



Residual early childhood services

Application for service approval

Residual Early Childhood Services APPLICATION FOR SERVICE APPROVAL

Education and Early Childhood Services (Registration and Standards) Act 2011

Part 3 and Schedule 2

Provider Information

1. Provider name

2. Provider Approval number

3. ABN

4. Provider Contact Details

Title:	First Name:
MobileNumber(BH):	Last Name:
PhoneNumber(BH):	Fax Number:
Email:	

Service Information

1. Service legal entity name

2. Service trading name

3. Service ABN

4. Please provide the following details for the service premises **(for Mobile Care services please provide an address for all sites that provide education and care)**

Phone number:
Mobile number:
Fax number:
Email:

Location address for the service premises:

Address line 1:	
Address line 2:	
Suburb/Town:	
State/Territory:	Postcode:

Postal address for the service:

As above: <input type="checkbox"/>	
Address line 1:	
Address line 2:	
Suburb/Town:	
State/Territory:	Postcode:

5. Please provide the details of the primary contact for the service:

Title:	First Name:
Mobile Number (BH):	Last Name:
Phone Number (BH):	Fax Number:
Email:	
After hours emergency phone number (Required in case of emergency)	

Service Details - Type of Care

In-Home Care

Occasional Care

Mobile Care

Individual Family Day Care (not part of a Scheme)

Proposed start date:

DD / MM / YYYY

All Service Types

Please complete the following:

1. What is the proposed maximum number of children to be educated and cared for by the service?

2. Proposed ages of children to be educated and cared for:
(Please tick all that apply)

- 0-24 months
- 25-35 months
- 36 months - preschool
- School age

3. Please attach evidence that the approved provider:

- holds a current insurance policy providing adequate cover for the service against public liability with a minimum cover of \$10,000,000; or
- a current insurance policy or an indemnity against public liability provided by the Government of a State or Territory in respect of the education and care service.

4. Please provide the proposed hours and days of operation of the service (*for Occasional Care and Mobile Care Services*)

Number of operational weeks per year: _____

What are the proposed hours and days of operation of the service?

Hours and Days of Operation				
Day	Session 1		Session 2	
	Start Time	Finish Time	Start Time	Finish Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Nominated Supervisor Details

1. Please provide details of the Nominated Supervisor for the service

Title:	First Name:
Middle Name:	Last Name:
Date of Birth: / /	
Phone:	Phone(Other):
Mobile:	
Email:	
Commencement Date:	

2. Residential Address

Address line 1:	
Address line 2:	
Suburb/Town:	
State/Territory:	Postcode:

3. Postal Address

As above: <input type="checkbox"/>	
Address line 1:	
Address line 2:	
Suburb/Town:	
State/Territory:	Postcode:

4. Has the approved provider asked you to be a Nominated Supervisor?

Yes No

Supervisor Declaration

I, _____ (name of Nominated Supervisor)

consent to being the Nominated Supervisor for _____
(name of early childhood service)

Signature: _____ Date: _____

Service Details – Policies and Procedures Required

1. By ticking the boxes you confirm that the following policies and procedures have been prepared for the proposed service and that these will be available upon request by the regulatory authority.

Note: you do not need to provide copies with this notification.

- Health and safety, including matters relating to:
 - Nutrition, food and beverages, dietary requirements
 - Sun protection
 - Water safety, including safety during any water based activities
 - The administration of first aid

- Incident, injury, trauma and illness procedures

- Dealing with children's individual needs e.g. medical, cultural, etc.

- Providing a child safe environment and obligations relating to mandatory reporting

- Governance and management of the service, including confidentiality of records

- Dealing with complaints and grievances

- Custody arrangements including court orders

- Dealing with Infectious Diseases

- Delivery of children to and collection of children from the education and care premises

- Emergency and evacuation procedures

2. Additional requirements:

If operating an in-home care service, it is a condition on your service approval that you must comply with the South Australian Standards for In-Home Care Services.

If operating an individual family day care service, it is a condition on your service approval that you must comply with the South Australian Standards for Individual Family Day Care Services.

Applicant Contact Details

Name and contact details for this application

Note: The contact for this application must be the approved provider or the operator of the education and care service with responsibility for the management of the staff members and nominated supervisors of that service.

Details

Title:	First Name:
Last Name:	Mobile Number(BH):
Phone Number(BH):	Fax Number:
Email:	

Postal

Address line 1:	
Address line 2:	
Suburb/Town:	
State/Territory:	Postcode:

Who May Sign?

- **Individuals:** The individual Applicant.
- **Company:** Two directors of the company, or a director and company secretary, or if sole proprietor the sole director.
- **Incorporated association:** The public officer and one other member of the management committee.
- **Cooperative:** Two directors of the cooperative, or a director and one other officer of the cooperative.
- **Partnership:** A managing partner who is authorised to sign on behalf of the partnership. This signature binds all partners.
- **Corporation/Government School Council:** Signed in accordance with rules of the corporation/council.

Applicant Declaration

I, _____(insert full name of person signing the declaration)
of _____(insert address),
am _____(insert position/title for example, Proprietor, Director, Partner)

and I am

- the approved provider of the service, or
- a person authorised to sign on the approved provider's behalf.



Note: please tick one box only

I declare that:

1. The information provided in this form (including any attachments) is true, complete and correct
2. I have read, understood and agree to the conditions and the associated material contained in this form
3. I understand that the regulatory authority has the right (but is not obliged) to act in reliance upon the contents of this form, including its attachments
4. I have read and understood a provider's legal obligations under the Education and Care Services National Law
5. The regulatory authority is authorised to verify any information provided in this form
6. Some of the information provided in this form may be disclosed to the Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation, and
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration: _____

Signed at: _____(address) on the _____(date)

Second Applicant Declaration (if required)

I, _____ (insert full name of person signing the declaration)
of _____ (insert address),
am _____ (insert position/title for example, Proprietor, Director, Partner)

and I am

- the approved provider of the service, or
- a person authorised to sign on the approved provider's behalf.



Note: please tick one box only

I declare that:

1. The information provided in this form (including any attachments) is true, complete and correct
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7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration: _____

Signed at: _____ (address) on the _____ (date)

Please submit this form along with any required documentation to the regulatory authority.

Education Standards Board
GPO Box 1811
ADELAIDE SA 5001

Enquiries to:

Email: educationstandardsboard@sa.gov.au

Phone: 1800 882 413(toll free)

Fax: (08) 8226 1815

Website: <http://www.esb.sa.gov.au>

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Payment Details

The fee required to be paid with a Service Approval application is \$400. Fees can be paid by credit card, cheque or money order.

Amount:

Card Type: MasterCard Visa

Card expiry date: /

Card number:

Credit card CVN*:

*CVN is the 3 digit security code found on the back of MasterCard and Visa credit cards

Name on card: _____

Cardholder's signature: _____

Payment by Cheque or Money Order

Please make your cheque or money order payable to Education and Early Childhood Services Registration and Standards and send it with this application to:

Education Standards Board,
GPO Box 1811,
ADELAIDE SA 5001.