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| **ADescription: S:\Consistent Practice and Support\(DET) Insignia Blue Left Aligned.jpg** | **Request to Cancel a Licence*****Children’s Services Act 1996, Children’s Services Regulations 2009*** |

## About this application

* The Secretary or Delegate of the Department of Education and Early Childhood Development may cancel a licence or service approval to the extent that it relates to an approved associated children’s service, upon request by a licensee or approved provider, or if a licensee or approved provider has ceased operating a children’s service.
	+ A licensee or approved provider should use this form when requesting to cancel a licence or service approval.

## Applicant/Licensee/Approved Provider details

1. Children’s service licence number or service approval number
2. Full name of licensee or approved provider
3. Postal address of licensee or approved provider Building name (if applicable)

Unit, floor, street number and street name or PO box Suburb/Town State Postcode

## Children’s service details

1. Name of children’s service
2. Address of children’s service (P.O. boxes cannot be accepted)

Unit, floor, street number and street name Suburb/Town State Postcode

VIC

1. Postal address of children’s service

Same as postal address in question **3** Same as address in question **5**

Or different postal address specified below Building name (if applicable)

Unit, floor, street number and street name or PO box Suburb/Town State Postcode

1. Email address Daytime telephone number Fax number
2. In which Local Government Area is the service located? (eg Port Phillip, Swan Hill)

**Privacy** The Secretary to the Department of Education and Training is committed to responsible and fair handling of personal information, consistent with the *Information Privacy Act 2001 (Vic),* the *Health Records Act 2001 (Vic)* and other statutory obligations including obligations under the *Children’s Services Act 1996 (Vic)*. The Department of Education and Training may need to disclose your personal information to other State and Commonwealth agencies to check or confirm the information you have provided. You can request access to or update your personal information by contacting us. Our information privacy policy is available at [www.education.vic.gov.au.](http://www.education.vic.gov.au/)

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## Cancellation details

1. On what date do you propose the cancellation of the licence or service approval to come into effect?
2. Why are you requesting the cancellation of the licence or service approval? Please provide any evidence supporting those reasons.
3. How do you intend to notify the parents or guardians of children who are cared for or educated by the service about the cancellation of the licence or service approval? Describe the process you propose to undertake.

## Contact person for application

1. Provide details of the person who will be the contact for any enquiries about this application.

Title (Mr, Mrs, etc) Family Name Given names

Email address Business hours telephone number Fax number

Postal address

Same as licensee’s or approved provider’s postal address in question **3**

Same as children’s service premises address in question **5**

Same as children’s service postal address in question **6**

Or different postal address specified below Building name (if applicable)

Unit, floor, street number and street name or PO box Suburb/Town State Postcode

## Declaration and signature

1. I declare that:
	* the information in this application and any attachments are true and correct;
	* if a body corporate, this application is signed in accordance with the rules governing the body corporate legal entity.

#### Who must 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.

Signature Printed name Position (if body corporate) Date

*X*

Signature Printed name Position (if body corporate) Date

### X

**Document checklist**

If available, you should attach evidence supporting your reasons for the cancellation.

## What to do next

#### There is no fee to lodge the application. Lodge your application

By posting to:. Department of Education and Training

Quality Assessment and Regulation Division Service Administration and Support Unit

GPO Box 4367 Melbourne Victoria 3001

## What happens then

* You will receive an acknowledgement that your application has been received. You may need to provide further information.
* If the Secretary decides to cancel your licence or service approval, you will be given written notice of the cancellation at least 7 days before the cancellation takes effect.
* If any change occurs in the information you have provided in your application, you must notify the Department of Education and Training as soon as possible.