

AP04 APPLICATION FOR VOLUNTARY SUSPENSION OF PROVIDER APPROVAL

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 and Training) to voluntarily suspend your provider approval for up to 12 months.



- ▶ The approved provider must, at least **14 days** before making an Application for Voluntary Suspension of Provider Approval, notify the parents of children enrolled at the children's services operated by the approved provider of the intention to make this application.
- ▶ The regulatory authority will make a decision on your application within **30 days** if your application and all the required documents are complete.
- ▶ Your application will not be assessed unless all sections are satisfactorily completed and all requested supporting documents are attached, as well as any prescribed fees paid where applicable.



- ▶ **The Regulatory Authority may only accept PDF versions of application and notification forms 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 sufficient information or 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 (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](#).

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.

Accessibility

This document is also available in Microsoft Word format on the internet at <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcs.aspx>

PART A: APPLICATION INFORMATION

1. Approved provider details:

Approved provider number: PR-

Provider name:

PART B: VOLUNTARY SUSPENSION DETAILS

2. Please provide the date on which you intend for the voluntary suspension to take effect:

Date of effect:
(DD/MM/YYYY)

3. Please state the reason/s for voluntary suspension of your provider approval:

4. Please provide the proposed end date for the voluntary suspension:

Proposed end date:
(DD/MM/YYYY)



- ▶ The suspension period cannot exceed 12 months.
- ▶ If a Provider Approval is suspended, each service approval held by the Provider is also suspended for the same period (see section 37(10) of the Act).

5. Please explain the arrangements you have made for each education and care service operated by the Approved Provider during the proposed suspension period:

6. Please provide a list of all service approvals (numbers and service names) held by the approved provider:

Service approval number	Service name
SE-	
SE-	



► If more than two services, please attach a list with this application.

7. Have parents of children enrolled at the children's service(s) operated under this Provider Approval been notified:

☐ No

☐ Yes ► *Please attach evidence of the notice provided to parents.*



► The approved provider must, at least 14 days before making an application under this section, notify the parents of children enrolled at the children's services operated by the approved provider of the intention to make the application (s37(3) of the Act).



► Please attach sufficient information or documentation to support this application.

PART C: CONTACT DETAILS

9. Name and contact details for this application:

Title:

First name:

Last name:

Phone number:

Mobile number:

Email address:

Postal address:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:



This is the person the regulatory authority will contact for any questions about this form. The contact for this notification must be an individual who is authorised to act on behalf of the Approved Provider, and answer questions about the details on this form.

PART D: DECLARATION

Who may sign

- 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 director 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, _____ of,

[insert full name of person signing the declaration]

[insert address]

, and I am

[insert position/title of the applicant (for example, proprietor, director, partner, president)].

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

☐ The approved provider of the service, or

☐ A person authorised to sign on the Approved Provider's behalf.

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

I declare that:

1. The information provided in this request for (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 will have the right (but will not be obliged) to act in reliance upon the contents of the request form, including its attachments
4. I have read and understood a provider's legal obligations under the Act
5. The regulatory authority is authorised to verify any information provided in this request
6. Some of the information provided in this request may be disclosed to Commonwealth and to other persons/authorities where authorised by the Act or other legislation
7. I am aware that I may be subject to penalties under the Act if I provide false or misleading information in this form, and
8. I agree that the regulatory authority may serve a notice under the Act using contact details provided in this notification, including the postal, street or email address (in accordance with section 180 of the Act).

or

[Signature of person making the declaration]

[Digital Signature ID of person making the declaration]

at *[location/address]*:

on the *[date]*:



Providing false or misleading information to the Regulatory Authority is an offence under section 182 of the Act.

Note: If necessary, please complete the second declaration over the page.

PART D: DECLARATION - CONTINUED

Second signatory (if applicable)

I, _____ of,
[insert full name of person signing the declaration]

[insert address]

, and I am

[insert position/title of the applicant (for example, proprietor, director, partner, president)].

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

- ☐ The approved provider of the service, or
- ☐ A person authorised to sign on the Approved Provider's behalf.

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or

[Signature of person making the declaration]

[Digital Signature ID of person making the declaration]

at [location/address]:

on the [date]:



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PART E: SIGNING THE FORM



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HOW TO SUBMIT THIS FORM

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



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CONTACT US

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