

# AP09 TRANSFERRING PROVIDER DECLARATION (SERVICE APPROVAL)

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

## Use this form if you are:

- An approved provider transferring a service approval to another approved provider with the consent of the Regulatory Authority (Department of Education and Training).

You must notify the Regulatory Authority of your intention to transfer an approved children's service to another approved provider.

This form should only be completed as part of a children's service transfer notification being submitted for an occasional care service, or a limited hours service.

The transferring approved provider and the receiving approved provider must jointly notify the Regulatory Authority of the transfer of a children's service at least **42 days** before the transfer is intended to take effect (unless there are exceptional circumstances and a shorter timeframe is agreed to by the Regulatory Authority).

The Regulatory Authority may intervene in the transfer and may refuse to consent to the transfer. If the Regulatory Authority decides to intervene, the transferring and receiving approved providers will receive written notice at least **28 days** before the proposed transfer date. The Regulatory Authority is taken to consent to the transfer if the providers have not been notified that it intends to intervene.

When completed by the transferring provider, the receiving approved provider should submit this form as part of the Notification of transfer of service approval form. The Notification of transfer of service approval form must be relevant to the service type intended to be transferred:

- AS04 Notification of transfer of service approval – occasional care, or
- AS05 Notification of transfer of service approval – limited hours.



- ▶ This is not a PA09 Transferring provider declaration (service approval) under the *Education and Care Services National Law Act 2010*. To transfer a centre-based or family day care service under National Law, you must apply through the [National Quality Agenda IT \(NQAITS\) System](#) via the [Australian Children's Education and Care Quality Authority \(ACECQA\)](#) website.



- ▶ **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: SERVICE INFORMATION

### 1. Service approval details:

Service approval number: SE-

Service name:

### 2. Please specify the date on which the transfer is intended to take effect:

Date of effect:  
(DD/MM/YYYY)



▶ The regulatory authority must be notified at least **42 days** before the transfer, unless there are exceptional circumstances and the regulatory authority has agreed to a shorter timeframe.

## PART B: TRANSFERRING AND RECEIVING APPROVED PROVIDER DETAILS

### 3. Provider details:

Transferring Provider		Receiving Provider	
Provider number	PR-	Provider number	PR-
Provider name		Provider name	



## PART C: CONTACT DETAILS OF TRANSFERRING PROVIDER FOR APPLICATION

### 4. 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 with any questions about this form. The contact for this application must be an individual who is authorised by the Applicant to act on their behalf with regards to 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]

\_\_\_\_\_, 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 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](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)