

2026 EXCEPTIONAL CIRCUMSTANCE APPLICATION FORM - for Approved Kindergarten Program Providers

An Approved Provider may be able to claim Funding for an Early Childhood Teacher (ECT) who is 'actively working towards' completing an ACECQA approved qualification and delivering the Approved Kindergarten Program. Information relating to eligibility criteria for application of exceptional circumstances for 'working towards' ECTs is outlined in the [Queensland Kindergarten Funding Essentials](#). Please consider if you need to complete a [Progress Declaration Submission](#) or this form.

This form must be completed, with relevant documentary evidence attached, to apply for exceptional circumstances. Please submitted the completed form and attachments to kindyfundings@qed.qld.gov.au.

Note: All fields must be completed. An incomplete or incorrect application may result in delays in processing, or your application being denied.

Privacy Notice: DoE is collecting your personal information (as noted in this form) to administer Queensland Kindergarten Funding. The information will only be accessed and used by authorised employees within DoE and dealt with in accordance with the requirements of the *Information Privacy Policy 2009* (Qld). DoE may disclose it to higher education Institutions (HEI), persons or agencies mentioned in the Declaration Form. DoE will not disclose to any other person or agency unless it is for the purpose as stated above, with your express permission, or where authorised or required by law. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please email kindyfundings@qed.qld.gov.au.

Service Name <i>e.g., XYZ South Brisbane</i>	
Beneficiary (EdGrants) Number <i>[if known or n/a]</i>	
Service Provider/Grantee <i>e.g., XYZ pty ltd</i>	
Authorised/Nominated Officer	Name: Phone: Email:
Central Governing Body (CGB) <i>[name of organisation or n/a]</i>	
Service Type [select one]	<input type="checkbox"/> Sessional Kindergarten <input type="checkbox"/> Long Day Care Service Operating days: Operating hours:
Working towards educator's name <i>[insert full name]</i>	Attach name change or marriage/divorce certificate, if applicable.
Date educator commenced <i>[insert dd/mm/yyyy]</i> delivery of the kindergarten program	
Course of study	
Name of qualification or course	
Qualification Code (from ACECQA)	
Name of institution Attach current academic transcript	
Expected completion date <i>[insert dd/mm/yyyy]</i>	
Exceptional circumstance eligibility	

Does the educator hold an ACECQA approved ECEC Diploma level qualification?	<input type="checkbox"/> Yes – Attach copy of qualification <input type="checkbox"/> No
Has the educator enrolled in and completed at least 50% of an ACECQA approved working towards ECT qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the educator currently hold a primary or secondary teaching qualification?	<input type="checkbox"/> Yes - Attach copy of degree <input type="checkbox"/> No
Does the educator hold teacher's registration with QCT?	<input type="checkbox"/> Yes – registration number: Attach copy of registration certificate <input type="checkbox"/> No
Is the educator currently enrolled in the Qualifications Pathways Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Academic progress and study program	
What is the total number of units required for this qualification? (excluding practicums)	
How many units have been granted as credit or recognised as prior learning (RPL)? How many units have been completed?	Credit/RPL: Completed: - Pass grade
How many practicums need to be completed for this qualification? How many practicums are left to be completed?	Practicums completed: Practicums yet to be completed:
Does this qualification require the LANTITE ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many units does the educator plan to complete? <i>[insert one: trimester / semester / teaching period / other]</i>	units per
Options being explored by the Approved provider/CGB to attract, recruit and retain an ECT: <i>[insert details]</i>	

Authorised/Nominated Officer Declaration

I, _____ have sufficient authority to represent

[AUTHORISED OFFICER OF SERVICE]

and certify that (please tick):

[SERVICE PROVIDER NAME]

- The information provided in this application is true and correct and the course of study in this application is an approved ACECQA course of study to enable the working towards educator to become an appropriately qualified Early Childhood Teacher.
- This application is being submitted by an authorised representative of the Approved Provider and is not the educator included within this application.
- Updates on the academic progress of the educator will be provided to the department twice a year by 30 January and 17 July to maintain the approval.
- I understand that an Exceptional Circumstance does not replace general requirements relating to [waivers](#) and [Regulatory waiver](#) under the Education and Care Services National Law.
- Evidence of this application and the educator's progress will be held and maintained as per record keeping requirements and produced to the Department upon request.
- The service has a current and active service-specific workforce plan which is reviewed and updated regularly.

Signature: _____

Date: / /202