete as appropriate) | AccountantAdministrationAssistant Program ManagerBursarChairpersonChief Executive OfficerCommunity WorkerConsultantCoordinatorDevelopment OfficerDirectorExecutive OfficerGeneral ManagerLibrarianManagerOperatorPresidentPrincipalProgram ManagerProject OfficerSecretaryTeam LeaderTreasurerOther |
| If Other, please specify |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email address |  |

#### Person 2 (if applicable):

|  |  |
| --- | --- |
| Title |  |
| Given name(s) |  |
| Family name |  |
| Position(circle or delete as appropriate) | AccountantAdministrationAssistant Program ManagerBursarChairpersonChief Executive OfficerCommunity WorkerConsultantCoordinatorDevelopment OfficerDirectorExecutive OfficerGeneral ManagerLibrarianManagerOperatorPresidentPrincipalProgram ManagerProject OfficerSecretaryTeam LeaderTreasurerOther |
| If Other, please specify |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email address |  |

## PART 2 APPLICANT DETAILS

### To be completed by the operator/provider of the service.

|  |  |
| --- | --- |
| Full legal name of operator/provider |  |

|  |  |
| --- | --- |
| Does the operator/provider currently operate a CCB approved service? (circle or delete as appropriate) | Yes / No |
| If yes, CCB Approval Id of the most recently approved service |  |

|  |  |
| --- | --- |
| Does the operator/provider have a trading name (business name) different to their legal name above? (circle or delete as appropriate) | Yes / No |
| If yes, Trading name(What is a trading name? If a company wishes to trade using a name other than the registered company name, it will be necessary for the company to register that name as a business name. The trading name is the name that the entity trades under, or is known as, by its suppliers or customers. It may be different from the entity's legal name.An example of an applicant trading under a business name would be Education Pty Ltd trading as The Department Child Care Service. |  |

**ATTACHMENT REQUIRED**

Attach a copy of your:

* Record/certificate of business name registration; and/or
* Business name extract

*Note: If the record/certificate of business name registration does not contain the applicant’s name, also attach a copy of the Business name extract.* **Principal business address and main contact numbers of the operator/provider
Physical Address (must not be a PO Box)**

**HELP TEXT:** What is the principal address of the applicant? This is not necessarily the same address as the child care service; it is the address at which the operator/provider conducts most of their business.

|  |  |
| --- | --- |
| Floor / Building; Unit / Apt name |  |
| Unit Number |  |
| Street number |  |
| Street type |  |
| Street name |  |
| Suburb / Town |  |
| State |  |
| Postcode |  |
| Main telephone |  |
| Fax |  |
| Email address |  |

**Postal address of the operator/provider**

|  |  |
| --- | --- |
| Same as principal business address above(circle or delete as appropriate) | Yes / No  |
| Floor / Building |  |
| Street / PO Box |  |
| Suburb / Town |  |
| State |  |
| Postcode |  |

|  |  |
| --- | --- |
| What type of entity is the operator/provider?(circle or delete as appropriate)**HELP TEXT**: If you are unsure about the entity you are please seek independent legal advice.  | Incorporated BodyIndigenous CorporationIndividual/Sole TraderOrganisation established through a specific piece of Commonwealth or State/Territory legislationPartnershipPrivate CompanyPublic CompanyRegistered CooperativeAustralian GovernmentState/Territory GovernmentLocal GovernmentUnincorporated Body |

**ATTACHMENT REQUIRED**

Attach a copy of the required documentation for your entity type. This can be found on the departmental website (www.education.gov.au/node/559)

|  |  |
| --- | --- |
| Is the operator/provider a trustee? (circle or delete as appropriate) | Yes / No |
| Is yes, Trustee name |  |

**ATTACHMENT REQUIRED**

Attach a copy of your Trust Deed.

*Note: The Trust Deed must have a clause that allows the Trustee to enter into an agreement with the Commonwealth.*

|  |  |
| --- | --- |
| Trust DeedDoes the operator/provider have an Australian Business Number (ABN)?(circle or delete as appropriate) | Yes / No |
| If yes, ABN number |  |
| ABN Branch Number (if applicable) |  |

**Australian Business Number (ABN)?**

An operator/proposed operator is required to provide their ABN to the department before a service can be approved.
**HELP TEXT:** An Australian Business Number (ABN) is a unique 11 digit identifying number that businesses use when dealing with other businesses and the Australian Government. It is issued by the Australian Tax Office (ATO). See www.business.gov.au for more information.

|  |  |
| --- | --- |
| Does the operator/provider have an Australian Business Number (ABN)?(circle or delete as appropriate) | Yes / No |
| If yes, ABN number |  |
| ABN Branch Number (if applicable) |  |

|  |  |
| --- | --- |
| Is the operator/provider GST registered? (circle or delete as appropriate)**HELP TEXT:** To be registered for GST you must have a valid ABN specified. Questions on GST requirements should be addresses to the Australian Taxation Office. See www business.gov.au for more information. | Yes / No / Pending |
| If pending, provide details |  |

|  |  |
| --- | --- |
| Is the operator/provider for profit or not for profit? (circle or delete as appropriate) | For profit / not for profit |

|  |  |
| --- | --- |
| Is the operator/provider a charitable organisation? (circle or delete as appropriate)HELP TEXT: What is a charity?A charity is an entity established for altruistic purposes that the law regards as charitable. The characteristics of a charity are:- it is an entity that is also a trust fund or an institution - it exists for the public benefit or the relief of poverty - its purposes are charitable within the legal sense of that term it is non-profit, and - its sole purpose is charitable.Further information is available on the Australian Taxation Office (ATO) website. | Yes / No  |

|  |  |
| --- | --- |
| Is the operator/provider an educational institution?An example of an Educational Institution would be, but not limited to: a Government or Non-Government School; a College; Educational and Training Institutions; or a University. (circle or delete as appropriate) | Yes / No  |

**Account details for payment(s) made under family assistance law to child care service**

|  |  |
| --- | --- |
| BSB number |  |
| Account number |  |
| Account name |  |

**Provide an email address for payment advice to be sent to**

**HELP TEXT:** All remittance advice, including and if applicable Recipient Created Tax Invoices (RCTI), will be sent to this email address. The Australian Government may issue an RCTI for any taxable supplies if the service requires it for tax purposes. Further information is available on the Australian Taxation Office (ATO) website.

|  |  |
| --- | --- |
| Financial email address |  |

### Suitability of Operator/Provider and Key Personnel:

The operator/provider and the operator's/provider's key personnel must be suitable people to operate a child care service. Please refer to the family assistance law and the eligibility rules.

For the suitability questions, please answer in respect of the person(s) who is seeking approval as well as those who satisfy the definition of key personnel. Please refer to the definitions of personnel under Operator's/Provider's Personnel at page 3/4 of the application form.

The following questions are in relation to the operator/provider and/or the operator's/provider's key personnel. Please list first the operator/provider representative(s) and then any key personnel who have had involvement in any of the following:

* currently operate a child care service(s), or have previously had an interest in, or operated a child care service(s) in the past 5 years;
* been subject to administration, receivership, liquidation, bankruptcy or debt recovery proceedings at any time in the past 5 years; or
* any criminal charges pending before a court, any convictions or findings of guilt for an offence.

Other key personnel can be listed after these or attached in separate file if there are more than four.

 **Provide details of the operator/provider and key personnel including each person's child care service**

**experience and personal circumstances**

#### Operator's/Provider's Representative - Person 1:

1. An operator's/provider's representative is a person with the legal authority to complete and sign this application on behalf of the operator/provider. You should refer to the rules of the legal entity you are representing to make sure the person/s nominated has this authority.
2. This person/s also becomes the contact person for any communication arising from this application.
3. The operator's/provider's representative you nominate will have the same permissions as Key Personnel.

|  |  |
| --- | --- |
| Title |  |
| Given name(s) |  |
| Family name |  |
| Former name |  |
| Date of Birth |  |

**Qualifications**

|  |  |
| --- | --- |
| **NQA Id** (The NQA Id is given to a Certified Supervisor by the Australian Children's Education and Care Quality Authority (ACECQA)) |  |
| Qualification 1 – Mandatory |  |
| Qualification 2  |  |
| Qualification 3 |  |
| Other Qualifications |  |

|  |  |
| --- | --- |
| Does the person above currently operate a child care service(s), or have they previously had an interest in/operated a child care service(s) in the past 5 years?This includes:* experience working with children in any child care setting
* an interest in or a history of operating a child care service licenced by a State or Territory

(circle or delete as appropriate) | Yes / No  |

**If yes,**

**First Operator/Service**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Second Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Third Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Fourth Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

|  |  |
| --- | --- |
| In the last 5 years, has the person above:* been subject to administration, receivership, liquidation (voluntary or involuntary), bankruptcy or debt recovery proceedings?
* Been a Director, Shareholder or Trustee of a business/entity (for example, a company, trust or partnership) at the time it was subject to administration, receivership, liquidation (voluntary or involuntary), bankruptcy or debt recovery proceedings?
* received a sanction in relation to a child care service?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Does the person above have against them:* any criminal charges pending before a court?
* any convictions or findings of guilt for an offence?
* any civil charges in relation to children or child care?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Is the person part of an external organisation, or an individual not employed by the operator/provider, and responsible for the day to day administration/management of the service?(circle or delete as appropriate)**HELP TEXT:** What is the effect of engaging an external organisation or individual to undertake the day to day administration/management of the service?The person on whose application approval of the service is granted becomes the operator/provider of the CCB approved service for family assistance law purposes. The obligations to comply with family assistance law rest with the operator/provider. The operator/provider must ensure that its key personnel understand their responsibilities; however, the appointment of another organisation to undertake the day to day administration/management of the service does not affect the operator’s obligations under the family assistance law | Yes / No  |
| If yes, you must complete the External Management Details further down.  |  |

#### Operator's/Provider's Representative - Person 2 (if applicable):

1. An operator's/provider's representative is a person with the legal authority to complete and sign this application on behalf of the operator/provider. You should refer to the rules of the legal entity you are representing to make sure the person/s nominated has this authority.
2. This person/s also becomes the contact person for any communication arising from this application.
3. The operator's/provider's representative you nominate will have the same permissions as Key Personnel.

|  |  |
| --- | --- |
| Title |  |
| Given name(s) |  |
| Family name |  |
| Former name |  |
| Date of Birth |  |

**Qualifications**

|  |  |
| --- | --- |
| **NQA Id** (The NQA Id is given to a Certified Supervisor by the Australian Children's Education and Care Quality Authority (ACECQA)) |  |
| Qualification 1 – Mandatory |  |
| Qualification 2  |  |
| Qualification 3 |  |
| Other Qualifications |  |

|  |  |
| --- | --- |
| Does the person above currently operate a child care service(s), or have they previously had an interest in/operated a child care service(s) in the past 5 years?This includes:* experience working with children in any child care setting
* an interest in or a history of operating a child care service licenced by a State or Territory

(circle or delete as appropriate) | Yes / No  |

**If yes,**

**First Operator/Service**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Second Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Third Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Fourth Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

|  |  |
| --- | --- |
| Has the person above, or any business (for example, a company, trust or partnership) in whichthe person was a Director, Shareholder or Trustee:* been subject to administration, receivership, liquidation, bankruptcy or debt recovery proceedings at any time in the last 5 years?
* received a sanction in relation to a child care service at any time in the last 5 years?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Does the person above have against them:* any criminal charges pending before a court?
* any convictions or findings of guilt for an offence?
* any civil charges in relation to children or child care?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Is the person part of an external organisation, or an individual not employed by the operator/provider, and responsible for the day to day administration/management of the service?(circle or delete as appropriate)**HELP TEXT:** What is the effect of engaging an external organisation or individual to undertake the day to day administration/management of the service?The person on whose application approval of the service is granted becomes the operator/provider of the CCB approved service for family assistance law purposes. The obligations to comply with family assistance law rest with the operator/provider. The operator/provider must ensure that its key personnel understand their responsibilities; however, the appointment of another organisation to undertake the day to day administration/management of the service does not affect the operator’s obligations under the family assistance law | Yes / No  |
| If yes, you must complete the External Management Details further down.  |  |

#### Personnel – Person 1:

**Personal details:**

|  |  |
| --- | --- |
| Title |  |
| Given name(s) |  |
| Family name |  |
| Former name |  |
| Position |  |
| Telephone |  |
| Fax |  |
| Email address |  |
| Date of Birth |  |

**Key personnel**

Key personnel includes anyone who participates directly or indirectly in the decision making or management of the child care services or the legal entity (the organisation that is the Approved operator/provider for CCB purposes) that operates the child care service. This includes:

1. an officer (within the meaning given by section 9 of the *Corporations Act 2001*) of the applicant or operator
2. a member of the group of people that is responsible for the executive decisions of the applicant or operator
3. any other person who is concerned in, or who takes part in, the management of the applicant or operator
4. any person who, under an arrangement with the applicant or operator/provider, manages or supervises the child care service
5. notifying the department of the cessation of operations
6. changing bank account details and other information regarding the child care service
7. adding and removing Authorised Persons and Service Contacts.

**Authorised person**

Authorised persons are nominated by the operator/provider or key personnel and have permission to perform a range of interactions with the department including:

1. notifying the department of the cessation of operations
2. changing bank account details and other information regarding the child care service
3. adding and removing Authorised Persons and Service Contacts.

**Service contact**

Service Contacts have permission to discuss family fee reduction entitlement and CCMS transaction processing results with the department. They can notify the department of non-financial contact details including:

1. service email addresses
2. postal addresses
3. telephone and fax numbers.

Service Contacts do not have permission to notify the department of any other changes to the information the department holds about a service.

**Select Type: (see definition above)**

|  |  |
| --- | --- |
| Key Personnel |  |
| Authorised Person |  |
| Service Contact  |  |

**Qualifications**

|  |  |
| --- | --- |
| **NQA Id** (The NQA Id is given to a Certified Supervisor by the Australian Children's Education and Care Quality Authority (ACECQA)) |  |
| Qualification 1 – Mandatory |  |
| Qualification 2  |  |
| Qualification 3 |  |
| Other Qualifications |  |

|  |  |
| --- | --- |
| Does the person above currently operate a child care service(s), or have they previously had an interest in/operated a child care service(s) in the past 5 years?This includes:* experience working with children in any child care setting
* an interest in or a history of operating a child care service licenced by a State or Territory

