

Outside School Hours Care Service

Application for approval under the Family Assistance Law

**Confidential when completed**

# Information for Applicants

This form is to be completed by a person or organisation who is seeking to have a Outside School Hours Care Service approved under the Family Assistance Law for Child Care Benefit purposes. (If you are applying for approval as a Long Day Care Service or a Family Day Care Service, please ensure you use the correct form for your service type before submitting your application).

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 other obligations can be found at the website of the Department of Social Services (the Department) here: [Information on becoming an Approved Child Care Service](https://www.dss.gov.au/node/37886)

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.

**Completed application forms can be sent by email to** ccbapplicationdocuments@dss.gov.au

## **What is Outside School Hours Care?**

Outside School Hours Care (OSHC) services provide care before and/or after school and/or care during school vacation time. Some services may also provide care on pupil-free days during the school term. Not-for-profit and for-profit organisations may operate OSHC services.

These services focus on stimulating developmental, social and recreational activities for children, while meeting the care requirements of families. They are usually set up in or close to primary schools.

An OSHC service must:

* provide care mostly for children attending school
* operate on each school day if it provides before or after school care
* operate on each normal working day in at least seven weeks of school holidays in a year if it provides vacation care and remain available to provide care for any particular child for at least eight continuous hours on each normal working day it operates.

More information about what OSHC is can be found in the types of service section of the [Child Care Services Handbook](http://www.dss.gov.au/node/39071)

## 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](https://www.dss.gov.au/node/37886)
* **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. You should be aware that any additional documents or information that you provide, or the department requests to support your application, must be provided before the assessment of the application can be completed. You should also be aware that as part of the assessment process of applications you may be asked to attend an education session and/or face to face interview before the assessment of the application can be completed.
* If you have any questions about this form, please contact the Child Care Benefit Approvals Team in your State or Territory.

**General number - 1300 653 227**

(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

### 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'** includes any of the following:

* An individual (or sole trader)
* A company
* A partnership – and applies to each partner in the partnership
* An unincorporated association – and applies to each member of the committee of the management of the body
* An Indigenous Corporation
* The Trustee (s) of a Trust
* A Trustee company
* An Incorporated association
* 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 in this application form as the applicant. Once a service is approved, the person who applied to have the service approved (this is the applicant) must continue to operate the service, and the:

* obligations imposed on an approved service by the Family Assistance Law are taken to be imposed on; and
* permissions conferred on an approved service by the Family Assistance Law are taken to be conferred on,

the person operating the service.

### Payments received by a service

A payment made under the Family Assistance Law to the service is generally paid to the operator of the approved CCB service. The operator 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 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 '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 , 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 operator.

### Applicant’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 that operates the child care service (i.e. the organisation that is the approved operator for CCB purposes). The types of Key Personnel are listed in the application.

**Authorised Persons** are nominated by the applicant or Key Personnel and have permission to perform a range of interactions with the department. A list of interactions that an Authorised Person can perform is outlined in the application.

**Service Contacts** have permission to discuss family fee reduction entitlement and Child Care Management System (CCMS) transaction processing results with the department. They can notify the department of non-financial contact details. A list of interactions that a Service Contacts can perform is in the application.

### Person operating the service’s obligations under the Family Assistance Law

The person operating the service 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 person operating the service is responsible for all other obligations under the Family Assistance Law.

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

If the **operator** fails to ensure that the service is complying with any relevant legal obligations, the **operator** may be liable for fines and other penalties if the service:

* does not notify the Commonwealth of changes to its circumstances
* defrauds the Commonwealth
* does not comply with its obligations under the Family Assistance Law.

The service is liable:

* 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:**

## 1 – Confirmation of understanding preceding information

| **I have read and understood the preceding information** | [ ]  Yes | [ ]  No |
| --- | --- | --- |

## 2 – Child care service name and legal entity details

**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 applicant.**

**IMPORTANT:** The applicant must be the same legal entity that has received Provider Approval from the relevant State or Territory Regulatory Authority. The full legal name of the applicant must be the same as that specified on the Provider Approval Certificate.

| Full legal name of applicant |       |
| --- | --- |

## 3 – Agreement to meet particular conditions

| **The Outside School Hours Care Service for which I am seeking approval:** | **Yes** | **No** |
| --- | --- | --- |
| will offer Before School Care (BSC) | [ ]  | [ ]  |
| will offer After School Care (ASC) | [ ]  | [ ]  |
| will offer Vacation Care (VAC) | [ ]  | [ ]  |
| will provide care to children, most of whom will be attending school | [ ]  | [ ]  |
| will be open to the general community | [ ]  | [ ]  |
| (if Before School and/or After School Care is offered) will operate its before and/or after school care program on each school day | [ ]  | [ ]  |
| (if VAC is offered) will be available to provide vacation care for any particular child for at least eight continuous hours on each normal working day for at least seven weeks of school holidays in a year | [ ]  | [ ]  |

**IMPORTANT:** The applicant 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 1300 653 227. 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.

**If any service component is to operate from a different location, you must complete a separate application for approval.**

| I have read an understood the requirements and confirm the service for which I am seeking approval will satisfy each of the criteria. | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**NOTE: If any OSHC service component is to operate from a different location, you must complete a separate application for approval.**

## 4 – Registered carer status

**IMPORTANT:** 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.

| Are you a registered carer with the Department of Human Services? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

## 5 – CCMS software

**IMPORTANT:** If approved, your service will be required to meet a range of obligations under the 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.

| Do you have, or will you obtain, software registered for use under the [Child Care Management System](https://www.dss.gov.au/node/38061) (CCMS) and the capacity to use this software to submit information to the department electronically? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

## 6 – Applicant Representative

### Person 1

**HELP TEXT:** An Applicant’s Representative is a person with the legal authority to complete and sign this application on behalf of the applicant. 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 Applicant’s Representative will be the default contact for information that will be published on the [MyChild](http://www.mychild.gov.au) website. This information includes Operational Hours, Fee Sets etc. If approved, you will be able to amend/update this information through your registered CCMS software.

| Title |       |
| --- | --- |

| Given Name |       |
| --- | --- |

| Family Name |       |
| --- | --- |

| Position | [ ]  Accountant[ ]  Administration[ ]  Assistant Program Manager[ ]  Bursar[ ]  Chairperson[ ]  Chief Executive Officer[ ]  Community Worker[ ]  Consultant[ ]  Coordinator[ ]  Developmental Officer[ ]  Director[ ]  Executive Officer | [ ]  General Manager[ ]  Librarian[ ]  Manager[ ]  Operator[ ]  President[ ]  Principal[ ]  Program Manager[ ]  Project Officer[ ]  Secretary[ ]  Team Leader[ ]  Treasurer[ ]  Other |
| --- | --- | --- |

| If Other, please specify |       |
| --- | --- |

| Telephone |       | Mobile |       |
| --- | --- | --- | --- |

| Email address |       |
| --- | --- |

## 6 – Applicant Representative

### Person 2

**HELP TEXT:** An Applicant’s Representative is a person with the legal authority to complete and sign this application on behalf of the applicant. 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 Applicant’s Representative will be the default contact for information that will be published on the [MyChild](http://www.mychild.gov.au) website. This information includes Operational Hours, Fee Sets etc. If approved, you will be able to amend/update this information through your registered CCMS software.

| Title |       |
| --- | --- |

| Given Name |       |
| --- | --- |

| Family Name |       |
| --- | --- |

| Position | [ ]  Accountant[ ]  Administration[ ]  Assistant Program Manager[ ]  Bursar[ ]  Chairperson[ ]  Chief Executive Officer[ ]  Community Worker[ ]  Consultant[ ]  Coordinator[ ]  Developmental Officer[ ]  Director[ ]  Executive Officer | [ ]  General Manager[ ]  Librarian[ ]  Manager[ ]  Operator[ ]  President[ ]  Principal[ ]  Program Manager[ ]  Project Officer[ ]  Secretary[ ]  Team Leader[ ]  Treasurer[ ]  Other |
| --- | --- | --- |

| If Other, please specify |       |
| --- | --- |

| Telephone |       | Mobile |       |
| --- | --- | --- | --- |

| Email address |       |
| --- | --- |

# Part 2 – Applicant Details

**To be completed by the applicant of the service.**

**IMPORTANT:** The applicant must be the same legal entity that has received Provider Approval from the relevant State or Territory Regulatory Authority. The full legal name of the applicant must be the same as that specified on the Provider Approval Certificate (and also be consistent with the corresponding information provided in Part 1 – Application Requirements).

| Full legal name of applicant |       |
| --- | --- |

## 7 –Operation of CCB approved service

| Does the applicant current operate a CCB approved service? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| If yes, CCB Approval ID of the most recently approved service |       |
| --- | --- |

## 8 – Trading name/business name status

**IMPORTANT:** 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 WXYZ Pty Ltd trading as Alphabetz Kiddie Service.

| Does the applicant have a trading name (business name) different to their legal name above? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**ATTACHMENT REQUIRED:** If you answered Yes to the above question, please attach a copy of the record/certificate of business name registration. If the record does not contain the applicant’s name, also attach a copy of the Business name extract.

| Trading Name |       |
| --- | --- |

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Record/Certificate of business name registration attached | [ ]  | [ ]  |
| Business name extract attached | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

## 9 – Applicant principal business address and contact details

**Physical Address (must not be a PO Box)**

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

| Floor / Building / Unit / Apt Name: |       |
| --- | --- |

| Unit Number: |       | Street Number: |       | Street Type: |       |
| --- | --- | --- | --- | --- | --- |

| Street Name: |       |
| --- | --- |

| Suburb / Town: |       | State: |       | Postcode: |       |
| --- | --- | --- | --- | --- | --- |

| Main Telephone Number: |       | Mobile: |       |
| --- | --- | --- | --- |

| Email Address: |       |
| --- | --- |

## 10 – Applicant postal address

| Postal Address - Same as the principal business address above? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If No:**

| Floor / Building |       |
| --- | --- |

| Street / PO Box |       |
| --- | --- |

| Suburb / Town: |       | State: |       | Postcode: |       |
| --- | --- | --- | --- | --- | --- |

## 11 – Applicant legal entity status

**HELP TEXT:** If you are unsure about the entity you are, please seek independent legal advice.

| Legal Entity | [ ]  Incorporated Body[ ]  Indigenous Corporation[ ]  Individual/Sole Trader[ ]  Organisation established through a specific piece of Commonwealth or State/Territory legislation[ ]  Partnership[ ]  Private Company | [ ]  Public Company[ ]  Registered Cooperative[ ]  Australian Government[ ]  State/Territory Government[ ]  Local Government[ ]  Unincorporated Body |
| --- | --- | --- |

**ATTACHMENT REQUIRED:** Please attach a copy of the required documentation for your entity type. This can be found on the departmental website: [Information on becoming an Approved Child Care Service](https://www.dss.gov.au/node/37886):

**NOTE:** An applicant can still submit this application without all required documents, however, all documents will be required before the service can be approved.

**IMPORTANT:** **Please complete the following checklist for your type of legal entity only.**

**Incorporated Body**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Certificate of Incorporation or Registration attached | [ ]  | [ ]  |
| Rules/Constitution of Association attached | [ ]  | [ ]  |
| Annual General Meeting Minutes attached**NOTE:** This should include a list of elected office bearers. | [ ]  | [ ]  |
| A Letters Patent (if applicable) attached | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Indigenous Corporation**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Certificate of Incorporation or Registration attached | [ ]  | [ ]  |
| Rules/Constitution of Association attached | [ ]  | [ ]  |
| Annual General Meeting Minutes attached**NOTE:** This should include a list of elected office bearers. | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Individual/Sole Trader**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Name and address of proprietor attached**NOTE:** This should include a list of elected office bearers. | [ ]  | [ ]  |
| Place of business attached | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Organisation established through a specific piece of Commonwealth or State/Territory legislation**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Certificate of Incorporation or Registration attached | [ ]  | [ ]  |
| Rules/Constitution of Association attached | [ ]  | [ ]  |
| Annual General Meeting Minutes attached**NOTE:** This should include a list of elected office bearers. | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Partnership**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Partnership Agreement attached**NOTE:** This should include supporting documentation clearly identifying all members of the partnership and confirming the rights of individual partners to act on behalf of the partnership (if applicable). | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Private Company**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Certificate of Incorporation or Registration attached | [ ]  | [ ]  |
| Company Extract Report from ASIC attached**NOTE:** This report is issued by the Australian Securities and Investments Commission, containing the names and addresses of Directors and the Secretary, and the Australian Company Number (report must not be older than 12 months). | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Public Company**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Certificate of Incorporation or Registration attached | [ ]  | [ ]  |
| Company Extract Report from ASIC attached**NOTE:** This report is issued by the Australian Securities and Investments Commission, containing the names and addresses of Directors and the Secretary, and the Australian Company Number (report must not be older than 12 months). | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Registered Cooperative**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Certificate of Incorporation or Registration attached | [ ]  | [ ]  |
| List of Directors attached**NOTE:** This should include details of Director addresses and occupations. | [ ]  | [ ]  |
| Certified copy of the rules as registered attached | [ ]  | [ ]  |
| Name of Auditor and Solicitor attached**NOTE:** This is the Name of Auditor and Solicitor for the Society (excluding Victorian child care services). | [ ]  | [ ]  |
| Board Appointed person attached**NOTE:** Name of person appointed by Board who is responsible for daily activities of the Society. | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Australian Government**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Legal authority of applicant representatives attached**NOTE:** This should provide evidence that the applicant representative have legal authority to enter into a contract on behalf of the Department/Authority/Institute. | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**State/Territory Government**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Legal authority of applicant representatives attached**NOTE:** This should provide evidence that the applicant representative have legal authority to enter into a contract on behalf of the Department/Authority/Institute. | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Local Government**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Extract of relevant legislation attached**NOTE:** This should provide evidence that the applicant representatives have the legal authority to enter into a contract on behalf of the Department/Authority/Institute. | [ ]  | [ ]  |
| Copy of relevant legislation attached**NOTE:** This should set out the manner in which the Council can enter into contracts. | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

**Unincorporated Body**

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Rules/Constitution of Association attached | [ ]  | [ ]  |
| Annual General Meeting Minutes attached**NOTE:** This should include a list of elected office bearers, For an Unincorporated Body, only attach if applicable. | [ ]  | [ ]  |
| Proof of Identity (100 points) attached)**NOTE:** See the [Providing your identify form](http://www.humanservices.gov.au/customer/forms/ss231) on the Department of Human Services website. Form must be completed for at least two members/individuals who act on behalf of the body. | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

## 12 – Applicant trustee status

| Is the applicant a trustee? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**ATTACHMENT REQUIRED:** If you answered Yes to the above question, please enter the name of the Trustee of the Trust and attach a copy of the Trust Deed. The Trust Deed must have a clause that allows the Trustee to enter into an agreement with the Commonwealth.

| Trustee Name: |       |
| --- | --- |

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Trust Deed attached | [ ]  | [ ]  |
| Document will be provided separate to application | [ ]  | [ ]  |

## 13 – Applicant ABN status

**IMPORTANT:** An applicant 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 the [business.gov.au](http://www.business.gov.au/) website for more information.

| Does the applicant have an Australian Business Number (ABN)? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes**

| ABN |       | ABN Branch Number (if applicable) |       |
| --- | --- | --- | --- |

**NOTE:** If No, go to Question 15 (Applicant profit/not-for-profit organisation status).

## 14 – Applicant GST registration status

**HELP TEXT:** To be registered for GST you must have a valid ABN specified. Questions on GST requirements should be addresses to the ATO. See the [business.gov.au](http://www.business.gov.au/) website for more information.

| Is the applicant GST registered? | [ ]  Yes | [ ]  No | [ ]  Pending |
| --- | --- | --- | --- |

| GST Details (if pending): |       |
| --- | --- |

## 15 – Applicant for profit/not for profit organisation status

| Is the applicant for profit or not for profit? | [ ]  For profit | [ ]  Not for profit |
| --- | --- | --- |

**NOTE:** If you are a ‘for profit’ organisation, please go to Question 17 (Applicant educational institution status).

## 16 – Applicant charitable organisation status

**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 is non-profit, and
* Its sole purpose is charitable.

Further information is available on the [ATO](http://www.ato.gov.au) website.

| Is the applicant a charitable organisation? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

## 17 – Applicant educational institution status

**HELP TEXT:** 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).

| Is the applicant an educational institution? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

## 18 – Account details for payment(s) made under Family Assistance Law to child care service

| BSB Number: |       | Account Number: |       |
| --- | --- | --- | --- |

| Account Name: |       |
| --- | --- |

## 19 – Applicant financial email address

**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 [ATO](https://www.ato.gov.au/) website.

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

## 20 - Suitability of Applicant and Key Personnel

**Provide details of the applicant and key personnel, including each person’s child care service experience and personal circumstances.**

**IMPORTANT:** The applicant’s key personnel must be suitable people to operate a child care service. Please refer to the Family Assistance Law and the eligibility rules.

**HELP TEXT:** 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 type of personnel when adding personnel to your application. **For assistance with answering questions on qualifications, please refer to the list of qualifications provided in the Appendix.**

The following questions are in relation to the applicant and/or the applicant’s key personnel. Please list first the applicant 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.

### Applicant’s Representative– Person 1

| Title |       |
| --- | --- |

| Given Name(s) |       |
| --- | --- |

| Family Name |       |
| --- | --- |

| Former Name |       |
| --- | --- |

| Date of Birth |       |
| --- | --- |

### Qualifications

| NQA ID |       |
| --- | --- |

| Qualification 1 - Mandatory |       |
| --- | --- |

| Qualification 2 |       |
| --- | --- |

| Qualification 3 |       |
| --- | --- |

| Other Qualifications |       |
| --- | --- |

## 20a) Operation of a child care service

| 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
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes, First Operator/Service**

**HELP TEXT:** Enter the following operator/service details:

* Name of the operator
* Name of the service
* Role undertaken at operator/service
* Suburb/Town and Postcode of 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 |
| --- | --- | --- |
|       |       |       |

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

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

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

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

## 20b) Financial management of a child care service

| In the last 5 years, has the person above:* been subject to administration, receivership, liquidation, 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20c) Criminal charges and convictions status

| 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20d) Employment relationship status

**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 applicant of the CCB approved service for Family Assistance Law purposes. The obligations to comply with Family Assistance Law rest with the applicant. The applicant 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.

| Is the person part of an external organisation or an individual not employed by the applicant, and responsible for the day to day administration/management of the service?**(If Yes, you must complete External Management Details)** | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**NOTE: If No and you have no other personnel details to enter**, please go to Part 3, Question 29 (Change in ownership).

## 20 - Suitability of Applicant and Key Personnel

**Provide details of the applicant and key personnel, including each person’s child care service experience and personal circumstances.**

**IMPORTANT:** The applicant’s key personnel must be suitable people to operate a child care service. Please refer to the Family Assistance Law and the eligibility rules.

**HELP TEXT:** 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 type of personnel when adding personnel to your application. **For assistance with answering questions on qualifications, please refer to the list of qualifications provided in the Appendix.**

The following questions are in relation to the applicant and/or the applicant’s key personnel. Please list first the applicant 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.

### Applicant’s Representative– Person 2

| Title |       |
| --- | --- |

| Given Name(s) |       |
| --- | --- |

| Family Name |       |
| --- | --- |

| Former Name |       |
| --- | --- |

| Date of Birth |       |
| --- | --- |

### Qualifications

| NQA ID |       |
| --- | --- |

| Qualification 1 - Mandatory |       |
| --- | --- |

| Qualification 2 |       |
| --- | --- |

| Qualification 3 |       |
| --- | --- |

| Other Qualifications |       |
| --- | --- |

## 20a) Operation of a child care service

| 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
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes, First Operator/Service**

**HELP TEXT:** Enter the following operator/service details:

* Name of the operator
* Name of the service
* Role undertaken at operator/service
* Suburb/Town and Postcode of 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 |
| --- | --- | --- |
|       |       |       |

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

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

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

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

## 20b) Financial management of a child care service

| In the last 5 years, has the person above:* been subject to administration, receivership, liquidation, 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20c) Criminal charges and convictions status

| 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20d) Employment relationship status

**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 applicant of the CCB approved service for Family Assistance Law purposes. The obligations to comply with Family Assistance Law rest with the applicant. The applicant 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.

| Is the person part of an external organisation or an individual not employed by the applicant, and responsible for the day to day administration/management of the service?**(If Yes, you must complete External Management Details)** | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**NOTE: If No for all personnel** and you have no other personnel details to add, please go to Part 3, Question 29 (Change in ownership).

### Personnel/Person 1

| Title |       |
| --- | --- |

| Given Name(s) |       |
| --- | --- |

| Family Name |       |
| --- | --- |

| Former Name |       |
| --- | --- |

| Position |       |
| --- | --- |

| Telephone: |       | Mobile: |       |
| --- | --- | --- | --- |

| Email Address: |       |
| --- | --- |

| Date of Birth |       |
| --- | --- |

### Type

| [ ]  Key Personnel and Service Contact | [ ]  Authorised Person and Service Contact | [ ]  Service Contact only |
| --- | --- | --- |

**HELP TEXT: 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 applicant 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 or applicant
2. a member of the group of people that is responsible for the executive decisions of the or applicant
3. any other person who is concerned in, or who takes part in, the management of the applicant
4. any person who, under an arrangement with the or applicant, 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.

**HELP TEXT: Authorised person**

Authorised persons are nominated by the applicant 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.

**HELP TEXT: 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 mobile numbers.

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

## 20a) Operation of a child care service

| 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
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes, First Operator/Service**

**HELP TEXT:** Enter the following operator/service details:

* Name of the operator
* Name of the service
* Role undertaken at operator/service
* Suburb/Town and Postcode of 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 |
| --- | --- | --- |
|       |       |       |

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

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

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

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

## 20b) Financial management of a child care service

| In the last 5 years, has the person above:* been subject to administration, receivership, liquidation, 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20c) Criminal charges and convictions status

| 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20d) Employment relationship status

**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 applicant of the CCB approved service for Family Assistance Law purposes. The obligations to comply with Family Assistance Law rest with the applicant. The applicant 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.

| Is the person part of an external organisation or an individual not employed by the applicant, and responsible for the day to day administration/management of the service?**(If Yes, you must complete External Management Details)** | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**NOTE: If No for all personnel** and you have no other personnel details to add, please go to Part 3, Question 29 (Change in ownership).

