



# Queensland Education and Care Service

## Application for amendment of Queensland provider approval

(Section 21 of the *Education and Care Services Act 2013*)

**Please read the following information before completing and submitting this application form.**

Please ensure you are familiar with the requirements and obligations set out under the *Education and Care Services Act 2013* and the *Education and Care Services Regulation 2013*.

If you require further information about the obligations of approved providers under the Education and Care Services Act and Regulation or are unsure about the information required in this application, it is important that you visit the website <http://www.earlychildhood.qld.gov.au/ecs> or contact the relevant Regional Office for clarification.

Please ensure that the information you provide in this form is complete and correct.

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**Note:** All references to the 'Education and Care Services Act' in this form are to be read as references to the 'Education and Care Services Act 2013' and references to the Education and Care Services Regulation as references to the Education and Care Services Regulation 2013. References to the 'Department' refer to the Department of Education and Training.

### Application requirements and assessment

An approved provider may apply for an amendment to their provider approval.

Applications will be assessed and a determination made within 30 days starting the day after a valid application and fee are received by the Department.

### Important

- Your application will not be assessed until all necessary sections are satisfactorily completed, all requested supporting documents are attached, and any prescribed fees paid.
- Please write clearly in BLOCK LETTERS in black ink. Do not use correction fluid. The signatory must initial any corrections to this form.



## Privacy statement

The Department is committed to ensuring that all actions taken in the administration of the Education and Care Services Act are in compliance with the Information Privacy Principles of the *Information Privacy Act 2009* (Qld).

The Department is collecting the information on this form for the purpose of assessing this application under the Education and Care Services Act. The information on this form may also be provided to other authorities or to other government agencies in accordance with the Education and Care Services Act.

**The Department and the Queensland Government may publish information collected on this form in accordance with the Education and Care Services Act.**



**Part A: Provider details**

1. **Approved provider name**

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2. **Provider approval number**

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**Part B: Amendment details**

3. **Please tick the appropriate box and provide reasons for the proposed amendment in the space provided below at no.4.**

<input type="checkbox"/>	Add a person to a provider approval <i>(new person must complete and attach an ECS02 Suitability Statement to this completed form)</i>
<input type="checkbox"/>	Remove a person from provider approval
<input type="checkbox"/>	Change to a condition of the provider approval
<input type="checkbox"/>	Add a condition to a provider approval

4. **Please provide reasons for the proposed amendment**

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**5. Have you attached information or documentation to support this application?**

Yes

No

Part C: Contact details

**6. Contact details for this application**

*(Note: this will be the person who the Department may contact with questions relating to this form)*

Title \_\_\_\_\_ First name \_\_\_\_\_

Last name \_\_\_\_\_ Mobile number \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email \_\_\_\_\_

**Postal address**

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Suburb/Town \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_



**Applicant declaration**

I, \_\_\_\_\_ (insert full name of person signing the declaration)

of, \_\_\_\_\_ (insert address)

am, \_\_\_\_\_ (insert position/title of applicant)  
for example, proprietor, director, partner, president

I declare that the information provided in this application (including any attachments) is true, complete and correct.

Signature of person making the declaration \_\_\_\_\_

Signed at \_\_\_\_\_ On the \_\_\_\_\_

**Second applicant (if applicable)**

I, \_\_\_\_\_ (insert full name of person signing the declaration)

of, \_\_\_\_\_ (insert address)

am, \_\_\_\_\_ (insert position/title of applicant)  
for example, proprietor, director, partner, president

I declare that the information provided in this application (including any attachments) is true, complete and correct.

Signature of person making the declaration \_\_\_\_\_

Signed at \_\_\_\_\_ On the \_\_\_\_\_

**Who may sign?**

- The approved provider
- A person authorised to sign on the approved provider's behalf

## Lodging your application

Please lodge your application along with all of the requested documentation by posting or emailing to the Early Childhood and Community Engagement Division.

Mail: Early Childhood and Community Engagement Division  
Department of Education and Training  
PO Box 15033  
CITY EAST QLD 4002  
E-mail: [ecis@dete.qld.gov.au](mailto:ecis@dete.qld.gov.au)

## Enquiries

Contact the relevant Regional Office  
<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

Early Childhood and Community Engagement Division  
Department of Education and Training  
E-mail: [ecis@dete.qld.gov.au](mailto:ecis@dete.qld.gov.au)  
Phone: 13 QGOV (13 7468)  
Website: <http://www.earlychildhood.qld.gov.au/ecs>

<b>For office use only</b>	
Date form received: ____ / ____ / ____	
Name of receiving officer:	Signature: