

# Service approval application addendum – rest period condition (centre-based service)

(s43-53 of the *Education and Care Services National Act 2010*; Regulations 299A-E of the Education and Care Services National Regulations)

## Important information before you begin

Use this form to apply to the Regulatory Authority to have a rest period condition included on your service approval. A rest period condition is a condition on a service approval providing for one or more periods during a day, totalling not more than 2 hours during the day.

As a result of amendments to the Education and Care Services National Regulations which **commenced on 1 October 2017**, this paper-based form is an interim measure until Queensland specific forms can be included on the National Quality Agenda IT System (NQA ITS).

**This form is an addendum to your service approval application and will be processed together with your service approval application.** Your service approval application should be submitted through the National Quality Agenda IT System at [www.acecqa.gov.au/national-quality-agenda-it-system](http://www.acecqa.gov.au/national-quality-agenda-it-system). Instructions for lodging this paper-based addendum are contained at the end of this form.

You must ensure you are familiar with your obligations under the Education and Care Services National Law (National Law) and the Education and Care Services National Regulations (National Regulations).

If you require further information about the obligations of Approved Providers under the National Law or National Regulations or are unsure about the information required in this application, it is important that you visit the website [www.earlychildhood.qld.gov.au/nqf](http://www.earlychildhood.qld.gov.au/nqf) or contact the relevant Regional Office for clarification.

Your application for a rest period condition may not be processed unless all sections of this addendum and all sections of the service approval application are deemed satisfactorily completed and supporting documents supplied, as well as any prescribed fees paid where applicable (for the service approval).

The regulatory authority will make a decision on your service approval application (including this addendum) **within 90 days** subject to this application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant. The service approval will not be granted until a provider approval has been granted.

## Privacy statement

The Australian Children's Education and Care Quality Authority (ACECQA) and the Department of Education and Training (the department) are committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Information provided is being collected for the purposes of assessing this application and may be provided to other authorities or government agencies in accordance with the National Law.

ACECQA, the department, regulatory authorities under the National Law, and the Australian Government may publish information about you in accordance with the National Law.

Please write clearly in BLOCK LETTERS in black ink. Do not use correction fluid. The signatory must initial any corrections to this form.

PART A – Provider details	
1. Approved provider name	
2. Approved provider number	

PART B – Service details	
3. Proposed service name	
4. Proposed service legal entity name  <i>Note: Entity name refers to the name that appears on all official documents or legal papers. The entity name may be different than the business name.</i>	
5. Please provide the address of the proposed service  Address line 1 Address line 2 Suburb/town State Postcode	

PART C – Information about the proposed rest period condition	
6. Rest period time and duration  <i>Please state the time and duration of the proposed rest periods being sought (maximum of two hours per day).</i>	
7. Supporting information and evidence  <i>Note: if you have provided any of this information with your service approval application, you do not need to re-submit it with this addendum.</i>  <i>Note: The Regulatory Authority may ask for further information that is reasonably required for the purpose of assessing this application (section 45) of the National Law).</i>	Please attach the following information and evidence: <ul style="list-style-type: none"> <li><input type="checkbox"/> a copy of the service's policy and procedures for sleep and rest for children (and any other applicable policies and procedures)</li> <li><input type="checkbox"/> the written program for the group/s which will indicate periods of relaxation, sleep, or rest</li> <li><input type="checkbox"/> information describing how the service will continue to meet children's diverse needs for sleep, rest, and relaxation during rest periods</li> <li><input type="checkbox"/> a risk management plan and emergency evacuation plans that would apply during the rest periods</li> <li><input type="checkbox"/> a staffing roster, role statements for staff, and information about the qualifications and experience of educators/ other adult staff members</li> <li><input type="checkbox"/> a copy of the information to be given to families regarding the staffing arrangements during rest periods.</li> </ul>

**PART D – Authorised contact details****8. Name and authorised contact details for this form**

(Note: this will be the person the department will contact with any questions about this application.)

Title		First name	
Last name		Mobile number	
Phone number		Fax number	
Email			
<b>9. Postal address</b>			
Address Line 1			
Address Line 2			
Suburb/Town			
State		Postcode	

**PART E – Declaration**

The Approved Provider must sign the following declaration, as outlined below:

- Individuals: the individual applicant/notifier
- Company: two directors of the company, or a director and company secretary, or if a sole proprietor, the sole director
- Incorporated Association: signed in accordance with the rules of the incorporated association
- Cooperative: two directors of the cooperative, or a direct 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, \_\_\_\_\_ (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:

1. the information provided in this application (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, the department, and/or ACECQA have the right (but are not obligated) 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 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
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided, and
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

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

Signed at (address) \_\_\_\_\_ on the (date) \_\_\_\_\_

**PART E – Declaration (cont'd)**

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:

1. the information provided in this application (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
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8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

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

Signed at (address) \_\_\_\_\_ on the (date) \_\_\_\_\_

**Lodging your application**

Please lodge your application along with all of the required documentation by posting or emailing to Service Approval Processing, Queensland Regulatory Authority at: [ecis@det.qld.gov.au](mailto:ecis@det.qld.gov.au).

**Enquiries**

Early childhood Education and Care Department of Education and Training email: [ecis@det.qld.gov.au](mailto:ecis@det.qld.gov.au)

Phone: 13 QGOV (13 7468)

Website: [www.earlychildhood.qld.gov.au/ecis](http://www.earlychildhood.qld.gov.au/ecis)

**For office use only**

Date form received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of receiving officer:

Signature: