

Education and Early Childhood Services Registration and Standards Board of South Australia

Residual Service Application for Provider Approval

Education and Early Childhood Services (Registration and Standards) Act 2011
Part 3 and Schedule 2

Part A: Entity and Management Type

1. Are there multiple Applicants applying for Provider Approval?

Yes > Please answer the following for one applicant and on a separate sheet of paper attach the same information for all applicants.

No

2. What is your legal entity type?

(Only one selection allowed)

- Company
- Sole Proprietor
- Partnership
- Incorporated entity/body
- Unincorporated entity/body
- Registered co-operative
- Commonwealth Government
- State/Territory Government
- Local Government
- Educational Institution
- Other – please specify: _____

3. What best describes your management type?

(Only one selection allowed)

- Private not for profit – community managed
- Private not for profit – other organisation
- State/Territory and Local Government managed
- Private for profit
- State/Territory Government Schools
- Independent Schools
- Catholic Schools
- Other – please specify: _____

Part B: Applications made by Individuals

4. Please complete the following:

Title:	First Name:
Middle Name:	Last Name:
Date of Birth:	Place of Birth:

ABN:

If applicable

<input type="text"/>											
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Business Trading Name:

<input type="text"/>

5. Please complete the following:

Phone number:
Mobile number:
Fax number:
Email:

6. Residential Address:

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

7. Postal Address:

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

8. Are you a trustee?

No Yes > please provide the following details of the trust

Name :

ABN:

9. Please complete a Declaration of Fitness and Propriety for the Applicant and attach it to this application.
➤ Go to Part D

Part C: Applications made by Non-Individuals

10. Legal entity name:

11. Business trading name

12. ABN:

13. ACN (if applicable):

14. Street address of the Applicant's principal office:

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

15. Postal address of the Applicant:

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

16. Contact Details of the Applicant

Phone Number
Mobile Number:
Fax Number:
Email:

17. Are you a trustee?

No Yes > please provide the following details of the trust

Name :

ABN:

18. Please attach documentary evidence of the legal status of the Applicant and its constitution. In addition, if the Applicant is a trustee, please also provide a copy of the trust deed.

For example:

If a company, a Certificate of Incorporation or Registration; and a Company Extract Report from the Australian Securities and Investments Commission, containing the names and addresses of directors and secretary, and the Australian Company Number (report must not be older than 6 months).

If a partnership, the deed of partnership.

If an incorporated entity/body, a Certificate of Incorporation; Rules/Constitution of Association; a copy of the Annual General Meeting Minutes that includes a list of elected office bearers; and a Letters Patent (where applicable).

If a registered co-operative, a list of directors with addresses and occupations; a certified copy of the rules as registered; a Certificate of Incorporation; the name of the Auditor and Solicitor for the Society; and the name of the person appointed by the Board who is responsible for the daily activities of the Society.

If a Local Government, an extract of the relevant legislation concerning use of the common seal; a copy of any other legislation or resolution which sets the manner in which the Council can enter into contracts.

19. Has the Applicant ever been declared insolvent?

Yes > Please Provide Details

No

20. Has the Applicant ever been placed under external administration?

Yes > Please Provide Details

No

21. Each individual who will be “a person with management or control” of an education and care service must also complete a Declaration of Fitness and Propriety and attach with this application.

Under the Law, a Person With Management or Control Means:

- a. If the Provider or intended Provider of the service is a body corporate, an officer of the body corporate within the meaning of the *Corporations Act 2001 of the Commonwealth* who is responsible for managing the delivery of the education and care service; or
- b. if the Provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service; or
- c. if the Provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or
- d. in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service.

Please provide details for each of the individuals who will be a person with management or control of an education and care service under this Provider Approval and attach paper for further entries if required. Remember to attach all Declarations of Fitness and Propriety for each of the listed individuals to this application.

	Title	First Name	Middle Name	Last Name	DOB	Place of Birth	Declaration attached?
Person 1							
Person 2							
Person 3							
Person 4							
Person 5							
Person 6							
Person 7							
Person 8							
Person 9							
Person 10							

22. Name and contact details for this application (Note: the contact for this application must be an individual who is authorised by the applicant to act on their behalf with regard to the details of this form)

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

23. Postal Address

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

Part D: 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)]

and I am authorised to make this declaration on the Applicant's behalf.

1. The information provided in this application form (including any attachments) is true, complete and correct;
2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Education and Early Childhood Services Registration and Standards Board of South Australia will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the *Education and Early Childhood Services (Registration and Standards) Act 2011*;
5. The Education and Early Childhood Services Registration and Standards Board of South Australia is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Early Childhood Services (Registration and Standards) Act 2011* or other legislation; and
7. I am aware that I may be subject to penalties under the *Education and Early Childhood Services (Registration and Standards) Act 2011* if I provide false or misleading information in this form.

Signature of person making the declaration: _____

Signed at: _____ On the: _____

.....

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.

Part E: Payment Details

The fee required to be paid with a Provider Approval application is \$200.

Fees can be paid by credit card, cheque or money order.

(Note: The Education and Early Childhood Services Registration and Standards Board of South Australia can waive/defer/refund fees in particular circumstances)

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 Board of South Australia and send it with a copy of this invoice to Education and Early Childhood Services Registration and Standards Board of South Australia, GPO Box 1811, ADELAIDE SA 5001.