ECS13

Queensland Education and Care Service Application to lift suspension of Queensland service approval

(Section 81 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 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.

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

A Queensland approved provider may apply to have the suspension of a service approval lifted before the suspension would otherwise end.

Applications will be assessed and a determination made as soon as possible after the Department receives the application.

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.



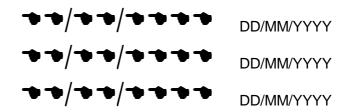
Part A: Provider details				
1.	Approved provider name			
2.	Provider approval number			
Part	Part B: Details of the service			
3.	Approved service name			
4.	Service approval number			
Part	Part C: Suspension details			
5.	Please provide a detailed statement explaining the reasons for applying to have the service approval suspension lifted. (You will need to provide information relevant to the decision to suspend the service approval, in particular what has changed since the suspension notice was issued. Attach any evidence to support your application and continue your explanation on a separate sheet attached to this form if necessary)			





Current suspension end date

Proposed new suspension end date



Part C: Contact details

8. Contact details for this application:

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

Title	First name	
Last name	Mobile Number	
Phone number	Fax number	
THORIE HALLIES	T GK TIGHTEO!	
Email		
Postal address		
Address line 1		
Address line 2		
Suburb/Town		
State	Postcode	



Applicant declaration	
<u>l,</u>	(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 appli and correct.	cation (including any attachments) is true, complete
Signature of person making the declaration	
Signed at	On the
Second applicant (if applicable)	
<u>l, </u>	(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 appli	cation (including any attachments) is true, complete

On the

Who may sign?

and correct.

Signed at

The approved provider

Signature of person making the declaration

A person authorised to sign on behalf of the approved provider



Payment details

The fee required to be paid with an application to lift the suspension of a service approval is **\$52.00**

Note: The Department can waive/defer/refund fees in some circumstances.

Fees can be paid by electronic funds transfer, cheque or money order

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 required documentation by posting or emailing to the relevant Regional Office, Department of Education and Training.

http://www.qld.gov.au/education/childcare/contacts/pages/regional.html

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 Phone: 13 QGOV (13 7468)

Website: http://earlychildhood.qld.gov.au/ecs

For office use only			
Date form received:/			
Name of receiving officer: Signature:			
☐ Application fee received (see Schedule 1, Education and Care Services Regulation)			
Please tick and provide details – (bank/branch/number/amount)			
☐ Cheque:			
☐ Money order:			
☐ Electronic funds transfer:			
☐ Payment receipt number:			