

AS01 APPLICATION FOR SERVICE APPROVAL – OCCASIONAL CARE

Children’s Services Act 1996 and Children’s Services Regulations 2024

Use this form if you are:

- applying to the Regulatory Authority (Department of Education) for approval of a proposed children’s service to operate as an occasional care service.



This is not an application for service approval under the *Education and Care Services National Law Act 2010*. To provide centre-based and family day care services you must apply through the [National Quality Agenda IT \(NQAITs\) System](#) via the [Australian Children’s Education and Care Quality Authority \(ACECQA\)](#) website.

Services that meet the definition of a ‘**children’s service**’ are required to be an approved service under the *Children’s Services Act 1996* (Act).

The definition of a “**children’s service** means a service providing education and care for 4 or more children under the age of 13 years in the absence of the parents or custodians of the children, where the service—

- (a) is provided—
 - I. for fee or reward; or
 - II. while the parents or custodians of the children use sports, leisure or other prescribed services or facilities provided by the provider of the service for the children; and
- (b) is not an education and care service, within the meaning of the National Law;”

The definition of “**occasional care service** means a children’s service that is not a limited hours service.”

APPLICATION ASSESSMENT

The regulatory authority will make a decision on your application within **90 days** if your application and all required documents are complete. This timeframe may be extended if further information is requested or with the agreement of the applicant.



- ▶ **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.vic.gov.au/childrens-services-regulated-under-state-law>

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.

PART A: APPLICATION INFORMATION

1. Approved provider details:

Approved provider number: PR-

Provider name:

PART B: NAME AND DETAILS OF THE PROPOSED CHILDREN'S SERVICE

2. Please specify the name of your proposed children's service

Your children's service is to be known by the Approved Provider's business name:

Business legal entity name:

Australian Business Number:

Your children's service is to be known by the Approved Provider's company name:

Company legal entity name:

Australian Company Number:

Your children's service is to be known by the Approved Provider's registered business name:

Registered business name:



▶ Together with this form you must submit evidence of the legal entity name or registered business name issued by the Australian Business Register (ABR) or Australian Securities and Investments Commission (ASIC).



▶ The legal name can be different from the business name, depending on your business structure. Please refer to [Business.gov.au](https://www.business.gov.au) for more information.

▶ The name of the children's service must be the legal entity or business name registered with the Australian Business Register or Australian Securities and Investments Commission.

PART C: COMMENCEMENT DATE OF THE PROPOSED CHILDREN'S SERVICE

3. Please provide the proposed commencement date of operation of the service:

Proposed date of commencement:
(DD/MM/YYYY)



▶ The regulatory authority will make a decision on your application within **90 days** if your application and all required documents are complete. This timeframe may be extended if further information is requested or with the agreement of the applicant. The service approval will not be granted unless a provider approval has been granted.

PART D: LOCATION/ADDRESS OF THE PROPOSED CHILDREN'S SERVICE PREMISES

4. Please provide the location or street address details of the proposed service:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

5. Please provide the postal address details of the proposed service:

As above

Other ▶ *Please provide details.*

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

6. Please specify Local Government Area for the proposed children's service:

Local Government Area:

PART E: CONTACT DETAILS OF THE PROPOSED CHILDREN'S SERVICE PREMISES

7. Please provide the contact details, including an after-hours telephone number, for the proposed children's service:

Phone number:

Mobile number:

Email address:

Emergency mobile number:

Emergency email address:

After hours number:

8. Please provide the primary contact person details

Title:

First name:

Last name:

Phone number:

Mobile number:

Email address:

PART F: SERVICE SETTING OF THE PROPOSED CHILDREN'S SERVICE

9. Please specify the appropriate service setting:

- | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Government school site | <input type="checkbox"/> Community Hub (e.g. Child and Family services hub with MCH, or shopping centre) |
| <input type="checkbox"/> Non-Government school site | <input type="checkbox"/> Local Government premises (e.g. Community centre/hall) |
| Non-school site:
Activity centre (<i>Please specify</i>): | <input type="checkbox"/> Multifunctional aboriginal centre (MAC) |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Neighbourhood House |
| <input type="checkbox"/> Sports and leisure facility | |
| <input type="checkbox"/> Other (<i>please specify</i>): | |

10. The proposed service intends to operate in a multi-storey building (3 or more storeys)

- No
- Yes ▶ *Please provide details:*

Total number of storeys:

Highest storey used by the children's service:



▶ Ground level is storey 1.

PART G: NATURE OF THE PROPOSED CHILDREN'S SERVICE

11. Please specify the appropriate nature of education and care to be provided:

- | | |
|------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Budget-Based Services (not funded for Child Care Benefit) | <input type="checkbox"/> Occasional Care |
| <input type="checkbox"/> Early Childhood Intervention Service | <input type="checkbox"/> School Holiday Care Program |
| <input type="checkbox"/> Long Day Care | <input type="checkbox"/> 3-year-old group |
| <input type="checkbox"/> Mobile/outreach Service | |
| <input type="checkbox"/> Other (<i>please specify</i>): | |

12. The proposed service intends to provide transport:

In relation to a Children’s Service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are substantially the same for each occasion on which the child is transported.

- No
- Yes

PART H: AGES OF CHILDREN AND CAPACITY AT THE PROPOSED CHILDREN’S SERVICE

13. Please select the appropriate age group(s) of children to be educated and cared for:

- Children from birth to under 36 months of age
- Children aged 36 months of age or over (not including children over preschool age)
- Children over preschool age

14. Please indicate the maximum number of children to be educated and cared for:

Proposed maximum number of children at any one time: _____

PART I: PROPOSED OPERATIONAL HOURS AT THE CHILDREN’S SERVICE

15. Please indicate the hours and days of operation of your service:



Hours of operation refers to when the service is open for business. Please select the operational period type and enter the proposed hours and days of operation applicable to the service.

- Please use 24-hour time format (e.g. 17:00, and not 5:00 pm).
- If the service will be closed on a particular day, please leave start and end times blank.
- If the service runs 24 hours, please just tick the checkbox under 24-hour care.

Annual

General operating hours that are not specifically related to ‘Holiday Care’ and ‘School Terms’.

	Start time	End time	24 Hour Care
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>

PART I: PROPOSED OPERATIONAL HOURS AT THE CHILDREN'S SERVICE - CONTINUED

Holiday Care – if applicable Operating hours during school holidays including public holidays.			
	Start time	End time	24 Hour Care
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>

School Terms Only – if applicable Operating hours when schools are open.					
Session 1			Session 2		
	Start time	End time		Start time	End time
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Sunday			Sunday		

PART J: POLICIES AND PROCEDURES

16. By selecting the relevant checkboxes you confirm that the following policies and procedures have been prepared in accordance with regulation 112 for the proposed children’s service and that these will be available upon request by the regulatory authority.

Policies and procedures are required in relation to the following:

- Health and safety, including—
 - nutrition, food and beverages, and dietary requirements; and
 - sun protection; and
 - water safety, including safety during any water-based activities; and
 - the administration of first aid; and
 - sleep and rest for children;
- Incident, injury, trauma and illness policies and procedures complying with regulation 54;
- Dealing with infectious diseases, including procedures complying with regulation 57;
- Dealing with medical conditions in children, including the matters set out in regulation 59;
- Emergency and evacuation, including the matters set out in regulation 66;
- Delivery of children to, and collection of children from, children’s service premises, including procedures complying with regulation 68;
- Excursions, including procedures complying with regulations 69 to 71;
- Providing a child safe environment;
- Staffing, including—
 - a code of conduct for staff members; and
 - determining the responsible person present at the service; and
 - the participation of volunteers and students on practicum placements;
- Interactions with children, including the matters set out in regulations 104 and 105;
- Enrolment and orientation;
- Governance and management of the service, including confidentiality of records;
- The acceptance and refusal of authorisations;
- Payment of fees and provision of a statement of fees charged by the children’s service;
- Dealing with complaints.



- ▶ You do not need to provide copies with this application.
- ▶ For further information on the policies and procedures required for your service, please refer to regulation 112 of the Children’s Services Regulations 2020.

