

# AP07 APPLICATION FOR PROVIDER APPROVAL BY LEGAL PERSONAL REPRESENTATIVE OR GUARDIAN ON INCAPACITY OF APPROVED PROVIDER

*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) for provider approval by legal personal representative or guardian on incapacity of approved provider.



- ▶ An application must be made **within 30 days** of the approved provider becoming incapacitated.

## APPLICATION REQUIREMENTS AND ASSESSMENT

An Applicant for Provider Approval may be one or more of the following:

- |                              |                              |
|------------------------------|------------------------------|
| • Company                    | • Commonwealth Government    |
| • Sole proprietor            | • State/Territory Government |
| • Partnership                | • Local Government           |
| • Incorporated entity/body   | • Educational institution    |
| • Unincorporated entity/body | • Other                      |
| • Registered co-operative    |                              |

An application for Provider Approval can be made by more than one 'person'. However, if an application is made by more than one 'person', each 'person' must provide information in response to the questions set out in this form (see s3 of the Act for the definition of 'person').



- ▶ **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.**

### 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>

## 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](#).

## 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.

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

## PART A: ENTITY AND MANAGEMENT TYPE

### 1. Are there multiple applicants applying for provider approval?

☐ No

☐ Yes ▶ *Please answer the following for one applicant and on a separate sheet of paper attach the same information for all other applicants.*



▶ For example, two companies, or a partnership and a company which are applying together to become an approved provider.

### 2. What is your legal entity type?

☐ Company

☐ Sole proprietor

☐ Partnership

☐ Incorporated entity/body

☐ Unincorporated entity/body

☐ Other (please specify):

☐ Registered co-operative

☐ Commonwealth government

☐ State/territory government

☐ Local government

☐ Educational institution

### 3. What best describes your management type?

☐ Private not for profit - community managed

☐ Private not for profit – other organisations

☐ Private for profit

☐ State and territory and local government managed

☐ State/territory government schools

☐ Independent schools

☐ Catholic schools

☐ Other (please specify):



▶ Please select one only, see descriptions overleaf.

### 4. What type of service do you intend to operate?

☐ Occasional care service

☐ Limited hours service

## PART A: ENTITY AND MANAGEMENT TYPE - CONTINUED

Further information on management type

### **Private not for profit - community managed**

Includes services that are managed by organisations based in the community through a membership made up of community members (e.g. the parents). The membership elects a management committee and the committee is accountable to the membership. No profit is distributed to the management committee or the members, any surplus funds are redirected to the service.

### **Private not for profit - other organisation**

Include services that are managed by non-profit organisation such as charity organisations, consortium of charity organisations and church groups. Excludes independent and Catholic schools.

### **State and territory and local government managed**

Include services that are managed by the state, territory or local government. Excludes state and territory government schools

### **Private for profit**

Includes for-profit services provided or managed by a company or private individual.

### **State and territory government schools**

Schools that are funded and managed by the respective state or territory government.

### **Independent schools**

Includes non-government schools that are governed, managed and accountable at the level of the individual school and are not affiliated with the diocesan Catholic Department of Education.

### **Catholic schools**

Schools affiliated with the diocesan Catholic Department of Education. Catholic schools, as with other classes of non-government schools, receive funding from the Commonwealth Government.

**Other** (e.g. employer sponsored services).

## PART B: CURRENT APPROVED PROVIDER DETAILS

### 5. Please complete the following in relation to the current Approved Provider:

Approved provider number: PR-

Provider name:

► Please provide legal entity details (below).

☐ **The Approved Provider's business name:**

Business legal entity name:

Australian Business Number:

☐ **The Approved Provider's company name:**

Company legal entity name:

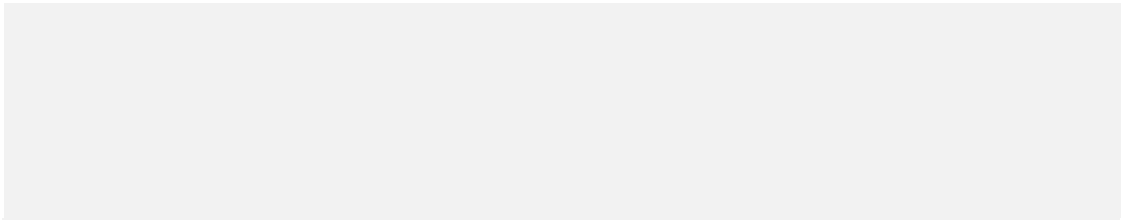
Australian Company Number:


☐ **The Approved Provider's registered business name:**

Registered business name:

***PART B: CURRENT APPROVED PROVIDER DETAILS - CONTINUED***

**6. Please provide details of the nature of the approved provider's incapacity:**



- 
7.  Please attach evidence to confirm the applicant is the guardian or legal personal representative of the approved provider.
- 



- ▶ **For applications made by individuals continue to Part C.**
- ▶ **For applications made by non-individuals go to Part D.**

## PART C: APPLICATIONS MADE BY INDIVIDUALS

### 8. Please complete the following:

Title:

First name:

Middle name:

Last name:

Date of birth:  
(DD/MM/YYYY)

Place of birth:

Business legal entity name:

Australian Business Number:

### 9. Please complete the following:

Phone number:

Mobile number:

Email address:

### 10. Residential address:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

### 11. Postal address:

☐ As above

☐ Other ▶ Please provide details.

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

## PART C: APPLICATIONS MADE BY INDIVIDUALS - CONTINUED

### 12. Are you a trustee?

☐ No

☐ Yes ▶ *Please provide the following details of the trust:*

Name of trust:

Australian Business Number:

---

13.



▶ **Please complete form AP02 Declaration of Fitness and Propriety.**

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### 14. What is the proposed duration of the provider approval?

Number of days:



▶ This period cannot exceed 6 months. This may be extended for a further period of not more than 6 months at the discretion of the Regulatory Authority.

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▶ **Go to Part E.**

## PART D: APPLICATIONS MADE BY NON-INDIVIDUALS

### 15. Legal entity details:

Name of the legal entity:

Australian Business Number:

Australian Company Number:

### 16. Contact details of the applicant:

Phone number:

Mobile number:

Email address:

### 17. What is the proposed duration of the provider approval?

Number of days:



► This period cannot exceed 6 months. This may be extended for a further period of not more than 6 months at the discretion of the Regulatory Authority.

### 18. Street address of the applicant's principal office:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

### 19. Postal address details of the applicant:

☐ As above

☐ Other ► Please provide the postal address details below:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:



## PART D: APPLICATIONS MADE BY NON-INDIVIDUALS - CONTINUED

### 20. Are you a trustee?

☐ No

☐ Yes ▶ Please provide the following details of the trust:

Name of trust:

Australian Business Number:

21.



▶ Please attach documentary evidence of the legal status of the applicant and its constitution. In addition, if the applicant is a trustee, please also provide a copy of the trust deed.

For example:

- **If a *company***, a Certificate of Incorporation or Registration; and a Company Extract Report from the Australian Securities and Investments Commission, containing the names and addresses of directors and secretary, and the Australian Company Number (report must not be older than 6 months).
- **If a *partnership***, the deed of partnership.
- **If an *incorporated entity/body***, a Certificate of Incorporation; Rules/Constitution of Association; a copy of the Annual General Meeting Minutes that includes a list of elected office bearers; and a Letters Patent (where applicable).
- **If a *registered co-operative***, a list of directors with addresses and occupations; a certified copy of the rules as registered; a Certificate of Incorporation; the name of the Auditor and Solicitor for the Society (excluding Victorian child care services); and the name of the person appointed by the Board who is responsible for the daily activities of the Society.
- **If a *Local Government***, an extract of the relevant legislation concerning use of the common seal; a copy of any other legislation or resolution which sets the manner in which the Council can enter into contracts.

### 22. Has the applicant ever been declared insolvent?

☐ No

☐ Yes ▶ Please provide details:

## PART D: APPLICATIONS MADE BY NON-INDIVIDUALS - CONTINUED

### 23. Has the applicant ever been placed under external administration?

☐ No

☐ Yes ▶ Please provide details:

### 24. Please provide details for each of the individuals who will be a 'person with management or control' of a children's service. Remember to attach form (AP02) Declaration of fitness and propriety for each one

A person with management or control (PMC) is defined under section 3 of the Act as meaning:

- a) If the provider or intended provider of the service is a body corporate, an officer of the body corporate within the meaning of the *Corporations Act 2001* (Cth) who is responsible for managing the delivery of the children's service; or
- b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the children's service; or
- c) if the provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the children's service; or
- d) in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the children's service.

|           | Title | First name | Middle name | Last name | Position title | D.O.B. | Place of birth | Declaration attached? |
|-----------|-------|------------|-------------|-----------|----------------|--------|----------------|-----------------------|
| Person 1  |       |            |             |           |                |        |                |                       |
| Person 2  |       |            |             |           |                |        |                |                       |
| Person 3  |       |            |             |           |                |        |                |                       |
| Person 4  |       |            |             |           |                |        |                |                       |
| Person 5  |       |            |             |           |                |        |                |                       |
| Person 6  |       |            |             |           |                |        |                |                       |
| Person 7  |       |            |             |           |                |        |                |                       |
| Person 8  |       |            |             |           |                |        |                |                       |
| Person 9  |       |            |             |           |                |        |                |                       |
| Person 10 |       |            |             |           |                |        |                |                       |

## ***PART D: APPLICATIONS MADE BY NON-INDIVIDUALS - CONTINUED***

### **25. 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 application must be an individual who is authorised to act on behalf of the legal entity, and answer questions about the details on this form.**

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## PART E: 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 E: DECLARATION - CONTINUED

### Second signatory (if applicable)

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 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 F: SIGNING THE FORM



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  - 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.**

## HOW TO SUBMIT THIS FORM

Email this completed form with attachments to [licensed.childrens.services@education.vic.gov.au](mailto:licensed.childrens.services@education.vic.gov.au)



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- ▶ **Remember to attach sufficient information or documentation - without this your application cannot be assessed.**

## CONTACT US

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

Authorised by the Department of Education and Training,  
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