

# AP08 NOTIFICATION OF CHANGE TO INFORMATION ABOUT APPROVED PROVIDER

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

## Use this form if you need to notify:

- the appointment or removal of a person with management or control
- any changes to the fitness and propriety of Persons with Management or Control
- the appointment of receivers/liquidators/administrators or any matters that affect the financial viability and operation of the service
- the death of an Approved provider
- any changes to Approved provider's contact details, such as phone number or email address



▶ **Remember to attach all the required documents - without this your application cannot be assessed.**



▶ **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.**

▶ **When appointing or changing fitness and propriety details of a Person with Management or Control, you must also submit the following documents:**

- a completed *AP02 Declaration of Fitness and Propriety* form for each applicant (if appropriate)
- 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.

## 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.

### 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: DECLARATION INFORMATION

### 1. Approved provider details:

Approved provider number: PR-

Provider name:

## PART B: TYPE OF NOTIFICATION

### 2. Please check appropriate box:

- ☐ A change relevant to approved provider's fitness and propriety or fitness of person in management and control (you must attach a written statement about this change and notify within 7 days of change)
- ☐ The appointment of a Person with Management or Control of the service (the Department must be notified within 14 days)

	Title	First name	Last Name	D.O.B. (DD/MM/YY)	Declaration attached
Person 1					<input type="checkbox"/>
Person 2					<input type="checkbox"/>
Person 3					<input type="checkbox"/>
Person 4					<input type="checkbox"/>
Person 5					<input type="checkbox"/>

**You must attach a *Form AP02: Declaration of fitness and propriety* for each appointment. In the case of an entity provider applicant, all Persons with Management or Control of a service must complete a separate form and include all required attachments.**



- ☐ Removal of a person with management or control of the service (within 14 days).

	Title	First name	Last Name	D.O.B. (DD/MM/YY)	Date of removal
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					

## PART B: TYPE OF NOTIFICATION - CONTINUED

### 3. Please check appropriate box:

- ☐ The appointment or removal of receivers, liquidators or administrators, or any matters that affect the financial viability and ongoing operation of the service (notify within 7 days).
- Name of service/s
  - Name and contact details of receiver or liquidator
  - Date of appointment of receiver or liquidator
  - Details of any change / planned change to service operation

- ☐ The death of approved provider (notify within 7 days)
- Name and contact details of executor or Approved Provider representative
  - Details of intentions regarding the provider approval

- ☐ Change of contact details, please specify (e.g. phone number, postal or e-mail address)

**If more space is required for your response, please attach additional pages when submitting this form.**



## PART C: CONTACT DETAILS

### 4. Name and contact details for this notification

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.**

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## PART D: NOTIFIER 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]

\_\_\_\_\_, 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.

**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: NOTIFIER DECLARATION - CONTINUED

### Second notifier (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]:



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

## PART E: SIGNING THE FORM



- ▶ **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.**

## 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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  - a completed AP02 Declaration of Fitness and Propriety form for each applicant (if appropriate)
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## 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)