



Residual Early Childhood Services APPLICATION FOR SERVICE APPROVAL

Education and Early Childhood Services (Registration and Standards) Act 2011

Part 3 and Schedule 2

Provider Information

1. Provider name

2. Provider Approval number

3. ABN

4. Provider Contact Details

Title:	First Name:
MobileNumber(BH):	Last Name:
PhoneNumber(BH):	Fax Number:
Email:	

Service Information

1. Service legal entity name

2. Service trading name

3. Service ABN

4. Please provide the following details for the service premises **(for Mobile Care services please provide an address for all sites that provide education and care)**

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:

5. Please provide the details of the primary contact for the service:

Title:	First Name:
Mobile Number (BH):	Last Name:
Phone Number (BH):	Fax Number:
Email:	
After hours emergency phone number (Required in case of emergency)	

Service Details - Type of Care

In-Home Care

Occasional Care

Mobile Care

Family Day Care (sole operator)

Proposed start date:

DD / MM / YYYY



All Service Types

Please complete the following:

(for Occasional Care and Mobile Care Services)

1. What is the proposed maximum number of children to be educated and cared for by the service?

2. Proposed ages of children to be educated and cared for:
(Please tick all that apply)

- 0-24 months
- 25-35 months
- 36 months - preschool
- School age

3. Please attach evidence that the approved provider:

- holds a current insurance policy providing adequate cover for the service against public liability with a minimum cover of \$10,000,000; or
- a current insurance policy or an indemnity against public liability provided by the Government of a State or Territory in respect of the education and care service.

4. Please provide the proposed hours and days of operation of the service *(for Occasional Care and Mobile Care Services)*

Number of operational weeks per year: _____

What are the proposed hours and days of operation of the service?

Hours and Days of Operation				
Day	Session 1		Session 2	
	Start Time	Finish Time	Start Time	Finish Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



5. Please Attach completed: Residual Early Childhood Services **Nominated Supervisor Consent Form**

Occasional Care; Rural or Mobile Care

Applicants seeking approval to operate an occasional care service or rural and mobile care service are required to have the following policies and procedures prepared for the proposed service and that these will be available upon request by the regulatory authority.

Note: you do not need to provide copies of this information with your application. However, they must be available on request by the regulatory authority.

- 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
- Incident, injury, trauma and illness procedures
- Dealing with children's individual needs e.g. medical, cultural, etc.
- Providing a child safe environment and obligations relating to mandatory reporting
- Governance and management of the service, including confidentiality of records
- Dealing with complaints and grievances
- Custody arrangements including court orders
- Dealing with Infectious Diseases
- Delivery of children to and collection of children from the education and care premises
- Emergency and evacuation procedures



In Home Care

Applicants seeking approval to operate an in-home care service will need demonstrate they comply with the South Australian Standards for In-Home Care Services.

Family Day Care

Applicants seeking approval to operate a family day care service as a sole educator will need to demonstrate they comply with the South Australian Standards for Family Day Care Services (sole educators).

Applicant Contact Details

Name and contact details for this application

Note: The contact for this application must be the approved provider or the operator of the education and care service with responsibility for the management of the staff members and nominated supervisors of that service.

Details

Title:	First Name:
Last Name:	MobileNumber(BH):
PhoneNumber(BH):	Fax Number:
Email:	
Address line 1:	
Address line 2:	
Suburb/Town:	
State/Territory:	Postcode:



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.**

Applicant 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 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 Applicant Declaration (if required)

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)

For **enquiries or to submit this form** to the Education Standards Board.

Email: educationstandardsboard@sa.gov.au

Phone: 1800 882 413(toll free)

Fax: (08) 8226 1815

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

Education Standards Board

GPO Box 1811

ADELAIDE SA 5001



**Education
Standards
Board**

early childhood to
senior schooling



**Government
of South Australia**

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Payment Details

The fee required to be paid with a Service Approval application is \$400. Fees can be paid by credit card, cheque or money order.

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 and send it with this application to:

Education Standards Board,
GPO Box 1811,
ADELAIDE SA 5001.