



Residual Early Childhood Services

APPLICATION FORM – Request for Amendment

☐ Application for amendment of **provider approval** (National Law s22)

☐ Application for amendment of **service approval** (National Law s54)

☐ Application for amendmen	nt of supervisor certificate (National Law s119)						
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 http://www.eecsrsb.sa.gov.au/ 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 de for this form	etails
Title:	
First name:	
Last name:	
Position:	
Mobile number:	
Phone number:	
Email:	
Dantal adduses	
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: Request for Amendment ☐ Request for amendment of **provider approval (National Law s22)** Please advise what you are applying to change. \square Approved provider name \square Conditions of the provider approval ☐ Address of the principal office (in-home care and individual family day care only) Please provide details of your request and attach sufficient supporting documentation or information to support this application.

☐ Request for amendment of service approval (National Law s54)						
Please advise what you are applying to change.						
☐ Approved service name						
☐ Conditions of the service approval						
☐ The maximum number of children that may be educated and cared for at any time (mobile and occasional care only)						
Please provide details of your request and attach sufficient supporting documentation or information to support this application.						

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☐ Request for amendment of supervisor certificate (National Law s119)					
Please advise what you are applying to change.					
☐ Approved certified supervisor name					
☐ Conditions of the supervisor approval					
Please provide details of your request and attach sufficient supporting documentation or information to support this application.					

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, _ of am	1	_ [insert	full name of person sign address], position/title (e.g. propr	ing the declaration] ietor, director, partner, etc)].
an	d 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
 1. 2. 3. 4. 6. 	The information provided in this form (including I have read, understood and agree to the condit I understand that the regulatory authority has the contents of this form, including its attachments I have read and understood a provider's legal of the regulatory authority is authorised to verify a Some of the information provided in this form in the Family Assistance Law and may be disclosed Education and Care Services National Law or oth I am aware that under the Education and Care S information is provided.	cions and the right oligation any infor nay be d I to othe ner legisl	the associated material (but is not obliged) to ac under the Education ar mation provided in this lisclosed to the Common persons/authorities what lation, and	contained in this form t in reliance upon the nd Care Services National Law form wealth for the purposes of here authorised by the
Sig	nature of person making the declaration:			
Sig	ned 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: www.eecsrsb.sa.gov.au