

## GRACE PERIOD APPLICATION FORM

Where a service loses an Early Childhood Teacher (ECT) and does not have any educators eligible for an exceptional circumstance, the service must notify the Department within 10 business days by submitting the form by email to [ECTenquiries@qed.qld.gov.au](mailto:ECTenquiries@qed.qld.gov.au). 10 days is taken from the date the ECT last delivered the Approved Kindergarten Program. This form must be completed, with relevant documentary evidence attached, to apply for exceptional circumstances. Please submit the completed form and attachments to [ECTenquiries@qed.qld.gov.au](mailto:ECTenquiries@qed.qld.gov.au).

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

<b>Privacy Notice:</b> DoE is collecting your personal information (as noted in this form) in order 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 <i>Information Privacy Policy 2009</i> (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 <a href="mailto:ECTenquiries@qed.qld.gov.au">ECTenquiries@qed.qld.gov.au</a> .			
<b>Service Name</b> <i>e.g. XYZ South Brisbane</i>			
<b>Beneficiary Number</b> <i>[if known or n/a]</i>			
<b>Service Provider/Grantee</b> <i>e.g. XYZ pty ltd</i>			
<b>Nominated Contact Officer</b>		Name:	
		Phone:	
		Email:	
<b>Last day the ECT delivered the kindergarten program</b> <i>[insert dd/mm/yyyy]</i>			
<b>Start date of Grace Period</b> <i>[insert dd/mm/yyyy]</i>			
<b>Previous Grace Period (if any)</b> <i>[insert dd/mm/yyyy]</i>		Start date:	
		End date:	
<b>Are there any educators employed at the service who are a qualified ECT or a working towards ECT that could deliver the Kindy Program?</b>		<input type="checkbox"/> Yes – <b>Provide further information in “Section 1”</b> <input type="checkbox"/> No – <b>Provide further information</b>	
<b>Have you approached existing educators to see if they would be interested in studying to become an ECT?</b>		<input type="checkbox"/> Yes – <b>Provide further information</b> <input type="checkbox"/> No – <b>Provide further information</b>	
<b>Have you considered the <a href="#">Qualifications Pathways Program</a> to support them with their study?</b>		<input type="checkbox"/> Yes – <b>Provide further information</b> <input type="checkbox"/> No – <b>Provide further information</b>	
<b>Name of the educator/s who will be delivering the kindergarten program during this period:</b>			
<b>Educator 1's name:</b> <i>[insert full name]</i>		<b>Employment status:</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Agency staff
<b>Qualification:</b>		<b>Hours per week:</b>	
<b>Date commenced:</b> <i>[insert dd/mm/yyyy]</i>		<b>Years of experience:</b>	

<b>Educator 2's name:</b> [insert full name]		<b>Employment status:</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Agency staff	
<b>Qualification:</b>		<b>Hours per week:</b>		
<b>Date commenced:</b> [insert dd/mm/yyyy]		<b>Years of experience:</b>		
<b>What supports are in place for the educator/s to ensure the delivery of a quality kindergarten program during this period:</b> [insert details]				
<b>Provide details of qualifications and study for all staff within the service, including the room and position they are working in during the Grace Period request period. Attach a separate document if additional space is required.</b>				
<b>ECT</b> [insert name]	<b>Position</b>	<b>Room</b>	<b>Qualification held</b>	<b>Working Towards qualification (check <a href="#">ACECQA code</a>) and % of completion of the course</b>
				qualification code
				% completion
				qualification code
				% completion
<p>A separate Service-Specific Workforce Plan must be submitted along with this application form.</p> <p>Useful Department of Education weblinks –</p> <ul style="list-style-type: none"> <li>• <a href="#">Workforce planning</a> which includes <a href="#">Workforce plan template</a> and <a href="#">Workforce plan guide</a>.</li> <li>• <a href="#">Queensland Kindergarten Funding Essentials Long Day Care Services</a></li> </ul>				

**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.
- ☐ This application is being submitted by an authorised representative of the Approved Provider and is **not** the educator included within this application.
- ☐ A Service-Specific [workforce plan](#) must be submitted before the request can be reviewed.
- ☐ A consecutive 60-day grace period does not replace general requirements relating to [waivers](#) and [Regulatory waiver](#) under the Education and Care Services National Law.
- ☐ During the approved 60-day grace period, the Long Day Care Service can continue to claim Funding while they actively seek to attract, recruit and retain an ECT.
- ☐ The Long Day Care Service must contact the Department by email to [ECTenquiries@ged.qld.gov.au](mailto:ECTenquiries@ged.qld.gov.au) at least 21 days prior to the expiry of the approved Grace Period, [if it is unable to engage an ECT within the 60-day grace period](#).
- ☐ 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.

Signature: \_\_\_\_\_

Date: Date: / /202