



Queensland Education and Care Service

Application for revocation of voluntary suspension of Queensland provider approval

(Section 37(9) and (10) 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 <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

A Queensland approved provider whose provider approval has been voluntarily suspended may apply to have the voluntary suspension revoked before the end of the suspension period.

Applications will be assessed and a determination made as soon as possible after the Department receives the application.

Important

- To assist the Department in assessing your application please complete all sections and attach all requested supporting documents.
- 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: Voluntary suspension details

3. **Please provide a detailed statement explaining the reasons for the existing voluntary suspension and the reasons for applying to have the voluntary suspension revoked.**
(Attach evidence to support your application.)

Voluntary suspension start date

••/••/••••

DD/MM/YYYY

Voluntary suspension end date

••/••/••••

DD/MM/YYYY

New proposed end date

••/••/••••

DD/MM/YYYY



Part C: Contact details

4. 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

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 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

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: