Before you begin

You must read the following information before completing and submitting this notification form. This notification form is to be completed by a state regulated approved provider to notify the Regulatory Authority of the intended transfer of an approved state regulated service (mobile or occasional care) from one approved provider (the ‘transferring provider’) to another approved provider (the ‘receiving provider’).

The transferring and receiving approved providers must jointly provide written notice to the Regulatory Authority of the intention to transfer the service approval **at least 42 days before** the proposed transfer date, unless otherwise agreed by the Regulatory Authority in exceptional circumstances.

The Regulatory Authority may intervene in the transfer of the service approval and may refuse to consent to the proposed transfer. If this is the case, the Regulatory Authority will provide written notice **at least 28 days before** the proposed transfer date. The Regulatory Authority is taken to consent to the transfer if they have not notified intent to intervene the transfer of the service approval.

Both the transferring and receiving providers are required to provide written confirmation that the transfer has occurred **within 2 days after the date the transfer takes effect**, specifying the date of transfer as prescribed under section 68 of the National Law Alignment Provisions. The Regulatory Authority will then amend the service approval and provide to the receiving provider.

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, as well as any prescribed fees paid.

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

Your obligations

Before submitting this application, 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.

Transfer fee

A transfer of service approval incurs a fee. Please click [here](https://www.acecqa.gov.au/resources/applications/indexation-of-fees) to view the list of indexed fees for the current financial year. You will be sent an invoice for payment following receipt of notification. Payment can be made by BPAY and can take up to 3 business days to be received by the Regulatory Authority. Payment must be received within 5 business days of issue.

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 assessing 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: Receiving provider details

1. **Please provide the following details for the receiving provider:**

|  |  |
| --- | --- |
| **Receiving provider approval name** | Click or tap here to enter text. |
| **Receiving provider 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. |

Part B: Transferring provider details

1. **Please provide the following details for the transferring provider:**

|  |  |
| --- | --- |
| **Transferring provider approval name** | Click or tap here to enter text. |
| **Transferring provider 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. |

Part C: Service details

1. **Please provide the following details of the service that is being transferred:**

|  |  |
| --- | --- |
| **Existing 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. **Please specify the date on which the transfer is intended to take effect (you must provide at least 42 days’ notice prior to the intended transfer):**

|  |  |
| --- | --- |
| **Intended transfer date** | Click or tap to enter a date. |

1. **Will the service trading name change following the transfer?**

|  |  |
| --- | --- |
| No | Yes – please provide new details below |
| **New trading name**  **Note:** This will appear as the new service approval name | Click or tap here to enter text. |

1. **Will the service postal address change following the transfer?**

|  |  |
| --- | --- |
| No | Yes – please provide new details below |
| **New postal address line 1** | Click or tap here to enter text. |
| **New postal 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. **Will the service primary contact details change following the transfer?**

|  |  |
| --- | --- |
| No | Yes – please provide new details below |
| **Full name of primary contact person** | Click or tap here to enter text. |
| **Day time phone no.** | Click or tap here to enter text. |
| **Mobile phone no.** | Click or tap here to enter text. |
| **After hours / emergency phone no.** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

1. **Will the service age groups change following the transfer?**

|  |  |  |
| --- | --- | --- |
| No | Yes – please provide new details below | |
| 0 – 24 months | Yes | No |
| 25 – 35 months | Yes | No |
| 36 months – 6 years | Yes | No |

1. **Will the days and/or hours of operation of the service change following the transfer?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | | Yes – please provide new details below | | | |
| Mondays | **Start** | | : | **End** | : |
| Tuesdays | **Start** | | : | **End** | : |
| Wednesdays | **Start** | | : | **End** | : |
| Thursdays | **Start** | | : | **End** | : |
| Fridays | **Start** | | : | **End** | : |
| Saturdays | **Start** | | : | **End** | : |
| Sundays | **Start** | | : | **End** | : |

1. **Please detail any other proposed changes to the service approval:**

|  |
| --- |
| Click or tap here to enter text. |

Part D: Service policies and procedures

1. **Has the receiving provider prepared the following policies and procedures? By ticking each box you are declaring the policy/procedure has been prepared in accordance with regulation 168 of the National Law Regulations:**

|  |  |
| --- | --- |
| **Policy/procedure** | **Prepared** |
| 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; and - Sleep and rest for children. |  |
| Incident, injury, trauma and illness procedures complying with *Regulation 85*. |  |
| Dealing with infectious diseases, including procedures complying with *Regulation 88*. |  |
| Dealing with medical conditions in children, including the matters set out in *Regulation 90*. |  |
| Emergency and evacuation, including the matters set out in *Regulation 97*. |  |
| Delivery of children to, and collection from, education and care service premises, including procedures complying with *Regulation 99*. |  |
| Excursions, including procedures complying with *Regulations 100 to 102*. |  |
| Providing a child safe environment. |  |
| Staffing, including: - a code of conduct for staff members; - determining the responsible person present at the service; and - the participation of volunteers and students on praticum placements. |  |
| Interactions with children including the matters set out in *Regulations 155 and 156*. |  |
| Enrolment and orientation. |  |
| Governance and management of the service, including confidentiality of records. |  |
| The acceptance and refusal of authorisations. |  |
| Payment of fees and provision of a statement of fees charged by the education and care service. |  |
| Dealing with complaints |  |

Part E: Nominated supervisor details

1. **Nominated supervisor details:**

|  |  |
| --- | --- |
| **First name** | Click or tap here to enter text. |
| **Middle name** | Click or tap here to enter text. |
| **Last name** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Daytime phone no.** | Click or tap here to enter text. |
| **Mobile phone no.** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **Date of commencement as nominated supervisor** | Click or tap to enter a date. |

|  |
| --- |
| **Nominated supervisor declaration** |

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

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

|  |  |  |
| --- | --- | --- |
| consent to being  nominated  supervisor for | Click or tap here to enter text. | (insert name of education and care service) |

|  |  |  |
| --- | --- | --- |
| 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) |

Part F: Supporting documentation

1. **Please attach the following supporting documents:**

|  |  |
| --- | --- |
| **Document** | **Attached** |
| PA09 Transferring provider declaration (available from the [ACECQA website](https://www.acecqa.gov.au/sites/default/files/2017-12/PA09_TransferofProviderDeclaration.pdf)) |  |
| Site plans prepared by a building practitioner per regulation 25(1)(b) of the National Regulations |  |
| Unencumbered indoor and outdoor calculations prepared by a building practitioner |  |
| Proof of right to occupy (e.g. lease agreement) |  |

**Note:** Following initial review of the transfer notification and the supporting information provided, the Regulatory Authority may request further information and/or supporting documents.

Part G: 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 the transfer, an email request will be directed to the above recipient.

Part H: Approved provider declaration

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

|  |  |  |
| --- | --- | --- |
| 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](mailto: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.