

AS04 NOTIFICATION OF TRANSFER OF SERVICE APPROVAL – OCCASIONAL CARE

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

Use this form if you are:

- An approved provider transferring an occasional care 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. An occasional care service means a children's service that is not 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.

Both the transferring and receiving providers are required to provide written confirmation that the transfer has occurred within **2 days** after the date the transfer takes effect, specifying the date of transfer as prescribed under section 68 of the Act. The regulatory authority will then amend the service approval and provide it to the receiving provider.

When completed by the transferring provider, the receiving approved provider should submit an AP09 Transferring provider declaration (service approval) as part of this AS04 Notification of transfer of service approval - occasional care form.



- ▶ This is not an SA04/05 notification 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 DETAILS

1. Service approval details:

Service approval number: SE-

Service name:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

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 APPROVED PROVIDER DETAILS

3. Transferring approved provider details

Approved provider number: PR-

Provider name:

PART C: RECEIVING APPROVED PROVIDER DETAILS

4. Receiving approved provider details

Approved provider number: PR-

Provider name:

PART D: NEW SERVICE DETAILS

The receiving provider will need to provide details of any proposed changes to the service approval (that is, any proposed changes to the information required to be provided under regulations 22 and 23). Please attach any supporting documentation.

5. Do you intend to change the name of the 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.

6. Will the contact details for the service change?

☐ No

☐ Yes ▶ Please provide the following:

Primary contact person details:

Title:

First name:

Last name:

Phone number:

Mobile number:

Email address:

PART D: NEW SERVICE DETAILS - CONTINUED

Emergency and after-hours details:

Emergency mobile number:

Emergency email address:

After hours number:

7. Will the hours and days of operation of the service change?

☐ No

☐ Yes ► Please provide the hours and days of operation of the 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 D: NEW SERVICE DETAILS - 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 D: NEW SERVICE DETAILS - CONTINUED

8. 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 D: NEW SERVICE DETAILS - CONTINUED

9. 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.*

10. Will the nominated supervisor for the service change?

☐ No

☐ Yes ► *Please complete the following details:*

This person is the approved provider:

☐ Yes

☐ No

Title:

First name:

Middle name:

Last name:

Date of birth:
(DD/MM/YYYY)

Place of birth:

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:

PART D: NEW SERVICE DETAILS - CONTINUED

11. Please attach evidence (such as a signed and dated lease or title) of the receiving approved provider's right to occupy and use the service premises.



▶ Please provide any documentary evidence such as a lease or title for the premises.

12. 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.

13. Please describe any other proposed changes to the service approval and attach any associated documentation:

PART E: CONTACT DETAILS FOR NOTIFICATION

14. Name and contact details for the transferring provider 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.

15. Name and contact details for the receiving provider 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.

PART F: NOMINATED SUPERVISOR CONSENT

16. Approved provider nomination

I, *[insert full name of receiving provider]* nominate *[insert name of Nominated Supervisor]*

to be the Nominated Supervisor for
[insert name of children's service.]

or

[Signature of person making the nomination]

[Digital Signature ID of person making the nomination]

at *[location/address]*:

on the *[date]*:



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

17. Nominated Supervisor consent to nomination

I, *[insert full name of person signing the declaration]* of,

[insert address]

, consent to being the

Nominated Supervisor for
[insert name of children's service]

or

[Signature of person consenting to the nomination]

Digital Signature ID of person consenting to the nomination]

at *[location/address]*:

on the *[date]*:



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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](#).

18. 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 H: TRANSFERRING PROVIDER 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]:



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Note: If necessary, please complete the second declaration over the page.

PART H: TRANSFERRING PROVIDER 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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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 I: RECEIVING PROVIDER DECLARATION

Who may sign

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- Incorporated Association: signed in accordance with the rules of the incorporated association
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- Partnership: a managing partner who is authorised to sign on behalf of the partnership
- Corporation: signed in accordance with the rules of the corporation
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[Signature of person making the declaration]

[Digital Signature ID of person making the declaration]

at *[location/address]*:

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PART I: RECEIVING PROVIDER DECLARATION - CONTINUED

Second signatory (if applicable)

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[insert address] _____, am

_____, and I am
[insert position/title of the applicant (for example, proprietor, director, partner, president)].

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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 J: 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



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CONTACT US

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