# Australian Government Department of Social Services logo

**Notification of Closure, Sale or Transfer of Ownership or Management Form**

Attachment A contains information on your obligations to notify the Department of Social Services (the department) of changes to your service operation. Please submit this form electronically to [ccbapplicationdocuments@dss.gov.au](mailto:ccbapplicationdocuments@dss.gov.au)

For further assistance, please contact your state or territory office on **1300 653 227** and ask to speak with the Child Care Benefit Approvals team in your state or territory. Postal address details for the department’s state and territory offices are provided in Attachment B for your information.

# Contact details following cessation of operations

**Note:** Please enter the following details relating to the **service that will cease operating.**

| Date the service will cease operating: |  | [dd/mm/yyyy] |
| --- | --- | --- |

| Legal entity (operator) name: |  |
| --- | --- |

**Important:** The legal entity (operator) name **must** match the name granted Provider Approval from the relevant State or Territory Regulatory Authority (as specified on the Provider Approval Certificate).

| ABN of legal entity: |  |
| --- | --- |

| Service (Trading/Business) name: |  |
| --- | --- |

| Organisation ID: |  | CCB Approval ID/s: |  |
| --- | --- | --- | --- |

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

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

# Reason for Decision to Cease Operations

**Sale/Transfer of Ownership**

**Note**: If applicable, provide the name and contact details of the **proposed new operator** (legal entity of the service).

| New legal entity (operator) name: |  |
| --- | --- |

| Name of the contact person: |  |
| --- | --- |

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

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

**Closure of the Service**

**Note:** If applicable, provide further information regarding the closure below.

|  |
| --- |

**Closure due to Unforeseen Circumstances - including temporary closures.**

**Note:** If applicable, provide further information below including temporary closure date range.

|  |
| --- |

**External Administrator Appointed**

**Note:** If applicable, provide further details below.

| External Administrator name: |  |
| --- | --- |

| Date Appointed: |  |
| --- | --- |

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

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

# Have parents/guardians using the service been advised of the sale/closure of the service?

**Yes** (please provide details below) **No**

|  |
| --- |

# Location where records will be kept following cessation of operations

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

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

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

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

**Important:** You are required to keep all child care records for 36 months from the end of the year in which care was provided. Any changes to attendance data made via your CCMS software may result in a debt. Outstanding enrolment advances upon your service’s closure will also result in a debt. Contact the CCMS Helpdesk on **1300 667 276** or [ccmshelpdesk@dss.gov.au](mailto:CCMShelpdesk@dss.gov.au) to check if you have a debt at any time before or after your service’s closure/transfer.

# Contact details for issuing of debt invoices

| Name of contact person |  |
| --- | --- |

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

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

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

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

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

# Authorised Persons

**This form needs to be signed by two Authorised Persons from your organisation unless you are a sole trader/operator where one signature is accepted. Authorised Persons are those persons from your organisation that have previously been identified to the department through your CCMS software as having the authority to make changes to organisation or service details.**

As the authorised persons for this service, we confirm the above details are correct. We acknowledge that providing false or misleading information is a serious offence.

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

| Position |  | Main Telephone /Mobile: |  |
| --- | --- | --- | --- |

| Signed: | 🖎 | Date: |  |
| --- | --- | --- | --- |

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

| Position |  | Main Telephone /Mobile: |  |
| --- | --- | --- | --- |

| Signed: | 🖎 | Date: |  |
| --- | --- | --- | --- |

**Attachment A**

# Cessation of Operations

It is a requirement of the family assistance law that the operator of an approved child care service notifies the Secretary of the department of their decision to cease operating a service. This includes closure, sale or transfer of ownership.

Notice must be given in writing 42 days or more before ceasing to operate. Where a service closes due to circumstances beyond the operator’s control (e.g. bankruptcy or state licensing issues) and the operator is unable to give at least 42 days’ notice, the operator must notify the department as soon as the decision to close is made. Failure to meet this requirement is a criminal offence. Civil penalties may also apply.

The notification form template above provides the format that **must** be used to notify of your decision to cease operating an approved child care service. The form should be received by your state or territory office of the department at least 42 days prior to you ceasing to operate an approved child care service. Addresses for each state and territory office are listed in Attachment B.

Where a service closes suddenly, due to unforeseen circumstances, the operator must immediately notify the Child Care Benefit Approvals team in their state or territory office by telephone on **1300 653 227**, and follow with written notification.

When you cease to operate an approved child care service, you will have continuing obligations under the *A New Tax System (Family Assistance*) *(Administration*) *Act 1999* (the Act). As a person previously operating the approved child care service you must, in accordance with section 219G of the Act, keep the records that the service was required to keep under section 219F of the Act. You must notify the department where the records are kept within 14 days after you cease to operate the service. Failure to comply with these requirements is a criminal offence and carries civil penalties

**Note:** It is important that the departing operator inform parents in writing of their decision to cease operating a child care service. In all circumstances the notice should include the [MyChild](http://www.mychild.gov.au/) website link and the Child Care Access Hotline number in the event they wish to seek alternate child care. The Child Care Access Hotline number is **1800 670 305.**

# Temporary Closures

Each service has an obligation under family assistance law to operate a minimum number of weeks per year. If your service closes temporarily at any stage throughout the year, including during the Christmas/New Year period, you are required to notify the department in advance. Please note you can make these changes through your CCMS software product. If you are unsure of how to do this, please refer to your software product reference material or contact your software provider.

# Appointment of External Administrators

It is a requirement of the family assistance law that the operator of an approved child care service notifies the department that there should be an appointment of external administrators. Use this form to notify the department within 14 days of the appointment of administrators where possible. If not possible, the operator must immediately notify the Child Care Benefit Approvals team in their state or territory office by telephone on **1300 653 227**, and follow with written notification.

**Attachment B**

# Addresses for State and Territory Offices

| **State/Territory** | **Address** |
| --- | --- |
| New South Wales & Australian Capital Territory | Child Care Benefit Approvals Team  Department of Social Services  GPO Box 9820, Sydney NSW 2001 |
| Victoria | Child Care Benefit Approvals Team  Department of Social Services  GPO Box 9820, Melbourne VIC 3001 |
| Queensland | Child Care Benefit Approvals Team  Department of Social Services  GPO Box 9820, Brisbane QLD 4000 |
| Western Australia | Child Care Benefit Approvals Team  Department of Social Services  GPO Box 9820, Perth WA 6848 |
| South Australia | Child Care Benefit Approvals Team  Department of Social Services  GPO Box 9820, Adelaide SA 5001 |
| Tasmania | Child Care Benefit Approvals Team  Department of Social Services  GPO Box 9820, Hobart TAS 7001 |
| Northern Territory | Child Care Benefit Approvals Team  Department of Social Services  GPO Box 9820, Darwin NT 0801 |