# AP02 Declaration of Fitness and Propriety

*Children’s Services Act 1996* and Children’s Services Regulations 2020.

### Use this form if you are:

* an individual applying to be an approved provider of children’s services, or
* an individual who will have ‘management or control’ of a children’s service (operated by a non-individual provider), or
* the Regulatory Authority has asked you to complete the declaration.

|  |  |
| --- | --- |
|  | * **Please read the ‘Guide to the Declaration of Fitness and Propriety Form’ before you fill in this form as it explains some complex legal information.**
* **Remember to attach all the required documents - without this your application cannot be assessed.**
 |
|  | * 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.
 |
|  | * **Together with this form you must also submit the following documents:**
* a criminal history record check issued no more than 6 months before the date of the signed declaration, and
* a clear colour copy of current photo identification (e.g. Driver Licence), and
* a clear colour copy of a current WWC clearance card or VIT registration card,
* an AP01 Application for Provider Approval form (if appropriate).
 |

## 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 (the Department of Education and Training in Victoria) is an offence under section 182 of the *Children's Services Act 1996* (Vic) (the Act). Failure to comply may result in a financial penalty.

Processing this form may be delayed unless:

* all sections are complete,
* all supporting documents/colour copies of identification are supplied, and
* prescribed fees are paid, where applicable.

To find more information about your obligations as an Approved Provider and operating an approved service under the Act visit the Department’s website at [Children's services regulated under State Law](https://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcs.aspx).

## Privacy Statement

The Regulatory Authority (the Department of Education and Training in Victoria) is committed to protecting personal information in accordance with the *Privacy and Data Protection Act 2014* (Vic) and its use and disclosure principles. To view the Department’s Privacy Policy online see: [Privacy Policy](https://www.education.vic.gov.au/Pages/privacypolicy.aspx).

The information provided is being collected for the purposes of assessing this notification and may be provided to other authorities or government agencies in accordance with the Act.

The Regulatory Authority may publish information about you in accordance with the Act.

**Accessibility**

This document is also available in Portable Document Format (PDF) on the internet at <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcs.aspx>

## Part A: Declarant Information

**1. Please complete the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: |  |  | First name: |  |
|  |  |  |  |  |
| Middle name: |  |  | Last name: |  |
|  |  |  |  |  |
| Date of birth: |  |  | Place of birth: |  |
| (DD/MM/YYYY) |  |  |  |  |
| Phone number: |  |  | Mobile number: |  |
|  |  |  |
| Email address: |  |  |

**Residential address:**

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

**Postal address:**

[ ]  As above

[ ]  Other:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Please provide details of any former names or other names you may be known by:**

 [ ]  Not applicable

**** [ ]  Former or other names known by:

|  |  |
| --- | --- |
| Name: |  |
|  |  |  |
| Name: |  |
|  |  |  |
| Name: |  |

Remember to attach evidence of change of name, e.g. copy of a marriage certificate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## *Part A: Declarant information - continued*

**3. Please attach a colour copy of one of the following as evidence of your identity:**

[ ]  a current passport, or

****[ ]  a current driver licence, or

[ ]  a current proof of age card.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. In the previous three years have you held any role with an education and care service or a children’s service?**

|  |  |  |
| --- | --- | --- |
| [ ]  | No |  |
| [ ]  | Yes | * *Please provide details of all roles in the table below and attach paper with further entries if required:*
 |
|  |  |  |
| **Name of the service** | **Service location (State/Territory)** | **The nature of your role** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

****

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Please attach a colour copy of the following required evidence.**

[ ]  a criminal history record check issued not more than 6 months before the date of this declaration, **and**

****[ ]  a current Victorian Institute of Teaching (VIT) registration card (if applicable), **or**

[ ]  a current Working with Children (WWC) clearance card.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Have you been convicted of any offences in Australia, that are relevant to a person seeking to work with children in the period between when the check was issued until the date of this declaration?**

|  |  |  |
| --- | --- | --- |
| [ ]  | No |  |
| [ ]  | Yes | * *Please provide details including the date and type of conviction:*
 |
|  |  |  |
|  |
|  |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## *Part A: Declarant information - continued*

**7. Have you lived and worked outside Australia any time within the previous three years?**

|  |  |  |
| --- | --- | --- |
| [ ]  | No |  |
| [ ]  | Yes | * *Please provide a statutory declaration about whether you have been convicted outside Australia of any offences relevant to working with children (write N/A if none):*
 |
|  |  |  |
|  |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Have you ever been subject to a formal disciplinary proceeding or action under an education law of any Australian state or territory?**

|  |  |  |
| --- | --- | --- |
| [ ]  | No |  |
| [ ]  | Yes | * *Please provide details including the date and type of action or proceeding and the outcome:*
 |
|  |  |  |
|  |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Have you ever had any of the following actions taken against you under the *A New Tax System (Family Assistance) (Administration) Act 1999* (Cth) in relation to a child care service:**

* Any sanction imposed under Section 200 of that Act
* Any suspension imposed under Section 201A of that Act
* Any infringement notice given under Section 219TSI of that Act

|  |  |  |
| --- | --- | --- |
| [ ]  | No |  |
| [ ]  | Yes | * *Please provide details including the date and type of action and the outcome:*
 |
|  |  |  |
|  |
|  |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## *Part A: Declarant information - continued*

**10. Do you have the management skills and capability to operate a Children’s Service in accordance with the Act?**

|  |  |  |
| --- | --- | --- |
| [ ]  | No |  |
| [ ]  | Yes | * *Please attach evidence of your management capability:*
 |
|  | * The Regulatory Authority may consider evidence of the management capability of a person when assessing their fitness and propriety.
* Evidence can include a resume or part of a resume, a written reference or qualification/certification.
* Evidence of management capability does not need to relate only to education and care services, or qualifications in education and care.
* The consideration here is ‘management capability’ and so evidence may be related to any previous expertise, experience or qualification in a leadership, governance, administrative or management role in:
	+ A business, or
	+ A not-for-profit organisation, or
	+ A sporting or social club, or
	+ A community-based committee.
* This may include experience gained as a volunteer.
 |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Have you ever been the subject of any proceeding in bankruptcy?**

|  |  |  |
| --- | --- | --- |
| [ ]  | No |  |
| [ ]  | Yes | * *Please provide details, including:*
 |

1. Whether any actions have been taken against you under Part IV of the *Bankruptcy Act 1966* (Cth); and

b. whether you have made any debt agreement under Part IX of the *Bankruptcy Act 1966* (Cth); and

c. whether you have made any personal insolvency agreement under Part X of the *Bankruptcy Act 1966* (Cth).

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part B: 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.)*

 [ ]  An individual applying to be the approved provider of the service, or

[ ]  an individual who will have management or control of a children’s service (operated by a non-individual provider) as defined by s3 of the *Children’s Services Act 1996*:

* an officer of a body corporate, within the meaning of the *Corporations Act 2001* (Cth), who is responsible for managing the delivery of a children’s service, or
* a member of the executive committee on an eligible association who has responsibility, alone or with others, for managing the delivery of a children’s service, or
* a partner in a partnership who has responsibility, alone or with others, for managing the delivery of a children’s service, or
* in any other case, a person who has the responsibility, alone or with others for managing the delivery of a children’s service.

I declare that:

1. The information provided in this form (including any attachments) is true, complete and correct;
2. I am aware that under the Act penalties apply if false or misleading information is provided;
3. I understand that the Regulatory Authority will have the right (but will not be obliged) 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 Act;
5. I understand that an approved provider must notify the Regulatory Authority of any change relevant to the assessment of the approved provider’s fitness and propriety in relation to the provision of a children’s service (refer section 114(1)(a) of the Act);
6. the Regulatory Authority is authorised to verify any information provided in this form, including identifying information with the Issuer or Official Record Holder;
7. I agree that the regulatory authority may serve a notice under the Act using contact details provided in this application, including the postal, street or email address (in accordance with section 180 of the Act); and
8. I have read and understood the Privacy Statement at page 1 of this form.

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

|  |  |
| --- | --- |
|  | **Providing false or misleading information to the Regulatory Authority is an offence under s.182 of the Act.** |

## Part C: SIGNING THE FORM

* Print out the word document, fill it out and sign where required
* Scan the form and email it with all the necessary documents attached
* ***Note*:** You cannot use an electronic signature in the hardcopy form

## How to submit this form

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

|  |  |
| --- | --- |
|  | * **Please read the ‘Guide to the Declaration of Fitness and Propriety Form’ before you fill in this form as it explains some complex legal information.**
* **Remember to attach all the required documents - without this your application cannot be assessed.**
 |
|  | * 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.
 |
|  | * **Together with this form you must also submit the following documents:**
* a criminal history record check issued no more than 6 months before the date of the signed declaration, and
* a clear colour copy of current photo identification (e.g. Driver Licence), and
* a clear colour copy of a current WWC clearance card or VIT registration card,
* an AP01 Application for Provider Approval form (if appropriate).
 |

## Contact us

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