



Queensland Education and Care Service Application for amendment of Queensland service approval

(Section 65 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.

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 a service approval.

Please note however, that an amendment cannot change the location of a Queensland education and care service. If you are changing the location of the service, you will need to apply for a new service approval or if changing the location of the service temporarily due to exceptional circumstances, apply for an exceptional circumstances service approval.

Applications will be assessed and a determination made within 60 days starting the day after a complete application is 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**

2. **Provider approval number**

Part B: Service details

3. **Approved service name**

4. **Service approval number**

5. **Please provide the address of the service**

Address line 1

Address line 2

Suburb/Town

State

Postcode



Part B: Information about the proposed amendment

6. The proposed amendment (please tick one)

(Provide details of the proposed amendment in 7 below)

- Name of the education and care service
- The maximum number of children that may be educated and cared for at any time
- A rest period
- Change a condition
- Add a condition

7. Provide details of the relevant proposed service approval amendment below

- Name of the education and care service**
 - Please state the proposed amended name of the service:

- The maximum number of children that may be educated and cared for at any time**
 - Please state the proposed maximum number of children and reasons for seeking to have the maximum number of children amended
 - Please **attach** evidence (such as building plans) of the required amount of unencumbered indoor and outdoor space per child
 - Note if changes have been made to any aspect of the approved service premises, remember to complete form ECS17 Notification of change to information about an approved service



□ A rest period

- Please state the time and duration of the proposed rest period/s (maximum of two rest periods per day)
- Please attach a statement providing details of the following matters as they apply to the rest period/s:
 - ages of the children being educated and cared for
 - times the children will usually be resting
 - service capacity
 - how the physical layout of the service premises allows for adequate supervision
 - staffing arrangements for the rest period (Regulation 45)
 - information provided to parents and/or guardians about staffing arrangements for rest periods

Rest period 1

Rest period 2

D **Change a condition**—provide details of the current condition and reasons for having it changed or removed

OR

D **Add a condition**—provide details of the proposed condition and the reasons for adding it



Part C: Contact details

9. Contact person for this application:

(Note: this will be the person who the Department may contact for questions relating to this application)

Title	First name
Last name	Mobile
Phone number	Fax number
Email	

10. 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 required documentation by posting or emailing to the relevant Regional Office, Department of Education and Training.

<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

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

Phone: 13 QGOV (13 7468)

Website: <http://www.earlychildhood.qld.gov.au/ecs>

For office use only	
Date form received: ___ / ___ / ____	
Name of receiving officer:	Signature: