EDUCATION AND CARE SERVICES ACT

**ECS10** 

# Queensland Education and Care Service Application for exceptional circumstances Queensland service approval

(Sections 55 - 57 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 <a href="http://www.earlychildhood.qld.gov.au/ecs">http://www.earlychildhood.qld.gov.au/ecs</a> 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 an exceptional circumstances service approval if exceptional circumstances have caused the premises (the affected premises) to be unsuitable for the provision of education and care. The exceptional circumstances could be related to events such as a natural disaster resulting in flooding or cyclone damage, or damage caused by fire.

An applicant for an exceptional circumstances service approval must:

- be an approved provider; and
- hold a service approval for the affected premises; and
- be responsible for the management of staff members and the supervisor of the service.

An application for an exceptional circumstances service approval may be made orally in the first instance but must be followed by this form as soon as practicable.

An application for an exceptional circumstances service approval may be made by more than one person. However, if the application is made by more than one person, each person must provide information in response to the questions set out in this form.

Applications will be assessed and a determination made within 7 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.



Part	rt A: Provider details	
1.	Approved provider name	
2.	Provider approval number	
Part	rt B: Service details	
3.	Approved service name	
4.	Service approval number	
Part	rt C: Exceptional Circumstances Se	ervice details (i.e. for the replacement premises)
5.	Please provide the following det	ails for the replacement service premises
	Contact details for the replacemen	t service premises
	Phone number	
	Mobile number	
	Fax number	
	Email	
6.	Street address for the replacement	ent service premises
	Address line 1	
	Address line 2	
	Suburb/Town	
	State/Territory	Postcode



	Postal address for the replacement premises			
	☐ As above			
Address line 1				
	Address line 2			
	Suburb/Town			
	State	Postcode		
7.	Location of the replacement pre	emises		
	□ Non-school site			
	☐ Government school site			
	□ Non-government school site			
8.	8. Please provide details of the nominee for the exceptional circumstances service			
	Title First name	Last name		
	Phone number	Mobile		
	Email			
9.	After hours emergency phone n	number		
Part	Part D: Exceptional circumstances service details			
10	December 1	ances service commencement date: DD/MM/YYYY		



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11.	_	s of children to be educated and cared for se tick all that apply)
		Birth–2 years
		2 years–3 years
		3 years-preschool age
		School age
12.		t is the proposed maximum number of children to be educated and cared for by the ptional circumstances service?
13.	Publ	ic liability insurance
Please provide details of the current public liability insurance policy for at least \$10,000,000 held by the exceptional circumstances service and attach a copy of the certificate of currency (insurance).		
Insu	ırance	e company:
Policy number:		
Date of expiry: (DD/MM/YYYY)		

**Operational period 1** 

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#### Part E: Proposed hours and days of operation of the exceptional circumstances service

14.	For each operational period type please provide the start date, end date and a description
	of the operational period (DD/MM/YYYY)

(If you have more than two operational periods please provide the following information for these periods on a separate sheet of paper)

Start date	End date	
<u>Start date</u>	End date	
Operational type (i.e. annual or	holiday care)	
Number of operational weeks p	er year	
Day	Opening time	Closing time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

# Application for Exceptional Circumstances Queensland service approval (Sections 55 and 56 of the *Education and Care Services Act 2013*)

#### **Operational period 2**

Start date	End date
Operational type (i.e. annual or holiday care)	
Number of operational weeks per year	

Day	Opening time	Closing time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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$\square$ Yes $\rightarrow$ provide details below
$\square$ No $\rightarrow$ go to Question 18
Please state the time and duration of the proposed rest period/s (maximum of two rest periods per day)
Rest period 1
Rest period 2

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

15. Do you wish to apply for a rest period?

- Exceptional circumstances service capacity
- How the physical layout of the replacement premises allows for adequate supervision
- Staffing arrangements for the rest period (Regulation 46)
- Information provided to parents and/or guardians about staffing arrangements for rest periods

Please note: The approved provider can supply this information as soon as practicable.

#### Part F: Policies and procedures

16. The policies and procedures prepared by you for the affected service premises with the exception of the emergency and evacuation procedure may be used for the replacement premises.

**Important:** Please review and update your emergency and evacuation procedures for relevance to the replacement premises. The Department may ask to see an evacuation procedure for the replacement premises.



#### Part G: Building premises information

#### Please note:

• The approved provider can supply information requested in 17 – 21 as soon as practicable.

## 17. Please supply plans prepared by a building certifier which shows all of the following information:

- The locations of all buildings, structures, outdoor play areas and shaded areas. The location of all entries and exits.
- The location of all fences and gates, specifying the type of fence or gate used or to be used.
- The location of toilet and washing facilities, nappy changing areas and any food preparation areas.
- The boundaries of the replacement premises.
- The landscape of, or landscaping plans for, outdoor spaces that will be used by the exceptional circumstances service, specifying the natural environments that are or will be provided.
- A floor plan, indicating unencumbered indoor spaces and a site plan indicating the unencumbered outdoor spaces that will be used by children.
- O The location of any associated children's service.
- Calculations carried out by a building practitioner of the areas referred to in Regulation 29 and 32 relating to unencumbered indoor and outdoor space.
- The elevation plans of the replacement premises.

#### 18. Please provide at least one of the following

- A soil assessment for the site of the replacement premises.
- If a soil assessment for the site of the replacement premises has previously been undertaken, a statement to that effect, specifying when the soil assessment was undertaken.
- A signed declaration made by the applicant that states that, to the best of the applicant's knowledge, the site history does not indicate that the site is likely to be contaminated in a way that poses an unacceptable risk to the health of children.



19.	Is there a swimming pool or other water hazard situated on the replacement premises?	
	$\square$ Yes $\rightarrow$ please ensure the exceptional circums	tances service's water safety policy is relevant
	□ No	
20.	Do you have the right to occupy the replaceme	nt premises?
	☐ Yes → please provide any documentary evide premises as soon as practicable	nce such a lease or title for their placement
	□ No	
21.	Is the replacement premises a Government or	registered school?
	□ Yes	
	□ No	
	Part H: Contact Details	
22.	. Contact person for this application (Note: this will be the person whom the Department may contact for questions in relation to this form)	
	Title	First name
	Last name	Mobile number
	Phone number	Fax number
	Email	
	Email	



**Applicant declaration** 

## Application for Exceptional Circumstances Queensland service approval (Sections 55 and 56 of the *Education and Care Services Act 2013*)



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

#### Who may sign?

- The applicant
- 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 <a href="http://www.qld.gov.au/education/childcare/contacts/pages/regional.html">http://www.qld.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: