**AIP01 APPLICATION FOR APPROVAL IN PRINCIPLE**

*Under the Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011 OR the Children’s Services Act 1996 and Children’s Services Regulations 2020.*

Use this form if you are applying to the Regulatory Authority (Department of Education in Victoria) for an approval in principle. This is an optional process and only relates to centre-based services proposed to be located in a multi-storey building in Victoria.

|  |  |
| --- | --- |
|  | This is an application for approval in principle. A separate provider and service approval are required before an education and care service can operate from the premises. |

For information about approval in principle, including who can apply and the definition of a multi-storey building, please visit [www.vic.gov.au/approval-principle](file:///%5C%5Ceducation.vic.gov.au%5CSHARE%5CSD%5CCS%20L%26R%5C2%20Mark%5C1%20AIP01%20forms%5C1%20Word%20version%5Cwww.vic.gov.au%5Capproval-principle).

**Application Assessment**

The Regulatory Authority will make a decision on an application for approval in principle within **60 days** of the application being complete (this includes providing all required documentation and paying the relevant fee). This timeframe does not include time taken by an applicant to provide requested information.

When using this form:

|  |  |
| --- | --- |
|  | * Make sure you write in CAPITAL letters with black ink
* No correction fluid/tape is allowed
* If any changes are made to the form the person signing must initial them
* All signatures must be handwritten, not electronic unless you are using the PDF form.
 |
|  | * **Remember to attach the required information and documentation - without this your application cannot be assessed.**
 |

**YOUR OBLIGATIONS**

Please ensure you check the information that you provide in this form is complete and correct. Providing false or misleading information to the Regulatory Authority is an offence under section 295 of the *Education and Care Services National Law Act 2010* and section 182 of the *Children’s Services Act 1996*.

Processing this form will be delayed unless:

* all sections are complete, and
* legible copies of all supporting documents are supplied (including identification documents), and
* the prescribed fee is paid following an invoice being issued.

To find more information about approval in principle, or about obligations for operating an approved education and care service, please visit [www.vic.gov.au/starting-early-childhood-service](http://www.vic.gov.au/starting-early-childhood-service).

**Privacy Statement**

The Regulatory Authority is committed to protecting personal information in accordance with the *Privacy and Data Protection Act 2014* (Vic). To view the Department of Education’s Privacy Policy, which applies to the Regulatory Authority, please visit [www.vic.gov.au/department-of-education-privacy-policy](http://www.vic.gov.au/department-of-education-privacy-policy).

Information provided to the Regulatory Authority on or with this form is being collected for the purposes of assessing this application and may be provided to other authorities or government agencies in accordance with the Department of Education’s Privacy Policy, the *Education and Care Services National Law Act 2010* and the *Children’s Services Act 1996*.

**Accessibility** – this document is also available in PDF format

This document is also available in Porta- Thible Document Format (PDF).

**PART A: APPLICANT INFORMATION**

**1. If the applicant is an individual:**

|  |  |
| --- | --- |
| Full name of the individual applying for AIP: (Applicant) |  |
| Applicant registered trading name: (if applicable) |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Any former or other name the applicant maybe known by: |  |
| Proof of applicant’s identity attached: | [ ]  Yes [ ]  No |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Australian Business Number: |  |  |  |  |  |  |  |  |  |  |  |

**Street address of applicant’s principal office:**

|  |  |  |
| --- | --- | --- |
| Address line 1: |  |  |
| Address line 2: |  |  |
| Suburb/town: |  |  |
| State/territory: |  | Postcode: |  |

**Postal address of applicant’s principal office:**

|  |  |  |
| --- | --- | --- |
| [ ]  | As above |  |
| [ ]  | Other | * *Please provide details.*
 |

|  |  |  |
| --- | --- | --- |
| Address line 1: |  |  |
| Address line 2: |  |  |
| Suburb/town: |  |  |
| State/territory: |  | Postcode: |  |

**If applicable, Approved Provider details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider Approval number: | PR- |  | Provider name: |  |

|  |  |
| --- | --- |
|  | * A provider approval is not required for this application.
 |

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**2. If the applicant is a person other than an individual:**

(e.g. a company or partnership)

|  |  |
| --- | --- |
| Name of entity applying for AIP:(Applicant) |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Any trading name or other name used by the applicant: |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Australian Business Number: |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| Australian Company Number: |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Documentary evidence of legal status of the applicant attached:(e.g. company registration, partnership agreement) | [ ]  Yes[ ]  No |

**Street address of applicant’s principal office:**

|  |  |  |
| --- | --- | --- |
| Address line 1: |  |  |
| Address line 2: |  |  |
| Suburb/town: |  |  |
| State/territory: |  | Postcode: |  |

**Postal address of applicant’s principal office:**

|  |  |  |
| --- | --- | --- |
| [ ]  | As above |  |
| [ ]  | Other | * *Please provide details.*
 |

|  |  |  |
| --- | --- | --- |
| Address line 1: |  |  |
| Address line 2: |  |  |
| Suburb/town: |  |  |
| State/territory: |  | Postcode: |  |

**If applicable, Approved Provider details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider Approval number: | PR- |  | Provider name: |  |

|  |  |
| --- | --- |
|  | * A provider approval is not required for this application.
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## PART B: PROPERTY AND threshold questions

**3. Please provide the location and street address of the proposed service:**

|  |  |  |
| --- | --- | --- |
| Address line 1: |  |  |
| Address line 2: |  |  |
| Suburb/town: |  |  |
| State/territory: |  | Postcode: |  |

**4. Does the proposed service intend to operate in a multi-storey building?
(3 or more storeys)**

|  |  |
| --- | --- |
| [ ]  | No: *You cannot apply for approval in principle, please do not complete this form.* |
| [ ]  | Yes: *Please provide the following details:* |

|  |  |
| --- | --- |
| The total number of storeys of the building: |  |

**5. Is the proposed service a centre-based service (not family day care)?**

|  |  |
| --- | --- |
| [ ]  | No: *You cannot apply for approval in principle, please do not complete this form.* |
| [ ]  | Yes. If yes, which type of centre-based service is planned to be operated: |
| [ ]  | Long Day Care, Preschools/Kindergarten or Outside school hours care (which all operate under the *Education and Care Services National Law Act 2010*)*.* |
| [ ]  | Children’s services offering care to children on a non-regular or ad-hoc basis such as limited hours services, occasional care services, early childhood intervention services, mobile services and school holiday care programs (which operate under the *Children’s Services Act 1996*). |

|  |  |
| --- | --- |
|  | * Please note: your answer to this question will determine whether the application for approval in principle is assessed under the *Education and Care Services National Law Act 2010* or the *Children Services Act 1996*. If you need further information about this, please visit [www.vic.gov.au/regulation-and-quality-assessment](http://www.vic.gov.au/regulation-and-quality-assessment) or contact the Regulatory Authority.
 |

**6. Does the multi-storey building require a permit or approval for its construction, alteration or repair under a building or planning law that applies in Victoria?**

|  |  |
| --- | --- |
| [ ]  | No: *You cannot apply for approval in principle, please do not complete this form.* |
| [ ]  | Yes: *Please provide a copy of the planning approval if available.* |

|  |  |
| --- | --- |
|  | * Approval in Principle application can only be considered if a building permit is required under the *Building Act 1993* but has not yet been granted. If a building permit has been granted, please see information about applying for a provider and service approval at [www.vic.gov.au/starting-early-childhood-service](http://www.vic.gov.au/starting-early-childhood-service).
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## PART C: BUILDING PREMISES INFORMATION

|  |  |
| --- | --- |
|  | * **Please attach plans prepared by a building practitioner which show all of the following information:**

(For each item listed, please indicate if the information is included with this application.) |

* Plans, drawings, or specifications as to the construction, alteration or repair of the proposed premises and building.

