



## Residual Early Childhood Services NOTIFICATION FORM

- Change to information about **approved provider** (National Law s173)
- Change to information about **approved service** (National Law s173)
- Change to information about **nominated supervisor** (National Law s56)

If you require further information or are unsure about the information required in this notification, it is important that you visit our website <http://www.esb.sa.gov.au/> or contact the Education 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.

### Contact Details: Provider Information

Approved provider name:

Approved provider number:

### Contact Details: Service Information

Approved service name:

Approved service number:



## Service Address and Location (For Mobile Care services please provide an address for all sites that provide education and care)

Please provide the following details for the service premises:

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:

Name and Contact details for this form:

Title:	First Name:
Last Name:	Position:
Phone number:	Mobile number:
Email:	

### Service Type

- In-Home Care       Occasional Care  
 Mobile Care       Family Day Care (operating as a sole educator)



## Change to Information

Change to information about **approved provider** (National Law s173)

Please advise what you are applying to change.

Relating to the approved provider

- Change of contact details please specify (eg phone number, postal or email address)
- Any appointment or removal of a person with management or control of the service
- Any change to whether the approved provider is a fit and proper person to be involved in the provision of an education and care service
- Failure to commence operating an education and care service within 6 months (or within the time agreed with the regulatory authority) after being granted a service approval
- Death of approved provider – the nominated supervisor or other person having day-to-day control of an early childhood service must notify of the approved provider’s death within 7 days after the death

Please advise and specify the details of what has changed.


Change to information about **approved service**

**Relating to a service approval**

- Change to approved Service Contact details eg phone number, postal or email address.
- A failure to commence operating an early childhood service within 6 months of the service approval being granted
- If the approved provider is notified of a suspension or cancellation of their teacher registration or working with children check for a nominated supervisor
- If the nominated supervisor ceases to be employed or engaged by the early childhood service or withdraws their consent to be the nominated supervisor (Please complete Section 6)
- If the approved provider ceases to operate the early childhood service
- A change to the hours and days of operation of the service
- A change in the location of the premises or principal office
- An intention to transfer a service approval:
  - the transferring approved provider and the receiving approved provider must jointly notify the Regulatory Authority of the transfer at least 42 days before the transfer is intended to take effect



– confirmation of the transfer, the transferring approved provider and approved provider must give notice to the Board within 2 days after the transfer takes effect.

Please advise and specify the details of what has changed.


If applicable, please advise the changes to the service’s hours and days of operation.

<b>Current Hours and Days of Operation</b>				
<b>Day</b>	<b>Session 1</b>		<b>Session 2</b>	
	<b>Start Time</b>	<b>Finish Time</b>	<b>Start Time</b>	<b>Finish Time</b>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

<b>New Hours and Days of Operation</b>				
<b>Day</b>	<b>Session 1</b>		<b>Session 2</b>	
	<b>Start Time</b>	<b>Finish Time</b>	<b>Start Time</b>	<b>Finish Time</b>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



## Change to nominated supervisor

*Note that a Nominated Supervisor Consent Form must be completed and lodged within 7 days of a change. The Nominated Supervisor Consent form can be found on our website as [www.esb.gov.sa.au](http://www.esb.gov.sa.au)*

Change to information about **nominated supervisors** (National Law s56)

Please **attach** a completed Nominated Supervisor consent form (signed by the new Nominated Supervisor)

Name of outgoing nominated supervisor (if any)

Date outgoing nominated supervisor ceased to be employed or engaged by the service, or date the nominated supervisor withdrew his or her consent to the nomination:



**Who May Sign?**

- **Individuals:** The individual Applicant/Notifier.
- **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.

**Notifier 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 Notifier Declaration (if applicable)

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
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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 Education Standards Board.

Email: [educationstandardsboard@sa.gov.au](mailto:educationstandardsboard@sa.gov.au)

Phone: 1800 882 413(toll free)

Fax: (08) 8226 1815

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