(circle or delete as appropriate) | Yes / No  |

**If yes,**

**First Operator/Service**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Second Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Third Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Fourth Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

|  |  |
| --- | --- |
| Has the person above, or any business (for example, a company, trust or partnership) in whichthe person was a Director, Shareholder or Trustee:* been subject to administration, receivership, liquidation, bankruptcy or debt recovery proceedings at any time in the last 5 years?
* received a sanction in relation to a child care service at any time in the last 5 years?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Does the person above have against them:* any criminal charges pending before a court?
* any convictions or findings of guilt for an offence?
* any civil charges in relation to children or child care?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Is the person part of an external organisation, or an individual not employed by the operator/provider, and responsible for the day to day administration/management of the service?(circle or delete as appropriate)**HELP TEXT:** What is the effect of engaging an external organisation or individual to undertake the day to day administration/management of the service?The person on whose application approval of the service is granted becomes the operator/provider of the CCB approved service for family assistance law purposes. The obligations to comply with family assistance law rest with the operator/provider. The operator/provider must ensure that its key personnel understand their responsibilities; however, the appointment of another organisation to undertake the day to day administration/management of the service does not affect the operator’s obligations under the family assistance law | Yes / No  |
| If yes, you must complete the External Management Details further down.  |  |

#### Personnel – Person 2:

**Personal details:**

|  |  |
| --- | --- |
| Title |  |
| Given name(s) |  |
| Family name |  |
| Former name |  |
| Position |  |
| Telephone |  |
| Fax |  |
| Email address |  |
| Date of Birth |  |

**Key personnel**

Key personnel includes anyone who participates directly or indirectly in the decision making or management of the child care services or the legal entity (the organisation that is the Approved operator/provider for CCB purposes) that operates the child care service. This includes:

1. an officer (within the meaning given by section 9 of the *Corporations Act 2001*) of the applicant or operator
2. a member of the group of people that is responsible for the executive decisions of the applicant or operator
3. any other person who is concerned in, or who takes part in, the management of the applicant or operator
4. any person who, under an arrangement with the applicant or operator/provider, manages or supervises the child care service
5. notifying the department of the cessation of operations
6. changing bank account details and other information regarding the child care service
7. adding and removing Authorised Persons and Service Contacts.

**Authorised person**

Authorised persons are nominated by the operator/provider or key personnel and have permission to perform a range of interactions with the department including:

1. notifying the department of the cessation of operations
2. changing bank account details and other information regarding the child care service
3. adding and removing Authorised Persons and Service Contacts.

**Service contact**

Service Contacts have permission to discuss family fee reduction entitlement and CCMS transaction processing results with the department. They can notify the department of non-financial contact details including:

1. service email addresses
2. postal addresses
3. telephone and fax numbers.

Service Contacts do not have permission to notify the department of any other changes to the information the department holds about a service.

**Select Type: (see definition above)**

|  |  |
| --- | --- |
| Key Personnel |  |
| Authorised Person |  |
| Service Contact  |  |

**Qualifications**

|  |  |
| --- | --- |
| **NQA Id** (The NQA Id is given to a Certified Supervisor by the Australian Children's Education and Care Quality Authority (ACECQA)) |  |
| Qualification 1 – Mandatory |  |
| Qualification 2  |  |
| Qualification 3 |  |
| Other Qualifications |  |

|  |  |
| --- | --- |
| Does the person above currently operate a child care service(s), or have they previously had an interest in/operated a child care service(s) in the past 5 years?This includes:* experience working with children in any child care setting
* an interest in or a history of operating a child care service licenced by a State or Territory

(circle or delete as appropriate) | Yes / No  |

**If yes,**

**First Operator/Service**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Second Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Third Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Fourth Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

|  |  |
| --- | --- |
| Has the person above, or any business (for example, a company, trust or partnership) in whichthe person was a Director, Shareholder or Trustee:* been subject to administration, receivership, liquidation, bankruptcy or debt recovery proceedings at any time in the last 5 years?
* received a sanction in relation to a child care service at any time in the last 5 years?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Does the person above have against them:* any criminal charges pending before a court?
* any convictions or findings of guilt for an offence?
* any civil charges in relation to children or child care?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Is the person part of an external organisation, or an individual not employed by the operator/provider, and responsible for the day to day administration/management of the service?(circle or delete as appropriate)**HELP TEXT:** What is the effect of engaging an external organisation or individual to undertake the day to day administration/management of the service?The person on whose application approval of the service is granted becomes the operator/provider of the CCB approved service for family assistance law purposes. The obligations to comply with family assistance law rest with the operator/provider. The operator/provider must ensure that its key personnel understand their responsibilities; however, the appointment of another organisation to undertake the day to day administration/management of the service does not affect the operator’s obligations under the family assistance law | Yes / No  |
| If yes, you must complete the External Management Details further down.  |  |

#### Personnel – Person 3:

**Personal details:**

|  |  |
| --- | --- |
| Title |  |
| Given name(s) |  |
| Family name |  |
| Former name |  |
| Position |  |
| Telephone |  |
| Fax |  |
| Email address |  |
| Date of Birth |  |

**Key personnel**

Key personnel includes anyone who participates directly or indirectly in the decision making or management of the child care services or the legal entity (the organisation that is the Approved operator/provider for CCB purposes) that operates the child care service. This includes:

1. an officer (within the meaning given by section 9 of the *Corporations Act 2001*) of the applicant or operator
2. a member of the group of people that is responsible for the executive decisions of the applicant or operator
3. any other person who is concerned in, or who takes part in, the management of the applicant or operator
4. any person who, under an arrangement with the applicant or operator/provider, manages or supervises the child care service
5. notifying the department of the cessation of operations
6. changing bank account details and other information regarding the child care service
7. adding and removing Authorised Persons and Service Contacts.

**Authorised person**

Authorised persons are nominated by the operator/provider or key personnel and have permission to perform a range of interactions with the department including:

1. notifying the department of the cessation of operations
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Service Contacts have permission to discuss family fee reduction entitlement and CCMS transaction processing results with the department. They can notify the department of non-financial contact details including:

1. service email addresses
2. postal addresses
3. telephone and fax numbers.

Service Contacts do not have permission to notify the department of any other changes to the information the department holds about a service.

**Select Type: (see definition above)**

|  |  |
| --- | --- |
| Key Personnel |  |
| Authorised Person |  |
| Service Contact  |  |

**Qualifications**

|  |  |
| --- | --- |
| **NQA Id** (The NQA Id is given to a Certified Supervisor by the Australian Children's Education and Care Quality Authority (ACECQA)) |  |
| Qualification 1 – Mandatory |  |
| Qualification 2  |  |
| Qualification 3 |  |
| Other Qualifications |  |

|  |  |
| --- | --- |
| Does the person above currently operate a child care service(s), or have they previously had an interest in/operated a child care service(s) in the past 5 years?This includes:* experience working with children in any child care setting
* an interest in or a history of operating a child care service licenced by a State or Territory

(circle or delete as appropriate) | Yes / No  |

**If yes,**

**First Operator/Service**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Second Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Third Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Fourth Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

|  |  |
| --- | --- |
| Has the person above, or any business (for example, a company, trust or partnership) in whichthe person was a Director, Shareholder or Trustee:* been subject to administration, receivership, liquidation, bankruptcy or debt recovery proceedings at any time in the last 5 years?
* received a sanction in relation to a child care service at any time in the last 5 years?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Does the person above have against them:* any criminal charges pending before a court?
* any convictions or findings of guilt for an offence?
* any civil charges in relation to children or child care?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Is the person part of an external organisation, or an individual not employed by the operator/provider, and responsible for the day to day administration/management of the service?(circle or delete as appropriate)**HELP TEXT:** What is the effect of engaging an external organisation or individual to undertake the day to day administration/management of the service?The person on whose application approval of the service is granted becomes the operator/provider of the CCB approved service for family assistance law purposes. The obligations to comply with family assistance law rest with the operator/provider. The operator/provider must ensure that its key personnel understand their responsibilities; however, the appointment of another organisation to undertake the day to day administration/management of the service does not affect the operator’s obligations under the family assistance law | Yes / No  |
| If yes, you must complete the External Management Details further down.  |  |

#### Personnel – Person 4:

**Personal details:**

|  |  |
| --- | --- |
| Title |  |
| Given name(s) |  |
| Family name |  |
| Former name |  |
| Position |  |
| Telephone |  |
| Fax |  |
| Email address |  |
| Date of Birth |  |

**Key personnel**

Key personnel includes anyone who participates directly or indirectly in the decision making or management of the child care services or the legal entity (the organisation that is the Approved operator/provider for CCB purposes) that operates the child care service. This includes:

1. an officer (within the meaning given by section 9 of the *Corporations Act 2001*) of the applicant or operator
2. a member of the group of people that is responsible for the executive decisions of the applicant or operator
3. any other person who is concerned in, or who takes part in, the management of the applicant or operator
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1. service email addresses
2. postal addresses
3. telephone and fax numbers.

Service Contacts do not have permission to notify the department of any other changes to the information the department holds about a service.

**Select Type: (see definition above)**

|  |  |
| --- | --- |
| Key Personnel |  |
| Authorised Person |  |
| Service Contact  |  |

**Qualifications**

|  |  |
| --- | --- |
| **NQA Id** (The NQA Id is given to a Certified Supervisor by the Australian Children's Education and Care Quality Authority (ACECQA)) |  |
| Qualification 1 – Mandatory |  |
| Qualification 2  |  |
| Qualification 3 |  |
| Other Qualifications |  |

|  |  |
| --- | --- |
| Does the person above currently operate a child care service(s), or have they previously had an interest in/operated a child care service(s) in the past 5 years?This includes:* experience working with children in any child care setting
* an interest in or a history of operating a child care service licenced by a State or Territory

(circle or delete as appropriate) | Yes / No  |

**If yes,**

**First Operator/Service**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Second Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Third Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

**Fourth Operator/Service (if relevant)**

|  |  |
| --- | --- |
| Operator/Service Details |  |
| Period of Operation From |  |
| Period of Operation To? |  |

|  |  |
| --- | --- |
| Has the person above, or any business (for example, a company, trust or partnership) in whichthe person was a Director, Shareholder or Trustee:* been subject to administration, receivership, liquidation, bankruptcy or debt recovery proceedings at any time in the last 5 years?
* received a sanction in relation to a child care service at any time in the last 5 years?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Does the person above have against them:* any criminal charges pending before a court?
* any convictions or findings of guilt for an offence?
* any civil charges in relation to children or child care?

