EDUCATION AND CARE SERVICES ACT

ECS04



## Queensland Education and Care Service Application for voluntary suspension of Queensland provider approval

(Section 37 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 or are unsure about the information required in this application, it is important that you visit the website <u>http://www.earlychildhood.qld.gov.au/ecs</u> 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

A Queensland approved provider may apply for a suspension of their provider approval for a period of no more than 12 months.

Approved providers **must** notify the parents of children enrolled at their service(s) of the intention to make the application for voluntary suspension at least 14 days prior to making the application.

Applications will be assessed and a determination made within 30 days starting the day after a valid 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.



- 1. Approved provider name
- 2. Provider approval number
- 3. At least 14 days before making this application I notified the parents of children enrolled at the education and care service(s) operated under this provider approval of the intention to make the application.

Yes

Please attach a copy of the notice provided to parents.

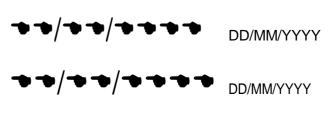
(This application cannot proceed unless this evidence is provided.)

### Part B: Voluntary suspension details

4. Please provide a detailed statement explaining the reasons for seeking the voluntary suspension of your Queensland provider approval:



Proposed start date of the voluntary suspension



Proposed end date of the voluntary suspension (Note: the suspension period cannot exceed 12 months).

# 5. Please provide details of all Queensland service approvals held by the approved provider in the table below.

Approved service name	Service approval number

6. Please provide a detailed statement explaining the arrangements that have been made for each education and care service operated by the approved provider during the proposed suspension period.

(You may continue your explanation on a separate sheet attached to this form.)



### Part C: Contact details

### 7. Contact details for this application

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

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**

<u>l,</u>	(insert full name of person signing the declaration)
of,	(insert address)
am,	
	for example, proprietor, director, partner, president
I declare that the information provided in this applic and correct.	cation (including any attachments) is true, complete
Signature of person making the declaration	
Signed at	On the
Second applicant (if applicable)	
<u>l,</u>	(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 applic and correct.	cation (including any attachments) is true, complete
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 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.gld.gov.au

### Enquiries

Contact the relevant Regional Office <a href="http://www.gld.gov.au/education/childcare/contacts/pages/regional.html">http://www.gld.gov.au/education/childcare/contacts/pages/regional.html</a>

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: