

**CSP1b**

Community Support Programme (CSP)
Application for Funding –

**Outside School Hours Care and Long Day Care**

**PLEASE READ THE LATEST CSP GUIDELINES AND THE CSP FUNDING AGREEMENT WHEN COMPLETING THIS APPLICATION FORM**

**PART A: Legal Organisation and Service Details**

1. **Applicant Information**

|  |  |
| --- | --- |
| **Legal Organisation Name** |  |
| **Legal Organisation ABN** |  |
| **Service Name** |  |
| **Service Address** |  |
| **CCB Approval ID\*** |  |
| **Application Contact Name** |  |
| **Position** |  |
| **Phone Number** |  |
| **Email Address** |  |
| \* if you do not have a Child Care Benefit (CCB) Approval ID, please insert the date you submitted your CCB Application |

1. **Are you:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Setting Up a New Service?** | **Yes**  | **No**  |  |
| **Taking over an Existing Service?**  | **Yes**  | **No**  |  |

1. **What type of child care service?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outside School Hours Care (OSHC)**  |  |  | **Long Day Care (LDC)** |  |  |
| (Specify Components below) |  |  |  |  |  |
| **Before School Care (BSC)** |  |  |  |  |  |
| **After School Care (ASC)** |  |  |  |  |  |
| **Vacation Care (VAC)** |  |  |

1. **If you are establishing Long Day Care:**

|  |  |  |  |
| --- | --- | --- | --- |
| **How many places have you been licensed for?** |  | **How many of these places are for children 0 to 2 year old?** |  |

1. **If you are starting an LDC, please indicate the relevant start date below:**

|  |  |
| --- | --- |
| **Date** |  |

1. **If you are starting an OSHC service or services, please indicate the relevant start date(s) below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BSC** |  | **ASC** |  | **VAC** |  |

**PART B: Applicant Declaration**

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 department is authorised to verify any information provided in this application
* eligibility for CSP Funding is conditional on compliance with the following:
	+ a New Tax System (Family Assistance)(Administration) Act 1999, A New Tax System (Family Assistance) Act 1999, Family Assistance law, and related disallowable instruments as relevant to the Funding Recipient;
	+ State/Territory and local government laws, regulations and licensing requirements;
	+ the relevant CSP Funding Agreement and CSP Guidelines as issued by the Department
	+ any other documents as reasonably requested by the Department
	+ participation in and co-operation with compliance visits as requested by the Department
* 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 applicant and complete this form

|  |  |
| --- | --- |
| **I understand and agree to the above. I have read and understand the CSP Guidelines and the CSP Funding Agreement and understand that any funding will be subject to compliance with their contents. *(Please type ‘Yes’ in the box to the right to indicate your agreement with the above).*** |  |

|  |  |  |
| --- | --- | --- |
|  | **Signatory One** | **Signatory Two (if required)** |
| **Full Name:** |  |  |
| **Position:** |  |  |
| **Date:** |  |  |
| **Email:** |  |  |
| **Phone Number:** |  |  |

**NOTE:** Applicants should refer to their rules of association or constitution to ascertain who is authorised to submit the application. If eligible for CSP funding, the Letter of Offer and any future Notices will be addressed to this/these person/s.

It is an offence under the Crimes Act 1914 to provide false or misleading information in order to obtain Australian Government Funding.

**Returning the application**

Applications should be emailed as an attachment to the Australian Government Department of Education office in your State or Territory as listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| **New South Wales and Australian Capital Territory** | nswchildcaresupport@education.gov.au  | **Northern Territory** | ChildCareBenefitNT@education.gov.au |
| **Queensland** | ChildcareQLD@education.gov.au | **South Australia** | SAChildcare@education.gov.au |
| **Tasmania** | childcaretasmania@education.gov.au | **Victoria** | vicchildcaresupport@education.gov.au |
| **Western Australia** | childcareWA@education.gov.au |  |  |

**The CSP Guidelines and CSP Funding Agreement can be found at the following website:**

**http://www.education.gov.au/community-support-programme-guidelines**