(circle or delete as appropriate) | Yes / No  |
| If yes, what was the nature and outcome of those proceedings? |  |

|  |  |
| --- | --- |
| Is the person part of an external organisation, or an individual not employed by the operator/provider, and responsible for the day to day administration/management of the service?(circle or delete as appropriate)**HELP TEXT:** What is the effect of engaging an external organisation or individual to undertake the day to day administration/management of the service?The person on whose application approval of the service is granted becomes the operator/provider of the CCB approved service for family assistance law purposes. The obligations to comply with family assistance law rest with the operator/provider. The operator/provider must ensure that its key personnel understand their responsibilities; however, the appointment of another organisation to undertake the day to day administration/management of the service does not affect the operator’s obligations under the family assistance law | Yes / No  |
| If yes, you must complete the External Management Details further down.  |  |

**ATTACHMENT REQUIRED (if applicable)**

If you have more than four personnel to enter, provide details in a separate document and attach.

### External Management Details:

**Details of the external management organisation and/or external manager/contact person**

|  |  |
| --- | --- |
| (circle or delete as appropriate) | External Individual / External Organisation |

|  |  |
| --- | --- |
| Name of organisation |  |

|  |  |
| --- | --- |
| Does the external management organisation/individual manage other child care services(s)(circle or delete as appropriate) | Yes / No |
| If yes, details of child care service(s), if known |  |

**Business address of external management organisation/individual**

|  |  |
| --- | --- |
| Floor / Building; Unit / Apt name |  |
| Unit Number |  |
| Street number |  |
| Street type |  |
| Street name |  |
| Suburb / Town |  |
| State |  |
| Postcode |  |
| Main telephone |  |
| Fax |  |
| Email address |  |

**Postal address of external management organisation/individual**

|  |  |
| --- | --- |
| Same as business address above |  |
| Floor / Building |  |
| Street / PO Box |  |
| Suburb / Town |  |
| State |  |
| Postcode |  |

|  |  |
| --- | --- |
| What type of entity is the external management organisation/individual(circle or delete as appropriate) | Incorporated BodyIndigenous CorporationIndividual/Sole TraderOrganisation established through a specific piece of Commonwealth or State/Territory legislationPartnershipPrivate CompanyPublic CompanyRegistered CooperativeAustralian GovernmentState/Territory GovernmentLocal GovernmentUnincorporated Body |

|  |  |
| --- | --- |
| Does the external management organisation/individual have an ABN?(circle or delete as appropriate) | Yes / No |
| If yes, ABN number |  |
| ABN Branch Number (if applicable) |  |

|  |  |
| --- | --- |
| Is the management organisation/individual GST registered (circle or delete as appropriate) | Yes / No |

## PART 3 SERVICE DETAILS

|  |  |
| --- | --- |
| Is the operator/provider purchasing or taking over the operation of an existing approved child care service?(circle or delete as appropriate) | Yes / No |

**If yes:**

|  |  |
| --- | --- |
| Legal name of current operator/provider |  |
| Address of current operator/provider (if known) |  |
| Name of existing child care service |  |
| Proposed settlement date**HELP TEXT:** Child Care Benefit is paid against attendance reports made for a week ending on a Sunday. Operators are encouraged to strike a settlement date which is a Sunday to avoid payment problems in the transition from one operator/provider to another. |  |

### The following questions are in relation to the above LDC service

**Physical address and contact details of the child care service**

|  |  |
| --- | --- |
| Floor / Building; Unit / Apt name |  |
| Unit Number |  |
| Street number |  |
| Street type |  |
| Street name |  |
| Suburb / Town |  |
| State |  |
| Postcode |  |
| Main telephone |  |
| Fax |  |
| Email address |  |

**Postal address of the child care service**

|  |  |
| --- | --- |
| Same as business address above |  |
| Floor / Building |  |
| Street / PO Box |  |
| Suburb / Town |  |
| State |  |
| Postcode |  |

### Operational Details for the Service

#### What date would you prefer to start offering CCB at the LDC service?

You should be aware that you are not guaranteed approval of your application. You may advise families that you are seeking approval to operate for the purposes of CCB. However, you should also be aware that families who use your service during this time may not be eligible for CCB/CCR.