### Personnel/Person 2

| Title |       |
| --- | --- |

| Given Name(s) |       |
| --- | --- |

| Family Name |       |
| --- | --- |

| Former Name |       |
| --- | --- |

| Position |       |
| --- | --- |

| Telephone: |       | Mobile: |       |
| --- | --- | --- | --- |

| Email Address: |       |
| --- | --- |

| Date of Birth |       |
| --- | --- |

### Type

| [ ]  Key Personnel and Service Contact | [ ]  Authorised Person and Service Contact | [ ]  Service Contact only |
| --- | --- | --- |

**HELP TEXT: 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 applicant 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 or applicant
2. a member of the group of people that is responsible for the executive decisions of the or applicant
3. any other person who is concerned in, or who takes part in, the management of the applicant
4. any person who, under an arrangement with the or applicant, 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.

**HELP TEXT: Authorised person**

Authorised persons are nominated by the applicant 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.

**HELP TEXT: 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 mobile numbers.

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

## 20a) Operation of a child care service

| 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
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes, First Operator/Service**

**HELP TEXT:** Enter the following operator/service details:

* Name of the operator
* Name of the service
* Role undertaken at operator/service
* Suburb/Town and Postcode of 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 |
| --- | --- | --- |
|       |       |       |

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

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

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

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

## 20b) Financial management of a child care service

| In the last 5 years, has the person above:* been subject to administration, receivership, liquidation, 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20c) Criminal charges and convictions status

| 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20d) Employment relationship status

**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 applicant of the CCB approved service for Family Assistance Law purposes. The obligations to comply with Family Assistance Law rest with the applicant. The applicant 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.

| Is the person part of an external organisation or an individual not employed by the applicant, and responsible for the day to day administration/management of the service?**(If Yes, you must complete External Management Details)** | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**NOTE: If No for all personnel** and you have no other personnel details to add, please go to Part 3, Question 29 (Change in ownership).

### Personnel/Person 3

| Title |       |
| --- | --- |

| Given Name(s) |       |
| --- | --- |

| Family Name |       |
| --- | --- |

| Former Name |       |
| --- | --- |

| Position |       |
| --- | --- |

| Telephone: |       | Mobile: |       |
| --- | --- | --- | --- |

| Email Address: |       |
| --- | --- |

| Date of Birth |       |
| --- | --- |

### Type

| [ ]  Key Personnel and Service Contact | [ ]  Authorised Person and Service Contact | [ ]  Service Contact only |
| --- | --- | --- |

**HELP TEXT: 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 applicant 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 or applicant
2. a member of the group of people that is responsible for the executive decisions of the or applicant
3. any other person who is concerned in, or who takes part in, the management of the applicant
4. any person who, under an arrangement with the or applicant, 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.

**HELP TEXT: Authorised person**

Authorised persons are nominated by the applicant 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
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4. authorising data submission transactions to the Child Care Management System (CCMS)
5. querying fee reduction entitlement on behalf of families.

**HELP TEXT: 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 mobile numbers.

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

## 20a) Operation of a child care service

| 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
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes, First Operator/Service**

**HELP TEXT:** Enter the following operator/service details:

* Name of the operator
* Name of the service
* Role undertaken at operator/service
* Suburb/Town and Postcode of 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 |
| --- | --- | --- |
|       |       |       |

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

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

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

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

## 20b) Financial management of a child care service

| In the last 5 years, has the person above:* been subject to administration, receivership, liquidation, 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20c) Criminal charges and convictions status

| 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20d) Employment relationship status

**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 applicant of the CCB approved service for Family Assistance Law purposes. The obligations to comply with Family Assistance Law rest with the applicant. The applicant 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.

| Is the person part of an external organisation or an individual not employed by the applicant, and responsible for the day to day administration/management of the service?**(If Yes, you must complete External Management Details)** | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**NOTE: If No for all personnel** and you have no other personnel details to add, please go to Part 3, Question 29 (Change in ownership).

### Personnel/Person 4

| Title |       |
| --- | --- |

| Given Name(s) |       |
| --- | --- |

| Family Name |       |
| --- | --- |

| Former Name |       |
| --- | --- |

| Position |       |
| --- | --- |

| Telephone: |       | Mobile: |       |
| --- | --- | --- | --- |

| Email Address: |       |
| --- | --- |

| Date of Birth |       |
| --- | --- |

### Type

| [ ]  Key Personnel and Service Contact | [ ]  Authorised Person and Service Contact | [ ]  Service Contact only |
| --- | --- | --- |

**HELP TEXT: 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 applicant 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 or applicant
2. a member of the group of people that is responsible for the executive decisions of the or applicant
3. any other person who is concerned in, or who takes part in, the management of the applicant
4. any person who, under an arrangement with the or applicant, 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.

**HELP TEXT: Authorised person**

Authorised persons are nominated by the applicant 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.

**HELP TEXT: 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 mobile numbers.

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

## 20a) Operation of a child care service

| 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
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes, First Operator/Service**

**HELP TEXT:** Enter the following operator/service details:

* Name of the operator
* Name of the service
* Role undertaken at operator/service
* Suburb/Town and Postcode of 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 |
| --- | --- | --- |
|       |       |       |

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

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

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

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

## 20b) Financial management of a child care service

| In the last 5 years, has the person above:* been subject to administration, receivership, liquidation, 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20c) Criminal charges and convictions status

| 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?
 | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

## 20d) Employment relationship status

**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 applicant of the CCB approved service for Family Assistance Law purposes. The obligations to comply with Family Assistance Law rest with the applicant. The applicant 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.

| Is the person part of an external organisation or an individual not employed by the applicant, and responsible for the day to day administration/management of the service?**(If Yes, you must complete External Management Details)** | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**NOTE: If No for all personnel** and you have no other personnel details to add, please go to Part 3, Question 29 (Change in ownership).

**ATTACHMENT REQUIRED** (if applicable) – if you have more than four personnel to enter, provide details in a separate document and attach.

## 21 -External Management Details

| Details of the external management organisation and/or external manager/contact person. | [ ]  External Individual | [ ]  External Organisation |
| --- | --- | --- |

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

## 22 – External management organisation/individual – other child care services managed

| Does the external management organisation/individual manage other child care service(s)? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, details of the child care service(s), if known |       |
| --- | --- |

## 23 – Business address of external management organisation or individual

| Floor / Building / Unit / Apt Name: |       |
| --- | --- |

| Unit Number: |       | Street Number: |       | Street Type: |       |
| --- | --- | --- | --- | --- | --- |

| Street Name: |       |
| --- | --- |

| Suburb / Town: |       | State: |       | Postcode: |       |
| --- | --- | --- | --- | --- | --- |

| Main Telephone Number: |       | Mobile: |       |
| --- | --- | --- | --- |

| Email Address: |       |
| --- | --- |

## 24 – Postal address of external management organisation or individual

| Postal Address - Same as the business address above? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If No**

| Floor / Building |       |
| --- | --- |

| Street / PO Box |       |
| --- | --- |

| Suburb / Town: |       | State: |       | Postcode: |       |
| --- | --- | --- | --- | --- | --- |

## 25 – External management organisation/individual legal entity status

**IMPORTANT:** Australian, State and Local Governments cannot be engaged as management companies.

| Legal Entity | [ ]  Private Company[ ]  Incorporated Body[ ]  Indigenous Corporation[ ]  Individual/Sole Trader[ ]  Organisation established through a specific piece of Commonwealth or State/Territory legislation | [ ]  Partnership[ ]  Private Company[ ]  Public Company[ ]  Registered Cooperative[ ]  Unincorporated Body |
| --- | --- | --- |

## 26 – External management organisation/individual ABN status

| Does the external management organisation/individual have an Australian Business Number (ABN)? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes**

| ABN |       | ABN Branch Number (if applicable) |       |
| --- | --- | --- | --- |

## 27 – External management organisation/individual GST registered status

| Is the management organisation/individual GST registered? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

## 28 – External management organisation/individual service component managed

| [ ]  BSC | [ ]  ASC | [ ]  VAC |
| --- | --- | --- |

# Part 3 – Service Details

## 29 – Change in ownership

| Is the applicant purchasing or taking over the operation of an existing approved child care service? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes**

| Legal name of current operator |       |
| --- | --- |

| Address of current operator (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 agree on a settlement date which is a Sunday to avoid payment problems in the transition from one applicant to another.

**The following questions are in relation to the above service:**

## 30 – 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 Number: |       | Mobile: |       |
| --- | --- | --- | --- |

| Email Address: |       |
| --- | --- |

## 31 – Postal address of the child care service

| Postal Address - Same as the physical address above? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If No**

| Floor / Building |       |
| --- | --- |

| Street / PO Box |       |
| --- | --- |

| Suburb / Town: |       | State: |       | Postcode: |       |
| --- | --- | --- | --- | --- | --- |

## 32 – OSHC service components offered

| If applicable, are all OSHC service components offered from the above address? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

## Operational Details for the Outside School Hours Care Service

## 33 – Proposed CCB start date

**IMPORTANT:** 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.

| What date would you prefer to start offering CCB at this BSC service? |       |
| --- | --- |

| What date would you prefer to start offering CCB at this ASC service? |       |
| --- | --- |

| What date would you prefer to start offering CCB at this VAC service? |       |
| --- | --- |

**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.

## 34 – Number of places offered

| What number of places will be offered at the BSC service? |       |
| --- | --- |

| What number of places will be offered at the ASC service? |       |
| --- | --- |

| What number of places will be offered at the VAC service? |       |
| --- | --- |

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

## 35 – Hours of operation (Before School Care)

| How many weeks per year will the BSC service be open? Provide details of the hours of operation for this service component - where applicable. |       |
| --- | --- |

**HELP TEXT:** Enter opening and closing times in 24 hour format HH:MM. For example, for 8:00am, enter 08:00

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

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

## 35 – Hours of operation (After School Care)

| How many weeks per year will the ASC service be open? Provide details of the hours of operation for this service component - where applicable. |       |
| --- | --- |

**HELP TEXT:** Enter opening and closing times in 24 hour format HH:MM. For example, for 8:00am, enter 08:00

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

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

## 35 – Hours of operation (Vacation Care)

| How many weeks per year will the VAC service be open? Provide details of the hours of operation for this service component - where applicable. |       |
| --- | --- |

**HELP TEXT:** Enter opening and closing times in 24 hour format HH:MM. For example, for 8:00am, enter 08:00

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

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

## 36 – Service’s standard fees for each age group (Before School Care)

**NOTE:** This is the fee your service will charge families for child care, it should not be only the service administration or surcharge fee. It should also not be a fee that includes an administration or surcharge fee. 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 |

| **Education 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 apply? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, Weekly levy amount ($) |       |
| --- | --- |

## 36a - MyChild Website

**NOTE:** This if the information that will be initially displayed on the [MyChild](http://www.mychild.gov.au) website. If approved, you will be able to amend/update this information through your registered CCMS software.

| Telephone Number |       | Email Address |       |
| --- | --- | --- | --- |

| Website |       |
| --- | --- |

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

## 36b - Fee Set 1

**HELP TEXT:** Select the specific age group. An age group can only be selected once. Only one fee per age group and period type can be entered. Enter the standard minimum rate for the relevant age group and period which must be between $1 and $275.

| **Age Group** | **Period** | **Std min rate ($)** |
| --- | --- | --- |
| [ ]  36 Months - Preschool Age | Before School Session (BSC) |       |
| [ ]  Over Preschool Age | Before School Session (BSC) |       |

| **Inclusions** | **Yes (Included)** | **No (Not Included)** |
| --- | --- | --- |
| Nappies | [ ]  | [ ]  |
| Breakfast | [ ]  | [ ]  |
| Morning Tea | [ ]  | [ ]  |
| Other Meals | [ ]  | [ ]  |

## 36b - Fee Set 2 (complete if/where applicable)

**HELP TEXT:** Select the specific age group. An age group can only be selected once. Only one fee per age group and period type can be entered. Enter the standard minimum rate for the relevant age group and period which must be between $1 and $275.

| **Age Group** | **Period** | **Std min rate ($)** |
| --- | --- | --- |
| [ ]  36 Months - Preschool Age | Before School Session (BSC) |       |
| [ ]  Over Preschool Age | Before School Session (BSC) |       |

| **Inclusions** | **Yes (Included)** | **No (Not Included)** |
| --- | --- | --- |
| Nappies | [ ]  | [ ]  |
| Breakfast | [ ]  | [ ]  |
| Morning Tea | [ ]  | [ ]  |
| Other Meals | [ ]  | [ ]  |

## 36 – Service’s standard fees for each age group (After School Care)

**NOTE:** This is the fee your service will charge families for child care, it should not be only the service administration or surcharge fee. It should also not be a fee that includes an administration or surcharge fee. 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 |

| **Education 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 apply? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, Weekly levy amount ($) |       |
| --- | --- |

## 36a - MyChild Website

**NOTE:** This if the information that will be initially displayed on the [MyChild](http://www.mychild.gov.au) website. If approved, you will be able to amend/update this information through your registered CCMS software.

| Telephone Number |       | Email Address |       |
| --- | --- | --- | --- |

| Website |       |
| --- | --- |

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

## 36b - Fee Set 1

**HELP TEXT:** Select the specific age group. An age group can only be selected once. Only one fee per age group and period type can be entered. Enter the standard minimum rate for the relevant age group and period which must be between $1 and $275.

| **Age Group** | **Period** | **Std min rate ($)** |
| --- | --- | --- |
| [ ]  36 Months - Preschool Age | After School Session (ASC) |       |
| [ ]  Over Preschool Age | After School Session (ASC) |       |

| **Inclusions** | **Yes (Included)** | **No (Not Included)** |
| --- | --- | --- |
| Nappies | [ ]  | [ ]  |
| Afternoon Tea | [ ]  | [ ]  |
| Other Meals | [ ]  | [ ]  |

## 36b - Fee Set 2 (complete if/where applicable)

**HELP TEXT:** Select the specific age group. An age group can only be selected once. Only one fee per age group and period type can be entered. Enter the standard minimum rate for the relevant age group and period which must be between $1 and $275.

| **Age Group** | **Period** | **Std min rate ($)** |
| --- | --- | --- |
| [ ]  36 Months - Preschool Age | After School Session (ASC) |       |
| [ ]  Over Preschool Age | After School Session (ASC) |       |

| **Inclusions** | **Yes (Included)** | **No (Not Included)** |
| --- | --- | --- |
| Nappies | [ ]  | [ ]  |
| Afternoon Tea | [ ]  | [ ]  |
| Other Meals | [ ]  | [ ]  |

## 36 – Service’s standard fees for each age group (Vacation Care)

**NOTE:** This is the fee your service will charge families for child care, it should not be only the service administration or surcharge fee. It should also not be a fee that includes an administration or surcharge fee. 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 |

| **Education 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 apply? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| If Yes, Weekly levy amount ($) |       |
| --- | --- |

## 36a - MyChild Website

**NOTE:** This if the information that will be initially displayed on the [MyChild](http://www.mychild.gov.au) website. If approved, you will be able to amend/update this information through your registered CCMS software.

| Telephone Number |       | Email Address |       |
| --- | --- | --- | --- |

| Website |       |
| --- | --- |

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

## 36b - Fee Set 1

**HELP TEXT:** Select the specific age group. An age group can only be selected once. Only one fee per age group and period type can be entered. Enter the standard minimum rate for the relevant age group and period which must be between $1 and $275.

| **Age Group** | **Period** | **Std min rate ($)** |
| --- | --- | --- |
| [ ]  36 Months - Preschool Age | Full Day Session (VAC) |       |
| [ ]  Over Preschool Age | Full Day Session (VAC) |       |

| **Inclusions** | **Yes (Included)** | **No (Not Included)** |
| --- | --- | --- |
| Nappies | [ ]  | [ ]  |
| Breakfast | [ ]  | [ ]  |
| Morning Tea | [ ]  | [ ]  |
| Lunch | [ ]  | [ ]  |
| Afternoon Tea | [ ]  | [ ]  |
| Other Meals | [ ]  | [ ]  |

## 36b - Fee Set 2 (complete if/where applicable)

**HELP TEXT:** Select the specific age group. An age group can only be selected once. Only one fee per age group and period type can be entered. Enter the standard minimum rate for the relevant age group and period which must be between $1 and $275.

| **Age Group** | **Period** | **Std min rate ($)** |
| --- | --- | --- |
| [ ]  36 Months - Preschool Age | Full Day Session (VAC) |       |
| [ ]  Over Preschool Age | Full Day Session (VAC) |       |

| **Inclusions** | **Yes (Included)** | **No (Not Included)** |
| --- | --- | --- |
| Nappies | [ ]  | [ ]  |
| Breakfast | [ ]  | [ ]  |
| Morning Tea | [ ]  | [ ]  |
| Lunch | [ ]  | [ ]  |
| Afternoon Tea | [ ]  | [ ]  |
| Other Meals | [ ]  | [ ]  |

**Approval to Operate under State or Territory Law:**

## 37 – State or Territory Law Approval status

**IMPORTANT:** 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? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**If Yes**

| Service approval number |       |
| --- | --- |

| Date approval issued |       |
| --- | --- |

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

**ATTACHMENT REQUIRED:** Attach a copy of your Service Approval.

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Copy of service approval attached | [ ]  | [ ]  |
| Document will be provided separate to application | [ ]  | [ ]  |

**If No**

| Date approval expected to be issued |       |
| --- | --- |

| How many approved places will it provide? |       |
| --- | --- |

**Suitability of Staff:**

## 38 – Suitability of staff criminal or civil charges status

**IMPORTANT:** 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 a court, or any convictions or findings of guilt for an offence? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

| Do any staff employed by your service have against them any civil charges in relation to children or child care? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| **If Yes**, what was the nature and outcome of those proceedings? |       |
| --- | --- |

**Insurance**

## 39 - Workers Compensation and Public Liability Insurance status

**IMPORTANT:** To be approved under the Family Assistance Law for Child Care Benefit payment purposes, copies of the service’s certificate(s) of currency must be provided.

| Does the service have Workers Compensation Insurance? | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| Does the service have Public Liability Insurance: | [ ]  Yes | [ ]  No |
| --- | --- | --- |

**ATTACHMENT REQUIRED:** Attach a copy of your Workers Compensation Insurance and your Public Liability Insurance.

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Worker’s Compensation Insurance – Certificate of Currency attached | [ ]  | [ ]  |
| Public Liability Insurance – Certificate of Currency attached | [ ]  | [ ]  |
| Documents will be provided separate to application | [ ]  | [ ]  |

# Part 4 – Undertaking/acknowledgement/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 applicant 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 an Outside School Hours Care service, the applicant also undertakes that:

* most of the children to be provided with child care will be attending school
* if the service provides before or after school care the service will operate on each school day
* if the service provides vacation care, the service will be available to provide care for any particular child for at least 8 continuous hours on each normal working day for at least 7 weeks of the school holidays in a year
* the service will not restrict the attendance of school children in order to provide care for non-school age children before or after school or during school holidays.

## 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](https://www.dss.gov.au/node/39796) 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 applicant 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.)

**IMPORTANT:** You should refer to the rules of the legal entity that you are representing to ensure that you have the authority to sign this application on behalf of the applicant.

### Applicant representative 1

| **I have read and understood the preceding information** | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| Full Name |       |
| --- | --- |

| Position |       |
| --- | --- |

| Date |       |
| --- | --- |

### Applicant representative 2

| **I have read and understood the preceding information** | [ ]  Yes | [ ]  No |
| --- | --- | --- |

| Full Name |       |
| --- | --- |

| Position |       |
| --- | --- |

| Date |       |
| --- | --- |

**IMPORTANT ATTACHMENT REQUIRED:** You must attach the signature of each applicant representative and Key and/or Authorised person nominated in this application using the [Signature Sample Form](https://www.dss.gov.au/node/40831) on the webpage in order to submit this application.

| **List of attached documents** | **Yes** | **No** |
| --- | --- | --- |
| Copy of signature attached | [ ]  | [ ]  |

# Appendix – List of Educational Qualifications

| **Qualification** | **Qualification** | **Qualification** |
| --- | --- | --- |
| Advanced Certificate in Child care | Bachelor of Teaching | Graduate Diploma in Early Childhood |
| Advanced Diploma in Children’s Services | Bachelor of Teaching (Primary) | Graduate Diploma in Early Childhood Education |
| Advanced Diploma of Community Services | Bachelor of Teaching and Learning | Graduate Diploma in Early Childhood Teaching |
| Associate Diploma of Social Science | Certificate III in Children’s Services | Graduate Diploma in Education |
| Bachelor Degree | Certificate in Child Care | Graduate Diploma in Education (Early Childhood) |
| Bachelor of Arts (Early Childhood Education) | Certificate IV in Lifestyle and Leisure | Graduate Diploma in Education (Early Years) |
| Bachelor of Arts in Education | Certificate IV in Outside School Hours Care | Graduate Diploma in Education Secondary Teaching |
| Bachelor of Children and Family Studies | Diploma in Outside School Hours Care | Graduate Diploma in Education Studies (Early Childhood Education |
| Bachelor of Children’s Services | Diploma of Children’s Services | Graduate Diploma in Teaching and Learning |
| Bachelor of Early Childhood | Diploma of Children’s Services (OSHC) | Graduate Diploma of Early Childhood Education |
| Bachelor of Early Childhood Education | Diploma of Community Development | Graduate Diploma of Learning Management |
| Bachelor of Early Childhood Learning | Diploma of Community Services | Master in Education (Early Childhood) |
| Bachelor of Early Childhood Studies | Diploma of Disability | Master of Early Childhood Education |
| Bachelor of Education | Diploma of Education | Master of Education |
| Bachelor of Education in Middle School | Diploma of Education Support | Master of Human Services |
| Bachelor of Education in Primary Teaching | Diploma of Leisure and Health | Master of Teaching (Early Childhood) |
| Bachelor of Education-Early Childhood Education | Diploma of Teaching | Master of Teaching (Early Years) |
| Bachelor of Education – Primary | Diploma of Youth Work | Master of Teaching (K-7) |
| Bachelor of Education – Secondary | Graduate Certificate in Early Childhood Education | Master of Teaching (Birth-12) |
| Bachelor of Learning Design | Graduate Certificate in Early Childhood Education (K-PP) | Master of Teaching (Birth-5) |
| Bachelor of Learning Management | Graduate Certificate in Early Childhood Education and Care | Master of Teaching/Bachelor Teaching |
| Bachelor of Psychology | Graduate Certificate in Education | Postgraduate Diploma of Teaching |
| Bachelor of Social Science | Graduate Certificate in Education (Early Childhood) | Other (Please Specify) |
| Bachelor of Social Work | Graduate Certificate in Education Studies (Early Childhood Education) | Incomplete Qualifications |
| Bachelor of Sport and Recreation | Graduate Diploma in Children and Family | No Formal Qualifications |