



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

2. Are you:

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

3. 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)			

4. 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?	
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5. If you are starting an LDC, please indicate the relevant start date below:

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

BSC		ASC		VAC	
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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	SACChildcare@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>