Families' eligibility for CCB/CCR will not be confirmed until your application is successful

**HELP TEXT:** The date you request to be approved to administer CCB at this service will likely reflect the date you commenced or will commence operating the service. While this date will represent your preference, consideration of a request by a child care service to backdate CCB approval is only made if the service was considered by the department to be compliant with State Regulations and CCB approval conditions. The date cannot be more than six months prior to this application being submitted.

|  |  |
| --- | --- |
| Proposed CCB start date |  |

#### What number of places will be offered at the service?

**HELP TEXT:** For additional information on calculating places, please see the Child Care Service Handbook.

|  |  |
| --- | --- |
| Number of places |  |

#### How many weeks per year will the LDC service be open? Provide details of the hours of operation for each day.

|  |  |
| --- | --- |
| Weeks per year |  |

**Hours of Operation**

|  |  |  |
| --- | --- | --- |
| **Weekday** | **Open** | **Close** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |

|  |  |
| --- | --- |
| Total hours per week |  |

#### What will be the LDC service’ standard fees for each age group?

If your application is approved, further fees can be added, amended or updated through your registered CCMS software.

**Transport service included**

|  |  |
| --- | --- |
| Information not provided |  |
| No |  |
| Other – Contact Service |  |
| Yes – Included in Fee |  |
| Yes – Not Included in Fee |  |

**Educational programs included**

|  |  |
| --- | --- |
| Information not provided |  |
| No |  |
| Other – Contact Service |  |
| Yes – Included in Fee |  |
| Yes – Not Included in Fee |  |

**Excursion/Incursion included**

|  |  |
| --- | --- |
| Information not provided |  |
| No |  |
| Other – Contact Service |  |
| Yes – Included in Fee |  |
| Yes – Not Included in Fee |  |

|  |  |
| --- | --- |
| Additional Levy(circle or delete as appropriate) | Yes / No |
| If yes, Weekly levy amount ($) |  |

**MyChild Website**

*Note: This if the information that will be initially displayed on the My Child website. If approved, you will be able to amend/update this information through your registered CCMS software.*

|  |  |
| --- | --- |
| Telephone number |  |
| Email address |  |
| Website |  |

|  |  |
| --- | --- |
| Additional Comments |  |

**Fee Set 1 (complete if/where applicable):**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Period** | **Std min rate ($)** |
| **0-12 Months** |  |  |
| **13-24 Months** |  |  |
| **25 – 35 Months** |  |  |
| **36 Months – Preschool Age** |  |  |
| **Over Preschool Age** |  |  |

**Inclusions**

|  |  |
| --- | --- |
| Nappies |  |
| Breakfast |  |
| Morning Tea |  |
| Lunch |  |
| Afternoon Tea |  |
| Other Meals |  |

**Fee Set 2 (complete if/where applicable):**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Period** | **Std min rate ($)** |
| **0-12 Months** |  |  |
| **13-24 Months** |  |  |
| **25 – 35 Months** |  |  |
| **36 Months – Preschool Age** |  |  |
| **Over Preschool Age** |  |  |

**Inclusions**

|  |  |
| --- | --- |
| Nappies |  |
| Breakfast |  |
| Morning Tea |  |
| Lunch |  |
| Afternoon Tea |  |
| Other Meals |  |

**Fee Set 3 (complete if/where applicable):**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Period** | **Std min rate ($)** |
| **0-12 Months** |  |  |
| **13-24 Months** |  |  |
| **25 – 35 Months** |  |  |
| **36 Months – Preschool Age** |  |  |
| **Over Preschool Age** |  |  |

**Inclusions**

|  |  |
| --- | --- |
| Nappies |  |
| Breakfast |  |
| Morning Tea |  |
| Lunch |  |
| Afternoon Tea |  |
| Other Meals |  |

**Fee Set 4 (complete if/where applicable):**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Period** | **Std min rate ($)** |
| **0-12 Months** |  |  |
| **13-24 Months** |  |  |
| **25 – 35 Months** |  |  |
| **36 Months – Preschool Age** |  |  |
| **Over Preschool Age** |  |  |

**Inclusions**

|  |  |
| --- | --- |
| Nappies |  |
| Breakfast |  |
| Morning Tea |  |
| Lunch |  |
| Afternoon Tea |  |
| Other Meals |  |

**Fee Set 5 (complete if/where applicable):**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Period** | **Std min rate ($)** |
| **0-12 Months** |  |  |
| **13-24 Months** |  |  |
| **25 – 35 Months** |  |  |
| **36 Months – Preschool Age** |  |  |
| **Over Preschool Age** |  |  |

**Inclusions**

|  |  |
| --- | --- |
| Nappies |  |
| Breakfast |  |
| Morning Tea |  |
| Lunch |  |
| Afternoon Tea |  |
| Other Meals |  |

**Fee Set 6 (complete if/where applicable):**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Period** | **Std min rate ($)** |
| **0-12 Months** |  |  |
| **13-24 Months** |  |  |
| **25 – 35 Months** |  |  |
| **36 Months – Preschool Age** |  |  |
| **Over Preschool Age** |  |  |

**Inclusions**

|  |  |
| --- | --- |
| Nappies |  |
| Breakfast |  |
| Morning Tea |  |
| Lunch |  |
| Afternoon Tea |  |
| Other Meals |  |

### Approval to Operate under State of Territory Law:

**HELP TEXT:** You service must be approved to operate under the State or Territory law in which the service is located, in order to be approved under the family assistance law. Approvals to operate under State or Territory law may be in the form of a licence or service approval under the *Education and Care Service National Law Act 2010.*
You must contact your State or Territory regulatory authority to obtain this approval. CCB approval will not be granted until this information is provided.

|  |  |
| --- | --- |
| Is your service approved to operate under State or Territory Law?(circle or delete as appropriate) | Yes / No |

**If Yes:**

|  |  |
| --- | --- |
| Service approval number |  |
| Date approval issued |  |
| Number of approved places |  |

**ATTACHMENT REQUIRED**

Attach a copy of your Service Approval.

