



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](#)

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](#)

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](#)
- **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:

- a) expertise and experience
- b) ability to meet and provide the appropriate quality of child care
- c) governance arrangements
- d) record of compliance with Family Assistance Law, Commonwealth, State or Territory law and quality standards relating to child care
- e) record of financial management including any instances of bankruptcy, insolvency, external administration and debts owing to the Commonwealth (in relation to child care)
- f) criminal convictions or findings of guilt
- g) criminal charges pending before the court.

In making the assessment, the Secretary may also consider:

- a) the suitability of any of the 's previous, current or proposed Key Personnel, and
- b) **any person** connected with the applicant, who affects, or is likely to affect, the operation of the service , and
- c) **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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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	
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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	
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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)	<input type="checkbox"/>	<input type="checkbox"/>
will offer After School Care (ASC)	<input type="checkbox"/>	<input type="checkbox"/>
will offer Vacation Care (VAC)	<input type="checkbox"/>	<input type="checkbox"/>
will provide care to children, most of whom will be attending school	<input type="checkbox"/>	<input type="checkbox"/>
will be open to the general community	<input type="checkbox"/>	<input type="checkbox"/>
(if Before School and/or After School Care is offered) will operate its before and/or after school care program on each school day	<input type="checkbox"/>	<input type="checkbox"/>
(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	<input type="checkbox"/>	<input type="checkbox"/>

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 and understood the requirements and confirm the service for which I am seeking approval will satisfy each of the criteria.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 (CCMS) and the capacity to use this software to submit information to the department electronically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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](#) 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	
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Given Name	
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Family Name	
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Position	<input type="checkbox"/> Accountant <input type="checkbox"/> Administration <input type="checkbox"/> Assistant Program Manager <input type="checkbox"/> Bursar <input type="checkbox"/> Chairperson <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Community Worker <input type="checkbox"/> Consultant <input type="checkbox"/> Coordinator <input type="checkbox"/> Developmental Officer <input type="checkbox"/> Director <input type="checkbox"/> Executive Officer	<input type="checkbox"/> General Manager <input type="checkbox"/> Librarian <input type="checkbox"/> Manager <input type="checkbox"/> Operator <input type="checkbox"/> President <input type="checkbox"/> Principal <input type="checkbox"/> Program Manager <input type="checkbox"/> Project Officer <input type="checkbox"/> Secretary <input type="checkbox"/> Team Leader <input type="checkbox"/> Treasurer <input type="checkbox"/> Other
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If Other, please specify	
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Telephone		Mobile	
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Email address	
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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](#) 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	
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Given Name	
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Family Name	
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Position	<input type="checkbox"/> Accountant <input type="checkbox"/> Administration <input type="checkbox"/> Assistant Program Manager <input type="checkbox"/> Bursar <input type="checkbox"/> Chairperson <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Community Worker <input type="checkbox"/> Consultant <input type="checkbox"/> Coordinator <input type="checkbox"/> Developmental Officer <input type="checkbox"/> Director <input type="checkbox"/> Executive Officer	<input type="checkbox"/> General Manager <input type="checkbox"/> Librarian <input type="checkbox"/> Manager <input type="checkbox"/> Operator <input type="checkbox"/> President <input type="checkbox"/> Principal <input type="checkbox"/> Program Manager <input type="checkbox"/> Project Officer <input type="checkbox"/> Secretary <input type="checkbox"/> Team Leader <input type="checkbox"/> Treasurer <input type="checkbox"/> Other
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If Other, please specify	
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Telephone		Mobile	
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Email address	
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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	
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7 – Operation of CCB approved service

Does the applicant current operate a CCB approved service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, CCB Approval ID of the most recently approved service	
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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 Alphabets Kiddie Service.

Does the applicant have a trading name (business name) different to their legal name above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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	
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List of attached documents	Yes	No
Record/Certificate of business name registration attached	<input type="checkbox"/>	<input type="checkbox"/>
Business name extract attached	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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	<input type="checkbox"/> Incorporated Body <input type="checkbox"/> Indigenous Corporation <input type="checkbox"/> Individual/Sole Trader <input type="checkbox"/> Organisation established through a specific piece of Commonwealth or State/Territory legislation <input type="checkbox"/> Partnership <input type="checkbox"/> Private Company	<input type="checkbox"/> Public Company <input type="checkbox"/> Registered Cooperative <input type="checkbox"/> Australian Government <input type="checkbox"/> State/Territory Government <input type="checkbox"/> Local Government <input type="checkbox"/> Unincorporated Body
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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](#):

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	<input type="checkbox"/>	<input type="checkbox"/>
Rules/Constitution of Association attached	<input type="checkbox"/>	<input type="checkbox"/>
Annual General Meeting Minutes attached NOTE: This should include a list of elected office bearers.	<input type="checkbox"/>	<input type="checkbox"/>
A Letters Patent (if applicable) attached	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

Indigenous Corporation

List of attached documents	Yes	No
Certificate of Incorporation or Registration attached	<input type="checkbox"/>	<input type="checkbox"/>
Rules/Constitution of Association attached	<input type="checkbox"/>	<input type="checkbox"/>
Annual General Meeting Minutes attached NOTE: This should include a list of elected office bearers.	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>
Place of business attached	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

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

List of attached documents	Yes	No
Certificate of Incorporation or Registration attached	<input type="checkbox"/>	<input type="checkbox"/>
Rules/Constitution of Association attached	<input type="checkbox"/>	<input type="checkbox"/>
Annual General Meeting Minutes attached NOTE: This should include a list of elected office bearers.	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

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).	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

Private Company

List of attached documents	Yes	No
Certificate of Incorporation or Registration attached	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

Public Company

List of attached documents	Yes	No
Certificate of Incorporation or Registration attached	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

Registered Cooperative

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

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.	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of relevant legislation attached NOTE: This should set out the manner in which the Council can enter into contracts.	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

Unincorporated Body

List of attached documents	Yes	No
Rules/Constitution of Association attached	<input type="checkbox"/>	<input type="checkbox"/>
Annual General Meeting Minutes attached NOTE: This should include a list of elected office bearers, For an Unincorporated Body, only attach if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Identity (100 points) attached NOTE: See the Providing your identify form on the Department of Human Services website. Form must be completed for at least two members/individuals who act on behalf of the body.	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

12 – Applicant trustee status

Is the applicant a trustee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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:	
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List of attached documents	Yes	No
Trust Deed attached	<input type="checkbox"/>	<input type="checkbox"/>
Document will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

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 website for more information.

Does the applicant have an Australian Business Number (ABN)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes

ABN		ABN Branch Number (if applicable)	
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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 website for more information.

Is the applicant GST registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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GST Details (if pending):	
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15 – Applicant for profit/not for profit organisation status

Is the applicant for profit or not for profit?	<input type="checkbox"/> For profit	<input type="checkbox"/> Not for profit
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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](#) website.

Is the applicant a charitable organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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18 – Account details for payment(s) made under Family Assistance Law to child care service

BSB Number:		Account Number:	
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Account Name:	
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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](#) website.

Financial email address:	
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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

<p>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:</p> <ul style="list-style-type: none"> • 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 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

<p>In the last 5 years, has the person above:</p> <ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>If Yes, what was the nature and outcome of those proceedings?</p>	
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20c) Criminal charges and convictions status

Does the person above have against them: <ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

<p>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:</p> <ul style="list-style-type: none"> • 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 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

<p>In the last 5 years, has the person above:</p> <ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>If Yes, what was the nature and outcome of those proceedings?</p>	
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20c) Criminal charges and convictions status

Does the person above have against them: <ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

<input type="checkbox"/> Key Personnel and Service Contact	<input type="checkbox"/> Authorised Person and Service Contact	<input type="checkbox"/> 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:

- a) an officer (within the meaning given by section 9 of the *Corporations Act 2001*) of the or applicant
- b) a member of the group of people that is responsible for the executive decisions of the or applicant
- c) any other person who is concerned in, or who takes part in, the management of the applicant
- d) any person who, under an arrangement with the or applicant, manages or supervises the child care service
- e) notifying the department of the cessation of operations
- f) changing bank account details and other information regarding the child care service
- g) 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:

- a) notifying the department of the cessation of operations
- b) changing bank account details and other information regarding the child care service
- c) adding and removing Authorised Persons and Service Contacts.
- d) authorising data submission transactions to the Child Care Management System (CCMS)
- e) 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:

- a) service email addresses
- b) postal addresses
- c) 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

<p>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:</p> <ul style="list-style-type: none"> • 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 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

<p>In the last 5 years, has the person above:</p> <ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>If Yes, what was the nature and outcome of those proceedings?</p>	
---	----------------------

20c) Criminal charges and convictions status

Does the person above have against them: <ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?

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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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

<input type="checkbox"/> Key Personnel and Service Contact	<input type="checkbox"/> Authorised Person and Service Contact	<input type="checkbox"/> Service Contact only
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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:

- a) an officer (within the meaning given by section 9 of the *Corporations Act 2001*) of the or applicant
- b) a member of the group of people that is responsible for the executive decisions of the or applicant
- c) any other person who is concerned in, or who takes part in, the management of the applicant
- d) any person who, under an arrangement with the or applicant, manages or supervises the child care service
- e) notifying the department of the cessation of operations
- f) changing bank account details and other information regarding the child care service
- g) 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:

- a) notifying the department of the cessation of operations
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- a) service email addresses
- b) postal addresses
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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

<p>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:</p> <ul style="list-style-type: none"> • 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 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

<p>In the last 5 years, has the person above:</p> <ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

<p>If Yes, what was the nature and outcome of those proceedings?</p>	
---	----------------------

20c) Criminal charges and convictions status

Does the person above have against them: <ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?

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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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

<input type="checkbox"/> Key Personnel and Service Contact	<input type="checkbox"/> Authorised Person and Service Contact	<input type="checkbox"/> Service Contact only
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HELP TEXT: Key personnel

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- b) a member of the group of people that is responsible for the executive decisions of the or applicant
- c) any other person who is concerned in, or who takes part in, the management of the applicant
- d) any person who, under an arrangement with the or applicant, manages or supervises the child care service
- e) notifying the department of the cessation of operations
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HELP TEXT: Service contact

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20a) Operation of a child care service

<p>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:</p> <ul style="list-style-type: none"> • 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 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

<p>In the last 5 years, has the person above:</p> <ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

<p>If Yes, what was the nature and outcome of those proceedings?</p>	
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20c) Criminal charges and convictions status

Does the person above have against them: <ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?

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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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

<input type="checkbox"/> Key Personnel and Service Contact	<input type="checkbox"/> Authorised Person and Service Contact	<input type="checkbox"/> Service Contact only
--	--	---

HELP TEXT: Key personnel

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- b) a member of the group of people that is responsible for the executive decisions of the or applicant
- c) any other person who is concerned in, or who takes part in, the management of the applicant
- d) any person who, under an arrangement with the or applicant, manages or supervises the child care service
- e) notifying the department of the cessation of operations
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- g) adding and removing Authorised Persons and Service Contacts.

HELP TEXT: Authorised person

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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:

- a) service email addresses
- b) postal addresses
- c) telephone and mobile numbers.

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20a) Operation of a child care service

<p>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:</p> <ul style="list-style-type: none"> • 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 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

<p>In the last 5 years, has the person above:</p> <ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

<p>If Yes, what was the nature and outcome of those proceedings?</p>	
---	------------------

20c) Criminal charges and convictions status

Does the person above have against them: <ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> External Individual	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Private Company <input type="checkbox"/> Incorporated Body <input type="checkbox"/> Indigenous Corporation <input type="checkbox"/> Individual/Sole Trader <input type="checkbox"/> Organisation established through a specific piece of Commonwealth or State/Territory legislation	<input type="checkbox"/> Partnership <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Registered Cooperative <input type="checkbox"/> Unincorporated Body
--------------	---	--

26 – External management organisation/individual ABN status

Does the external management organisation/individual have an Australian Business Number (ABN)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If Yes

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

27 – External management organisation/individual GST registered status

Is the management organisation/individual GST registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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28 – External management organisation/individual service component managed

<input type="checkbox"/> BSC	<input type="checkbox"/> ASC	<input type="checkbox"/> VAC
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Part 3 – Service Details

29 – Change in ownership

Is the applicant purchasing or taking over the operation of an existing approved child care service?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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.	
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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	
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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.	
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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	
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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.	
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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	
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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
<input type="checkbox"/> Information not provided
<input type="checkbox"/> No
<input type="checkbox"/> Other – Contact Service
<input type="checkbox"/> Yes – Included in Fee
<input type="checkbox"/> Yes – Not included in Fee

Education programs included
<input type="checkbox"/> Information not provided
<input type="checkbox"/> No
<input type="checkbox"/> Other – Contact Service
<input type="checkbox"/> Yes – Included in Fee
<input type="checkbox"/> Yes – Not included in Fee

Excursion/incursion included
<input type="checkbox"/> Information not provided
<input type="checkbox"/> No
<input type="checkbox"/> Other – Contact Service
<input type="checkbox"/> Yes – Included in Fee
<input type="checkbox"/> Yes – Not included in Fee

Additional levy apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, Weekly levy amount (\$)	
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36a - MyChild Website

NOTE: This is the information that will be initially displayed on the [MyChild](#) website. If approved, you will be able to amend/update this information through your registered CCMS software.

Telephone Number		Email Address	
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Website	
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Additional Comments	
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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 (\$)
<input type="checkbox"/> 36 Months - Preschool Age	Before School Session (BSC)	
<input type="checkbox"/> Over Preschool Age	Before School Session (BSC)	

Inclusions	Yes (Included)	No (Not Included)
Nappies	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Morning Tea	<input type="checkbox"/>	<input type="checkbox"/>
Other Meals	<input type="checkbox"/>	<input type="checkbox"/>

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 (\$)
<input type="checkbox"/> 36 Months - Preschool Age	Before School Session (BSC)	
<input type="checkbox"/> Over Preschool Age	Before School Session (BSC)	

Inclusions	Yes (Included)	No (Not Included)
Nappies	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Morning Tea	<input type="checkbox"/>	<input type="checkbox"/>
Other Meals	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/> Information not provided
<input type="checkbox"/> No
<input type="checkbox"/> Other – Contact Service
<input type="checkbox"/> Yes – Included in Fee
<input type="checkbox"/> Yes – Not included in Fee

Education programs included
<input type="checkbox"/> Information not provided
<input type="checkbox"/> No
<input type="checkbox"/> Other – Contact Service
<input type="checkbox"/> Yes – Included in Fee
<input type="checkbox"/> Yes – Not included in Fee

Excursion/incursion included
<input type="checkbox"/> Information not provided
<input type="checkbox"/> No
<input type="checkbox"/> Other – Contact Service
<input type="checkbox"/> Yes – Included in Fee
<input type="checkbox"/> Yes – Not included in Fee

Additional levy apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, Weekly levy amount (\$)	
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36a - MyChild Website

NOTE: This is the information that will be initially displayed on the [MyChild](#) website. If approved, you will be able to amend/update this information through your registered CCMS software.

Telephone Number		Email Address	
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Website	
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Additional Comments	
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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 (\$)
<input type="checkbox"/> 36 Months - Preschool Age	After School Session (ASC)	
<input type="checkbox"/> Over Preschool Age	After School Session (ASC)	

Inclusions	Yes (Included)	No (Not Included)
Nappies	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Tea	<input type="checkbox"/>	<input type="checkbox"/>
Other Meals	<input type="checkbox"/>	<input type="checkbox"/>

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 (\$)
<input type="checkbox"/> 36 Months - Preschool Age	After School Session (ASC)	
<input type="checkbox"/> Over Preschool Age	After School Session (ASC)	

Inclusions	Yes (Included)	No (Not Included)
Nappies	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Tea	<input type="checkbox"/>	<input type="checkbox"/>
Other Meals	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/> Information not provided
<input type="checkbox"/> No
<input type="checkbox"/> Other – Contact Service
<input type="checkbox"/> Yes – Included in Fee
<input type="checkbox"/> Yes – Not included in Fee

Education programs included
<input type="checkbox"/> Information not provided
<input type="checkbox"/> No
<input type="checkbox"/> Other – Contact Service
<input type="checkbox"/> Yes – Included in Fee
<input type="checkbox"/> Yes – Not included in Fee

Excursion/incursion included
<input type="checkbox"/> Information not provided
<input type="checkbox"/> No
<input type="checkbox"/> Other – Contact Service
<input type="checkbox"/> Yes – Included in Fee
<input type="checkbox"/> Yes – Not included in Fee

Additional levy apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, Weekly levy amount (\$)	
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36a - MyChild Website

NOTE: This is the information that will be initially displayed on the [MyChild](#) website. If approved, you will be able to amend/update this information through your registered CCMS software.

Telephone Number		Email Address	
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Website	
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Additional Comments	
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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 (\$)
<input type="checkbox"/> 36 Months - Preschool Age	Full Day Session (VAC)	
<input type="checkbox"/> Over Preschool Age	Full Day Session (VAC)	

Inclusions	Yes (Included)	No (Not Included)
Nappies	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Morning Tea	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Tea	<input type="checkbox"/>	<input type="checkbox"/>
Other Meals	<input type="checkbox"/>	<input type="checkbox"/>

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 (\$)
<input type="checkbox"/> 36 Months - Preschool Age	Full Day Session (VAC)	
<input type="checkbox"/> Over Preschool Age	Full Day Session (VAC)	

Inclusions	Yes (Included)	No (Not Included)
Nappies	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Morning Tea	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Tea	<input type="checkbox"/>	<input type="checkbox"/>
Other Meals	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes

Service approval number	
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Date approval issued	
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Number of approved places	
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ATTACHMENT REQUIRED: Attach a copy of your Service Approval.

List of attached documents	Yes	No
Copy of service approval attached	<input type="checkbox"/>	<input type="checkbox"/>
Document will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

If No

Date approval expected to be issued	
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How many approved places will it provide?	
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, what was the nature and outcome of those proceedings?	
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Do any staff employed by your service have against them any civil charges in relation to children or child care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, what was the nature and outcome of those proceedings?	
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does the service have Public Liability Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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	<input type="checkbox"/>	<input type="checkbox"/>
Public Liability Insurance – Certificate of Currency attached	<input type="checkbox"/>	<input type="checkbox"/>
Documents will be provided separate to application	<input type="checkbox"/>	<input type="checkbox"/>

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](#) 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Full Name	
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Position	
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Date	
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Applicant representative 2

I have read and understood the preceding information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Full Name	
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Position	
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Date	
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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](#) on the webpage in order to submit this application.

List of attached documents	Yes	No
Copy of signature attached	<input type="checkbox"/>	<input type="checkbox"/>

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