



Queensland Education and Care Service Application for voluntary suspension of Queensland service approval

(Section 89 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 may apply for a suspension of a service approval for a period of not more than 12 months.

Approved providers **must** notify the parents of children enrolled at their service(s) of the intention to apply 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.



Part A: Provider details

1. **Approved provider name**

2. **Provider approval number**

Part B: Service details

3. **Approved service name**

4. **Service approval number**

Part C: Voluntary suspension details

5. **At least 14 days before making this application I notified the parents of the children enrolled at this Queensland education and care service 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 C: Voluntary suspension details

6. **Please provide a detailed statement explaining the reasons for seeking the voluntary suspension of this Queensland service approval.**



Proposed start date of the voluntary suspension:

••/••/••••

DD/MM/YYYY

Proposed end date of the voluntary suspension:

••/••/••••

DD/MM/YYYY

(Note: the suspension period cannot exceed 12 months).

7. Please provide a detailed statement explaining the arrangements that have been made for the Queensland education and care service during the proposed suspension period.



Part D: Contact details

8. 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 behalf of the approved provider

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

<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: