



Residual Early Childhood Services

APPLICATION FORM – Request for Voluntary Suspension

□ Application for voluntary suspension of **provider approval** (National Law s37)

□ Application for voluntary suspension of **service approval** (National Law s85)

□ Application for voluntary suspension of **supervisor certificate** (National Law s129)

Before submitting this form, you must ensure you are familiar with the requirements and obligations set out under the Education and Care Services National Law (South Australia) as it applies to residual early childhood services and the Education and Early Childhood Services (Registration and Standards) Regulations 2011.

If you require further information or are unsure about the information required in this notification, it is important that you visit the website <u>http://www.eecsrsb.sa.gov.au/</u> or contact the Education and Early Childhood Services Registration and Standards Board for clarification.

You must ensure that the information you provide in this form is complete and correct. The provision of false or misleading information to the regulatory authority is an offence under the National Law.

Part A: Contact Details

Approved provider name	
Approved provider number	
Service trading name	
Service approval number	
Certified supervisor name	
Certified supervisor number	

Name and contact details for this form

Title:		
First name:		
Last name:		
Position:		
Mobile number:		
Phone number:		
Email:		
Postal address	Address line1:	
	Address line 2:	
	Suburb/town:	
	State/territory: Postcode:	

Part B: Service Type

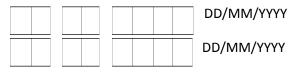
In-Home Care	Occasional Care
□ Mobile Care	Individual Family Day Care (Not Part of a Scheme)

Part C: Application for Voluntary Suspension

□ Application for voluntary suspension of **provider approval (National Law s37)**

Note: An Approved Provider may apply for a suspension of their Provider Approval for a period of not more than 12 months. Under the Law, you are obliged to notify the parents of children enrolled at the education and care service you operate at least 14 days *prior to making this application*. If a Provider Approval is suspended, each service approval held by the Provider is also suspended for the same period.

Proposed start date of the suspension Proposed end date of the suspension

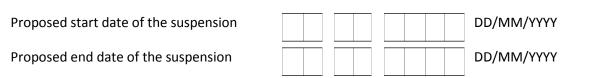


Please provide details of the proposed suspension including what is intended to happen to each service approval held by the approved provider and how parents have been notified.

Please state the reasons for the suspension.



□ Application for voluntary suspension of **service approval (National Law s85) Note:** the suspension period cannot exceed 12 months. Under the Law, you are obliged to notify the parents of children enrolled at the education and care services you operate at least 14 days *prior to making this application*.



Please advise the details of the proposed suspension including how services will be affected and how parents have been notified.

Please state the reasons for the suspension.



□ Application for voluntary suspension of **supervisor certificate** (National Law s129)

Note: The maximum period for suspension is for a period not more than 12 months.

Proposed start date of the suspension Proposed end date of the suspension

]				DD/MM/YYYY
]				DD/MM/YYYY

Please state the reasons for the suspension.

Part D: Declaration

Who may sign?

- Individuals: the individual applicant/notifier
- Company: two directors of the company, or a director and company secretary
- 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
- Corporation: signed in accordance with the rules of the corporation
- Government school council: signed in accordance with the rules of the council.

I,	[insert full name of person signing the declaration]
of	[insert address],
am _	[insert position/title (e.g. proprietor, director, partner, etc)].

and I am

- $\hfill\square$ 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.

Signa	ature of person making the declaration:
Signe	ed at:[address] on the[date]
	Please submit this form along with any required documentation to the regulatory authority.
	Education and Early Childhood Services Registration
	and Standards Board of South Australia
	GPO Box 1811
	ADELAIDE SA 5001
	Enquiries to:
	Email: nationalqualityframework@sa.gov.au
	Phone: 1800 882 413(toll free)
	Fax: (08) 8226 1815
	Website: <u>www.eecsrsb.sa.gov.au</u>