Before you begin

You must read the following information before completing and submitting this notification form. This notification form is to be completed by an approved provider of a state regulated education and care service (mobile or occasional care), to notify the Regulatory Authority of a change to the service.

Use this form to notify the Regulatory Authority of the following:

* Change to age groups
* Change to service operational hours and/or days
* Change to service contact details
* Any proposed changes to the service premises
* Service has not commenced operation within 6 months of a grant of service approval

When completing this form, please ensure to:

* write clearly in BLOCK LETTERS using a black or blue pen, or
* click on the fields to type your information
* mark relevant boxes with an X
* do not use correction fluid.

Your notification will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied where applicable.

For assistance, please contact Early Childhood Education, Information & Enquiries 1800 619 113.

Your obligations

Before submitting this notification, you must ensure you are familiar with your obligations under the Children (Education and Care Services) Supplementary Provisions Act 2011 and the Children (Education and Care Services) Supplementary Provisions Regulation 2019, which includes the relevant provisions of the Children (Education and Care Services) National Law (NSW) and the Education and Care Services National Regulations (the ‘National Law Alignment Provisions’).

You must ensure that the information you set out in this form is complete and correct. The provision of false or misleading information is an offence under the National Law Alignment Provisions. Failure to comply may result in a financial penalty.

Privacy statement

The Regulatory Authority is committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Information provided is being collected for the purposes of reviewing this notification and may be provided to other authorities or government agencies in accordance with the National Law Alignment Provisions. The Regulatory Authority and the Australian Government may publish information about you in accordance with the National Law Alignment Provisions.

Part A: Provider approval details

1. **Please provide the following provider approval details:**

|  |  |
| --- | --- |
| **Provider approval name** | Click or tap here to enter text. |
| **Provider approval no.**  | Click or tap here to enter text. |

Part B: Service approval details

1. **Please provide the following service approval details:**

|  |  |
| --- | --- |
| **Service approval name** | Click or tap here to enter text. |
| **Service approval no.** | Click or tap here to enter text. |
| **Address line 1** | Click or tap here to enter text. |
| **Address line 2** | Click or tap here to enter text. |
| **Suburb/town** | Click or tap here to enter text. |
| **State/territory** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |

1. **For mobile services only – If you are notifying about a change to a specific venue, please provide the venue details below (you must also provide the primary mobile service details above):**

|  |  |
| --- | --- |
| **Mobile venue name**  | Click or tap here to enter text. |
| **Address line 1** | Click or tap here to enter text. |
| **Address line 2** | Click or tap here to enter text. |
| **Suburb/town** | Click or tap here to enter text. |
| **State/territory** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |

Part C: Notification details

1. **Select the notification sub-type and provide the required information:**

|  |
| --- |
| [ ]  **Change to age groups**  |
| 0 – 24 months  | [ ]  Yes | [ ]  No |
| 25 – 35 months  | [ ]  Yes  | [ ]  No |
| 36 months – 6 years  | [ ]  Yes  | [ ]  No |
| **Change effective date:** | Click or tap to enter a date. |

|  |
| --- |
| [ ]  **Change to service operational hours and/or days**  |
| [ ]  Mondays  | **Start** | : | **End** | : |
| [ ]  Tuesdays | **Start** | : | **End** | : |
| [ ]  Wednesdays | **Start** | : | **End** | : |
| [ ]  Thursdays | **Start** | : | **End** | : |
| [ ]  Fridays | **Start** | : | **End** | : |
| [ ]  Saturdays | **Start** | : | **End** | : |
| [ ]  Sundays | **Start** | : | **End** | : |
| **Change effective date:** | Click or tap to enter a date. |

|  |
| --- |
| [ ]  **Change to regular transportation provided by a service**  |
| Regular transportation provided  | [ ]  Yes | [ ]  No |
| Type of transportation provided |  |
| Proposed Start Date | Click or tap to enter a date. |
| Please describe the change |  |

|  |
| --- |
| [ ]  **Change to service contact details**  |
| **New primary contact person** | Click or tap here to enter text. |
| **New day time phone no.**  | Click or tap here to enter text. |
| **New mobile phone no.**  | Click or tap here to enter text. |
| **New afterhours/emergency phone no.** | Click or tap here to enter text. |
| **New email address** | Click or tap here to enter text. |
| **New postal address:** | Click or tap here to enter text. |
| **Address line 1** | Click or tap here to enter text. |
| **Address line 2** | Click or tap here to enter text. |
| **Suburb/town** | Click or tap here to enter text. |
| **State/territory** | Click or tap here to enter text. |
| **Post code** | Click or tap here to enter text. |
| **Change effective date:** | Click or tap to enter a date. |

|  |
| --- |
| [ ]  **Proposed changes to service premises**  |
| **Details of the proposed changes including location and nature** | Click or tap here to enter text. |
| **Details of any likely impact the proposed changes may have on the operation of the service and to the children (both while the changes are being carried out and post completion) – please specify if there will be any change to the approved indoor and outdoor area** | Click or tap here to enter text.  |
| **Expected date of commencement of changes**  | Click or tap to enter a date. |
| **Expected date of completion of changes**  | Click or tap to enter a date. |
| [ ]  If you are proposing to change the indoor and/or outdoor area of the service, please provide updated plans and indoor/outdoor area calculations that accurately reflect the proposed layout and structure of the service  |

|  |
| --- |
| [ ]  **Service has not commenced operation within 6 months of grant of service approval** |
| **Further details** | Click or tap here to enter text. |

**Note:** Following an initial review, the Regulatory Authority may request further information to assist with processing your notification.

Part D: Contact details for notification

1. **Please provide the details of the primary contact person for this notification:**

|  |  |
| --- | --- |
| **Full name of contact person** | Click or tap here to enter text. |
| **Contact phone no.**  | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Note:** If further information is required for this notification, an email request will be directed to the above recipient.

Part E: Approved provider declaration

**This section can only be completed by an approved person with management or control (PMC) of the service.**

|  |  |  |
| --- | --- | --- |
| I,  | Click or tap here to enter text.  | (insert full name) |

|  |  |  |
| --- | --- | --- |
| of | Click or tap here to enter text.  | (insert address) |

|  |  |  |
| --- | --- | --- |
| am | Click or tap here to enter text.  | (insert position/title) |

I declare that:

1. The information provided in this notification form (including any attachments) is true, complete and correct.
2. I have read and understood, and I agree to, the conditions and the associated material contained in this notification form.
3. I understand that the Department of Education will have the right (but will not be obliged) to act in reliance upon the contents of this notification form, including its attachments.
4. I have read and understood a provider’s legal obligations under the Children (Education and Care Services) Supplementary Provisions Act 2011 and the Children (Education and Care Services) Supplementary Provisions Regulation 2019, which includes the National Law Alignment Provisions.
5. The Department of Education is authorised to verify any information provided in this notification.
6. I am aware that I may be subject to penalties under the National Law Alignment Provisions if I provide false or misleading information in this notification form.

|  |  |  |
| --- | --- | --- |
| Signature of person making the declaration: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signed at: |  | Click or tap here to enter text. |  | on the: |  | Click or tap to enter a date. |
|  |  | (insert location) |  |  |  | (insert date) |

**Completed notification forms and all associated documents can be submitted by email to:**

assessments.ececd@det.nsw.edu.au

**Please do not post documentation.**

For any enquiries, please contact Early Childhood Education, Information & Enquiries on 1800 619 113.