



# Queensland Education and Care Service

## Application for Queensland provider approval

(Sections 12 and 13 of the *Education and Care Services Act 2013*)

**Please read the following information before completing and submitting this application form.**

Please ensure you are familiar with the requirements and obligations set out under the *Education and Care Services Act 2013* and the *Education and Care Services Regulation 2013*.

If you require further information about the obligations of approved providers under the *Education and Care Services Act* and *Regulation* or are unsure about the information required in this application, it is important that you visit the website <http://www.earlychildhood.qld.gov.au/ecs> or contact the relevant Regional Office for clarification.

Please ensure that the information you provide in this form is complete and correct.

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**Note:** All references to the 'Education and Care Services Act' in this form are to be read as references to the 'Education and Care Services Act 2013' and references to the *Education and Care Services Regulation* as references to the *Education and Care Services Regulation 2013*. References to the 'Department' refer to the Department of Education and Training.

### Application requirements and assessment

An applicant for provider approval may be one or more of the following:

- individual (sole proprietor)
- company
- partnership
- incorporated entity/body
- unincorporated entity/body
- registered cooperative
- State Government
- local government
- educational institution
- other.

An application for provider approval can be made by more than one person. If an application is made by more than one person, each person must provide information in response to the questions in this form. However, only one physical and one postal address must be provided for the persons.

**All non-individual applicants must provide evidence of their legal nature and constitution.**

Applications will be assessed and a determination made within 60 days starting the day after a valid application and fee are received by the Department.

### **Important**

- Your application will not be assessed until all necessary sections are satisfactorily completed, all requested supporting documents are attached, and any prescribed fees paid.
- Please write clearly in BLOCK LETTERS in black ink. Do not use correction fluid. The signatory must initial any corrections to this form.

### **Privacy statement**

The Department is committed to ensuring that all actions taken in the administration of the Education and Care Services Act are in compliance with the Information Privacy Principles of the *Information Privacy Act 2009* (Qld).

The Department is collecting the information on this form for the purpose of assessing this application under the Education and Care Services Act. The information on this form may also be provided to other authorities or to other government agencies in accordance with the Education and Care Services Act.

**The Department and the Queensland Government may publish information collected on this form in accordance with the Education and Care Services Act.**

**Part A: Entity and organisation type**

**1. Are multiple applicants applying for this provider approval?**

- Yes → If there are multiple applicants for this approval, complete this form for the first applicant and attach the same information for all other applicants on a separate sheet of paper.
- No → complete this form

**2. What is your entity type?**

(tick one)

- Individual (sole proprietor) → Complete Question 3 then go to Section B

If you select one of the non-individual categories below → Complete Question 3 then go to Section C

- Company
- Partnership
- Incorporated entity/body
- Unincorporated entity/body
- Registered cooperative
- State Government
- Local government
- Educational institution
- Other (please specify)

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**3. What best describes your organisation type?**

(tick one, see further information on page 4)

- Private not for profit—community managed
- Private not for profit—other organisation
- Local government
- Private for profit
- State Government schools
- Catholic schools
- Independent schools
- Other (please specify)

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**Further information on organisation type**

**Private not for profit-community managed**

Membership organisations based in the community with a membership made up of community members (e.g. the parents). The membership elects a management committee and the committee is accountable to the membership. No profit is distributed to the management committee or the members. Surplus funds are redirected to the service or services run by the organisation.

**Private not for profit-other organisation**

Non-profit organisations such as charity organisations, consortiums of charity organisations or church groups. Excludes organisations providing independent and Catholic schools services.

**Local government**

Excludes State Government schools.

**Private for profit**

A company or private individual providing services for profit.

**State Government schools**

Schools funded and managed by the Queensland Government.

**Independent schools**

Non-government schools governed, managed and accountable to the individual school and not affiliated with the diocesan Queensland Catholic Education Commission.

**Catholic schools**

Schools managed by the Queensland Catholic Education Commission.

**Other**

For example, employer-sponsored services.

**Part B: Applications by individuals**

**4. Personal details:**

Title \_\_\_\_\_ First name \_\_\_\_\_

Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
DD/MM/YYYY

ABN  
(if applicable) \_\_\_\_\_

Business trading name \_\_\_\_\_

**5. Contact details:**

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

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Suburb/Town \_\_\_\_\_

State/Territory \_\_\_\_\_ Postcode \_\_\_\_\_

**8. Are you a trustee?**

- No → Go to Question 9
- Yes → Provide details of the trust and attach a copy of the **trust deed** to this completed application form.

Name of the trust \_\_\_\_\_

ABN \_\_\_\_\_

**9. Please complete an ECS02 Suitability Statement for the applicant and attach it to this application form**

→ **Go to Part D**



**Part C: Applications made by entities**

(Note: applications by multiple applicants must include only **one** physical address and one postal address for the persons)

**10. Legal entity name**

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**11. Business trading name**

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**12. ABN**

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**13. ACN (if applicable)**

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**14. Contact details**

Phone number

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Mobile number

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Fax number

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Email

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**15. Street address of the applicant's principal office**

Address line 1

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Address line 2

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Suburb/Town

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State

Postcode

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**16. Postal address:**

As above

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Suburb/Town \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

**17. Is the applicant a trustee?**

- No → Go to Question 19
- Yes → Provide details of the trust and attach a copy of the **trust deed** to this completed application form.

Name of the trust \_\_\_\_\_

ABN \_\_\_\_\_

**18. Please attach documentary evidence of the legal status of the applicant and its constitution.**

**Examples of evidence required to accompany this application:**

**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 cooperative,** 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 local government can enter into contracts.

*(Note: The Department will not assess your application unless you have attached evidence of the legal status of the applicant and its constitution).*



**19. All persons who will operate or be involved in the operation of a Queensland education and care service under this provider approval must complete an ECS02 Suitability Statement and attach it with this application.**

Please provide details for each of the persons in the table below:

	Title	First name	Middle name	Last name	D.O.B	Place of birth	Suitability statement attached? (Y/N)
Person 1							
Person 2							
Person 3							
Person 4							
Person 5							
Person 6							
Person 7							

**20. Contact person for this application:**

*(Note: this will be the person the Department may contact for questions relating to this application)*

Title \_\_\_\_\_ First name \_\_\_\_\_

Last name \_\_\_\_\_ Mobile number \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email \_\_\_\_\_

**21. Postal address**

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Suburb/Town \_\_\_\_\_

State/Territory \_\_\_\_\_ Postcode \_\_\_\_\_



**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

I declare that the information provided in this application (including any attachments) is true, complete and correct.

Signature of person making the declaration \_\_\_\_\_

Signed at \_\_\_\_\_ On the \_\_\_\_\_

**Second applicant (if applicable)**

I, \_\_\_\_\_ (insert full name of person signing the declaration)

of, \_\_\_\_\_ (insert address)

am, \_\_\_\_\_ (insert position/title of applicant)  
for example, proprietor, director, partner, president

I declare that the information provided in this application (including any attachments) is true, complete and correct.

Signature of person making the declaration \_\_\_\_\_

Signed at \_\_\_\_\_ On the \_\_\_\_\_

**Who may sign?**

- The applicant/s



**Payment details**

The fee required to be paid with a provider approval application is **\$104.00**.  
(Note: The Department can waiver/defer/refund fees in some circumstances.)

**Fees can be made by electronic funds transfer, cheque or money order.**

**Payment by electronic funds transfer**

To pay your fee by electronic funds transfer please contact Approvals and Reviews team on 07 3328 6780.

**Payment by cheque or money order**

Please make your cheque or money order payable to the Department of Education and Training.

**Lodging your application**

Please lodge your application along with all of the requested documentation by posting or emailing to the Early Childhood and Community Engagement Division.

Mail:  
Early Childhood and Community Engagement Division  
Department of Education and Training  
PO Box 15033  
CITY EAST QLD 4002  
E-mail: [ecis@dete.qld.gov.au](mailto:ecis@dete.qld.gov.au)

**Enquiries**

Contact the relevant Regional Office  
<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

Early Childhood and Community Engagement Division  
Department of Education and Training  
E-mail: [ecis@dete.qld.gov.au](mailto:ecis@dete.qld.gov.au)  
Phone: 13 QGOV (13 7468)  
Website: <http://www.earlychildhood.qld.gov.au/ecs>

<b>For office use only</b>	
Date form received: ____ / ____ / ____	
Name of receiving officer:	Signature:
<input type="checkbox"/> Application fee received (see Schedule 1, <i>Education and Care Services Regulation 2013</i> )	
Please tick and provide details – (bank/branch/number/amount)	
<input type="checkbox"/> Cheque	
<input type="checkbox"/> Money order	
<input type="checkbox"/> Electronic funds transfer	
Payment receipt number:	