|  |  |
| --- | --- |
| [ ]  | No |
| [ ]  | Yes |

* All possible evacuation routes from each storey of the proposed education and care service premises.

|  |  |
| --- | --- |
| [ ]  | No |
| [ ]  | Yes |

* The assembly area proposed to be used in an emergency evacuation of the proposed education and care service premises.

|  |  |
| --- | --- |
| [ ]  | No |
| [ ]  | Yes |

Please also attach:

* A plan showing the direct sunlight to be received by the proposed education and care service premises between 9:00am and 3:00pm on the winter solstice and the summer solstice.

|  |  |
| --- | --- |
| [ ]  | No |
| [ ]  | Yes |

* A soil assessment for the site of the proposed education and care service premises.

|  |  |
| --- | --- |
| [ ]  | No |
| [ ]  | Yes |

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**7. Please provide a description of the land on which the proposed education and care service premises will be located:**

(e.g. block section and suburb or lot and plan numbers on the certificate of title.)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**8. Please provide a description of any other occupants or proposed occupants of the building in which the premises are proposed to be located:**

(e.g. First and second floors will be occupied by office space and a gym.)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
|  | * Note: please do not provide any personal details.
 |

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**9. Please provide a description of the types of any enterprises operating from properties within 50 metres of the proposed education and care service premises:**

(e.g. a supermarket.)

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| --- |
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## Part D: CONTACT DETAILS OF THE APPLICANT

**10. Name and contact details for this application:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: |  |  |  |  |
|  |  |  |  |  |
| First name: |  |  | Last name: |  |
|  |  |  |  |  |
| Phone number: |  |  | Mobile number: |  |
|  |  |  |
| Email address: |  |  |

|  |  |
| --- | --- |
|  | **This is the person the Regulatory Authority will contact for any questions about this application. The contact for this application must be an individual who is authorised to act on behalf of the applicant, and answer questions about the details on this form.** |

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## Part E: Prescribed fee and payment details

A fee applies for this application details can be found in the Schedule of Fees at [Indexed fees](https://www.acecqa.gov.au/resources/applications/indexation-of-fees). An invoice will be sent to your nominated email address following your application being submitted. The invoice can then be paid via BPAY. Your application will be complete and assessed once payment has been confirmed.

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## Part F: Declaration

|  |  |  |
| --- | --- | --- |
| I, |  | of, |
|  | *[insert full name of person signing the declaration]* |  |
|  | , am |
| *[insert address]* |  |
|  | , and I am |
| *[insert position/title of the applicant (for example, proprietor, director, partner, president)].* |

*(Please select* ***one*** *option only.)*

[ ]  The applicant, or

[ ]  A person authorised to sign on the applicant’s behalf.

**Note:** the regulatory authority may request evidence of this authorisation.

I declare that:

1. The information provided in this application, including supporting documents, 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 will rely on the information provided in this application.
4. I understand that the Regulatory Authority may verify any information provided in this application.
5. I am aware that I may be subject to penalties under the Act if I provide false or misleading information in this application, and
6. I understand that the contact details provided in this form will be used by the Regulatory Authority for correspondence about this application and I will respond to requests for further information by the Regulatory Authority within the timeframes specified.

|  |
| --- |
|  |
| **[Signature of person making the declaration]** |
| at *[location/address]*: |  | on [date]: |  |

**How to submit this form**

Email this completed form with attachments to licensed.childrens.services@education.vic.gov.au

|  |  |
| --- | --- |
|  | * This is not an application for service approval under the *Education and Care Services National Law Act 2010*. To commence operating an education and care service you must apply for service approval through the [National Quality Agenda IT (NQAITS) System](https://public.nqaits.acecqa.gov.au/Pages/Landing.aspx) via the [Australian Children’s Education and Care Quality Authority (ACECQA)](https://www.acecqa.gov.au/) website.
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**Contact us**

* Email: licensed.childrens.services@education.vic.gov.au
* Telephone: 1300 307 415 (Monday – Friday, 9am – 5pm)