**If No:**

|  |  |
| --- | --- |
| Date approval expected to be issued |  |
| How many approved places will it provide? |  |

### Suitability of Staff:

The staff employed by a child care service must at all times be suitable people to provide child care.

#### Do any staff employed by your service have against them:

|  |  |
| --- | --- |
| Any criminal charges pending before court or, any convictions or finding of guilt for an offence?(circle or delete as appropriate) |  |
| If yes, give details |  |

|  |  |
| --- | --- |
| Any civil charges in relation to children or child care?(circle or delete as appropriate) | Yes / No |
| If yes, give details |  |

### Insurance:

Does the service have:

|  |  |
| --- | --- |
| Worker’s Compensation Insurance?(circle or delete as appropriate) | Yes / No |
| Public Liability Insurance? (circle or delete as appropriate) | Yes / No |

**ATTACHMENT REQUIRED**

Attach a copy of your:

* Worker’s Compensation Insurance; and
* Public Liability Insurance

## PART 4 UNDERTAKING / ACKNOWLEDGEMENT / DECLARATION

### Please read and complete the following declaration.

#### The applicant undertakes that:

* the service will provide child care places for children in accordance with priority of access requirements set out in *the Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000*
* the service will comply with obligations under State or Territory law in which the service operates
* the service will comply with obligations under the State law in which the service is located
* the service will notify the department of any changes to this application details (including a change to key personnel of the service, bank account details, etc) within 14 days, and changes to the suitability of staff within 7 days
* the service operator/provider will notify the department at least 30 days before a change of address and at least 42 days before cessation of operations, including where the service is sold to another operator
* the service will not charge fees of a higher rate because the service, or the family, is receiving Special Child Care Benefit, Grandparent Child Care Benefit or Jobs, Education and Training Child Care fee assistance
* the service will be equipped with and have the operational capacity to use registered Child Care Management System software
* the service will operate as per the family assistance law relevant to Child Care Benefit, as amended from time to time

#### If applying for a Long Day Care service, the operator/provider also undertakes that:

* most of the children to be provided with care will not have commenced school and attend the service at least 1 day a week
* the service will operate on all normal working days in at least 48 weeks of the year
* the service will be available to provide care for any particular child for at least 8 continuous hours on each normal working day it operates
* where a child attends a session of care, the service will not prevent the child from attending any part of that session.

#### The applicant acknowledges that:

* it is a requirement to provide accurate information to the department and that the giving of false or misleading information is a serious offence
* the applicant's legal obligations as outlined in the legislative extracts (www.education.gov.au/node/559) on the department website site, have been read and understood
* the department is authorised to verify any information provided in this application
* any breach of the applicant's undertakings and legal obligations may result in the imposition of sanctions, including cancellation of service's approval, as well as civil penalties and criminal prosecution
* some of the information provided in this application may be disclosed to the Department of Human Services for Child Care Benefit payment purposes and may be disclosed to other persons/authorities where authorised by the family assistance law or other legislation
* and consents to the information collected as part of this application and any decision made in relation to this application may be disclosed to any Regulatory Authority operating in a State or a Territory.

#### The applicant declares that:

* the information given in this application is complete and correct
* the signatory or signatories below are authorised to act on behalf of the operator/provider and complete this form.
* they must comply with all applicable legal requirements imposed by a law of the Commonwealth or a law of the State or Territory in which the service operates. (This includes the National Law and National Regulations applying in each State or Territory.)

**You should refer to the rules of the legal entity you are representing to ensure you have authority to sign this application on behalf of the operator/provider**

### Operator/provider representative 1

|  |  |
| --- | --- |
| I understand and agree to the above (circle or delete as appropriate) | Yes / No |

|  |  |
| --- | --- |
| Full name |  |
| Position  |  |
| Date |  |

### Operator/provider representative 2

|  |  |
| --- | --- |
| I understand and agree to the above (circle or delete as appropriate) | Yes / No |

|  |  |
| --- | --- |
| Full name |  |
| Position  |  |
| Date |  |

### IMPORTANT ATTACHMENT REQUIRED:

You must attach the signature of each Operator/Provider representative and Key and/or Authorised person(s) nominated in this application form using the Signature Form on the webpage in order to submit this application. The Signature form is available via webpage: Information on becoming an Approved Child Care Service (www.education.gov.au/node/559)