

AS03 APPLICATION FOR AMENDMENT OF SERVICE APPROVAL

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

Use this form if you are:

- Changing the name of your children's service
- Changing or removing conditions on your service approval
- Increasing or decreasing the maximum number of children that may be educated and cared for at any one time at an occasional care service or limited hours service



▶ The Regulatory Authority will make a decision on your application within **60 days** if your application and all required documents are complete.



▶ **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 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.

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>

PART A: APPLICATION INFORMATION

1. Approved provider details:

Approved provider number: PR-

Provider name:

2. Service approval details:

Service approval number: SE-

Service name:

PART B: TYPE OF APPLICATION

3. Please specify the type of application:

- Change the name of your children's service
- Change or remove conditions on your service approval
- Increase or decrease the maximum number of children that may be educated and cared for at any one time at an occasional care service or limited hours service



- ▶ Please tick the relevant application and provide the information requested. Attach additional pages as necessary.

PART C: CHANGE THE NAME OF YOUR CHILDREN'S SERVICE

4. Change the name of your children's service

No

Yes ▶ Please complete one of the following three options:

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 change of 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 D: CHANGE OR REMOVE CONDITIONS ON YOUR SERVICE APPROVAL

5. Change or remove a condition of your Service Approval:

No

Yes ▶ *Please provide condition details that you wish to amend:*

Condition number (if known): CON-

6. If you answered yes to question 5 (above), please provide details of your requested change:

Remove condition

Amend condition ▶ *Please indicate the reason to remove or amend the condition:*



▶ Providing sufficient reasons and attaching evidence will help make sure your application is processed quickly. For example, if the condition is that the service does not educate and care for children under 36 months old, and the provider is now seeking to have the condition removed, evidence might be provided of the changes to the service environment to accommodate infants.

PART E: INCREASE OR DECREASE THE MAXIMUM NUMBER OF CHILDREN

7. Increase or decrease to the maximum number of children that may be educated and cared for at any one time at your occasional care service or limited hours service:

No

Yes ▶ *Please provide details including reasons for seeking to have the maximum number of children amended:*

Current maximum number of children:

Proposed maximum number of children:



▶ Providing sufficient reasons and attaching evidence will help make sure your application is processed quickly. Evidence might include plans prepared by a building practitioner including a floor plan showing the amount of unencumbered indoor and outdoor space suitable for children has increased. If structural changes have been made to the service, remember to complete form AS10 Notification of change to information about an approved service.



▶ **Please attach sufficient information or documentation to support this application.**

PART F: CONTACT DETAILS

8. 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 G: 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](#).

9. 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'. Lodge your application with payment by posting to:

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

PART H: 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 H: 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.)

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[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 I: 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)