PART K: BUILDING PREMISES INFORMATION

17. Please supply plans prepared by a building practitioner which shows all of the following information:

- the location of all buildings, structures, outdoor play areas and shaded areas;
- the location of all entries and exits;
- the location of all fences and gates, specifying the type of fence or gate used or to be used;
- the location of toilet and washing facilities, nappy changing areas and any food preparation areas;
- the boundaries of the premises;
- the landscape of, or landscaping plans for, outdoor spaces that will be used by the children's service, specifying the natural environments that are or will be provided
- a floor plan indicating unencumbered indoor and outdoor spaces suitable for children;
- calculations, carried out by a building practitioner, of the areas referred to in regulations 76 and 77 relating to unencumbered indoor and outdoor space; and
- the elevation plans of the premises;

18. Please provide at least one of the following:

- a soil assessment for the site of the proposed children's service premises;
- if a soil assessment for the site of the proposed children's service premises has previously been undertaken, a statement to that effect, specifying when the soil assessment was undertaken;
- a statement made by the applicant that states that, to the best of the applicant's knowledge the site history does not indicate that the site is likely to be contaminated in a way that poses an unacceptable risk to the health of children;

19. Is a planning permit required under the planning and development law?

- No
- Yes ▶ *Please attach a copy of the planning permit.*

20. Is there a swimming pool or other water hazard situated on the proposed premises?

- No
 - Yes ▶ *Please attach a copy of the service's water safety policy.*
-

PART K: BUILDING PREMISES INFORMATION - CONTINUED

21. Do you have the right to occupy the premises?

- No
- Yes ▶ *Please provide any documentary evidence such as a lease or title for the premises.*

22. Is the children's service premises a Government or registered school?

- No ▶ *Please provide one of the forms below.*
- Yes

If no, please provide either:

- A copy of any occupancy permit, certificate of final inspection, building certificate, certificate of classification or building surveyor's statement issued or given in respect of the final construction and fit out of the children's service premises; or
- A statement made by a building practitioner that states that the children's service premises complies with building requirements under a building law or planning and development law.



- ▶ The regulatory authority may agree to accept an application that does not include this information if you are seeking to operate a service on a school site, or to temporarily relocate a service for up to 12 months. If this applies to you, contact the regulatory authority before submitting your application.

PART L: INSURANCE INFORMATION

23. Please attach evidence that the approved provider holds:

- ▶ a current insurance policy providing adequate cover for the service against public liability with a minimum cover of \$10,000,000; or
- ▶ a current insurance policy or an indemnity against public liability provided by the Government of a State or Territory in respect of the children's service.

PART M: NOMINATED SUPERVISOR DETAILS

24. Please provide Nominated Supervisor details:

This person is the approved provider: Yes No

Title: First name:

Middle name: Last name:

Date of birth: Place of birth:
(DD/MM/YYYY)

Phone number: Mobile number:

Email address:

Date of commencement as Nominated Supervisor:

Residential address:

Address line 1:

Address line 2:

Suburb/town:

State/territory: Postcode:

Postal address:

As above

Other *Please provide details.*

Address line 1:

Address line 2:

Suburb/town:

State/territory: Postcode:

25. Please complete the (AS12) Nominated supervisor consent form and include with the application.



The application must include a nominated supervisor's written consent to the nomination unless the nominated supervisor is the approved provider - see section 43(e) of the Act.

PART N: CONTACT DETAILS

26. 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 O: PRESCRIBED FEE AND PAYMENT DETAILS

A fee applies when you submit this form. This fee is set under the Regulations. The fee for this application can be found in the Schedule of Fees on the [Children's services regulated under State Law website](#).

27. Payment by credit card

To pay your fees by credit card, complete the details below.

Amount:

Credit Card type:

Card expiry date:

Card number:

Credit card CVN*

**CVN is the 3 digit security code found on the back of Mastercard or Visa credit card.*

Name on card:

or

[Cardholder Signature]

[Digital Signature ID of Cardholder]

or payment by cheque or money order

Please make your cheque or money order payable to the 'Department of Education and Training'.

Lodge your application with payment by posting to:

Department of Education and Training
Quality Assessment and Regulation Division
Service Administration and Support Unit
GPO Box 4367 Melbourne Victoria 3001

PART P: 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 P: 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 Q: SIGNING THE FORM



- ▶ **The Regulatory Authority may only accept PDF versions of application and notification forms where:**
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HOW TO SUBMIT THIS FORM

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



- ▶ This is not an application for service approval under the *Education and Care Services National Law Act 2010*. To provide centre-based and family day care services you must apply through the [National Quality Agenda IT \(NQAITS\) System](#) via the [Australian Children's Education and Care Quality Authority \(ACECQA\)](#) website.
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- ▶ **Remember to attach sufficient supporting evidence - without this your application cannot be assessed.**

CONTACT US

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