

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.

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:



- The Regulatory Authority may only accept PDF versions of this application where:
 - a clear and legible image of handwritten signatures are attached to Digital Signature IDs, OR
 - the form has been completed, printed, and signatories have signed the form before being scanned for submission.
- ▶ Please read the 'Guide to Digital Signatures' for more information.



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.

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.

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*.



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 may be 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:

Postcode:

State/territory:



If appli	cable, Approved Provide	er details:		
Provid	ler Approval number:	PR-	Provider n	ame:
	A provider approval	is not requi	red for this application	on.
2. If th	ne applicant is a pers	son other	r than an individ	lual:
(e.g. a	company or partnership)			
	Name of entity applying f	for AIP:		
	(Applicant)			
	Any trading name or other	er		
	name used by the applica	ant:		
	Australian Business Num	ıber:		
	Australian Company Nun	nber:		
	Documentary evidence of status of the applicant att		Yes	
	(e.g. company registration, partnership agreement)		□No	
Street	address of applicar	nt's princ	ipal 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, Approv	ed Provider details:		
Provider Approval nu	mber: PR-	Provider name:	
▶ A provide	r approval is not required for th	nis application.	



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 (3 or more storeys)	n a multi-storey building?	
No: You cannot apply for approval in principle, p	lease 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	e (not family day care)?	
No: You cannot apply for approval in principle, ple	ease do not complete this form.	
Yes. If yes, which type of centre-based service is	planned to be operated:	
Long Day Care, Preschools/Kindergarten of under the Education and Care Services Na	r Outside school hours care (which all operate tional Law Act 2010).	
hours services, occasional care services, e	on a non-regular or ad-hoc basis such as limited arly childhood intervention services, mobile (which operate under the <i>Children's Services Act</i>	
Please note: your answer to this question will determine principle is assessed under the Education and Car Children Services Act 1996. If you need further inform www.vic.gov.au/regulation-and-quality-assessment	e Services National Law Act 2010 or the ormation about this, please visit	
6. Does the multi-storey building require a permi alteration or repair under a building or planning		
No: You cannot apply for approval in principle, p	lease do not complete this form.	
Yes: Please provide a copy of the planning appr	oval if available.	
Approval in Principle application can only be const the <i>Building Act 1993</i> but has not yet been grante please see information about applying for a provious www.vic.gov.au/starting-early-childhood-service.	d. If a building permit has been granted,	



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.)

•		s, drawings, or specifications as to the construction, alteration or repair of the osed premises and building.
		No
		Yes
•		ossible evacuation routes from each storey of the proposed education and care ice premises.
		No
		Yes
•		assembly area proposed to be used in an emergency evacuation of the osed education and care service premises.
		No
		Yes
Pleas	e also	o attach:
•	care	an showing the direct sunlight to be received by the proposed education and service premises between 9:00am and 3:00pm on the winter solstice and the mer solstice.
		No
		Yes
•	A so	il assessment for the site of the proposed education and care service premises.
		No
		Yes



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.



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.)		



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:		
application. The contact for this	y Authority will contact for any questions about this application must be an individual who is authorised and answer questions about the details on this form.	
Part E: Prescribed fee and paymen	t details	

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.

AIP01 (Version 02/2025)



Part F: Declaration Ι, 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 2. I have read, understood and agree to the conditions and the associated material contained in this 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.

on [date]:

at [location/address]:

[Signature of person making the declaration]



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 <u>National Quality Agenda IT (NQAITS) System</u> via the <u>Australian Children's Education and Care Quality Authority (ACECQA)</u> website.

CONTACT US

- Email: <u>licensed.childrens.services@education.vic.gov.au</u>
- Telephone: 1300 307 415 (Monday Friday, 9am 5pm)