# Australian Government Department of Social Services logo.

Update Service Operation Details Form

Complete the relevant section(s) below only for details that need updating and 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 A for your information.

| Organisation (Legal Entity) Name: |  |
| --- | --- |

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

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

| Date changes take effect: |  |
| --- | --- |

# Name Change

Complete this section if you are changing the name of your service.

| Legal Name | Trading Name | Both |
| --- | --- | --- |

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

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

If you are changing a trading name, please attach a copy of the **Certificate of Registration of a Business Name** from the relevant state government department.If theCertificate of Registration of a Business Name **does not contain the service’s name,** also attach a copy of the **Business Name Extract**.

Please also attach a copy of your new **Service Approval** issued by the State/Territory Regulatory Authority.

# Service Location

Complete this section if you are changing the address where your service operates.

## Reason

| Sale of premises | Termination of the lease of the premises | Other |
| --- | --- | --- |

**If other, please provide details:**

|  |
| --- |

| Permanent Relocation | Proposed relocation date: |  |
| --- | --- | --- |

| Temporary Relocation | Returning date if applicable: |  |
| --- | --- | --- |

Will there be a temporary closure or any disruption to child care provision as a result of the proposed relocation?

| Yes | No |
| --- | --- |

If yes, provide details including the expected period of any temporary closure.

|  |
| --- |

## Current Service Location

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

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

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

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

## New Service Location

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

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

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

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

Please also attach a copy of your new **Service Approval** issued by the State/Territory Regulatory Authority.

# Change of Operating Hours and/or Weeks per Year

| Number of operating weeks per year: |  |
| --- | --- |

| **Day** | **Start time (am)** | **Finish time (pm)** |
| --- | --- | --- |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

# Adding or removing Key Personnel

Adding or removing Key Personnel can be completed in the Child Care Management System (CCMS), by an Authorised Person.

# Change in suitability of Key Personnel

Under section 19(3), of the *Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000,* if the operator becomes aware about something regarding a member of staff (or carer, if the service is a Family Day Care service or an In-Home Care service), the operator must give the department written notice within 7 days.

The service operator, staff and carers must all be suitable persons. If a change has occurred that may affect the suitability of any of these people, please include the following information.

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

| Position: |  |
| --- | --- |

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

| Main Telephone/Mobile: |  | Date of Birth: |  |
| --- | --- | --- | --- |

Please detail the circumstances that may affect this person’s suitability.

|  |
| --- |

# Change to the Number of Places Offered

The number of places a service can provide is dependent on the State/Territory Regulatory Authority that issues services with approval to operate. If you wish to change your licenced places (increase or decrease), services will need to [apply to their local State or Territory Regulatory Authority](http://www.acecqa.gov.au/regulatory-authorities1/contact-your-regulatory-authority).

| Number of Places Offered: |  |
| --- | --- |

Please also attach a copy of your **Service Approval** issued by the State/Territory Regulatory Authority.

# Change of day to day administration/management of the service

## Individual

If the management of the service has been outsourced to an **individual**, please enter their details below.

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

| Position: |  |
| --- | --- |

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

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

## Management company / organisation

If the management of the service has been outsourced to a **management company** or another **organisation**, please enter the details below.

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

| Organisation Type: |  | ABN: |  |
| --- | --- | --- | --- |

## Business Address of external management company / organisation

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

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

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

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

| Contact Person Name: |  |
| --- | --- |

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

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

# Postal Address of external management company / organisation

| Is their postal address the same as their principal business address? | Yes | No |
| --- | --- | --- |

***If different from the principal business address, please provide the following details***:

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

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

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

# 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 the 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**

# 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 |