# AS08 Application for Service or Temporary Waiver

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

### Use this form if you are:

* applying to the Regulatory Authority for a waiver from a requirement that an approved children's service comply with any prescribed requirements of the Regulations.

|  |  |
| --- | --- |
|  | * Applications will be considered on a case-by-case basis and must include sufficient supporting evidence. * Contact the Regulatory Authority to check if you need a waiver before applying. * The Regulatory Authority will make a decision on your application within **60 days** if your application and all the required documents are complete. |
|  | * Make sure you write in CAPITAL letters with black ink * No correction fluid/tape is allowed * If any changes are made to the form the person signing must initial them * All signatures must be handwritten, not electronic unless you are using the PDF form. |
|  | * **Remember to attach sufficient supporting evidence - 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 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](https://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcs.aspx).

## 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](https://www.education.vic.gov.au/Pages/privacypolicy.aspx).

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 Portable Document Format (PDF) on the internet at <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcs.aspx>

## Part A: Application information

**1. Approved provider details:**

|  |  |  |
| --- | --- | --- |
| Approved provider number: | PR- |  |
|  | | | |
| Approved provider name: |  | | |

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**2. Service details**

|  |  |  |
| --- | --- | --- |
| Service approval number: | SE- |  |
|  | | | |
| Service approval name: |  | | |

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| --- | --- | --- | --- | --- | --- |
| Address line 1: |  | | |  | |
|  |  |  |  |  | |
| Address line 2: |  | | |  | |
|  |  |  |  |  | |
| Suburb/town: |  | | |  | |
|  |  |  |  |  | |
| State/territory: |  | | Postcode: |  |

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## Part B: Type of application

**3. Waiver details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Temporary (not more than 12 months) | | | | |
|  | Service | | | | |
|  | Waiver start date: |  |  | Waiver end date: |  |

*Please specify the regulation(s) in relation to which a waiver is sought:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Division 8 – Physical environment** | | **Division 11 – Staffing arrangements** | |
|  | 73 Fencing |  | 88 Educators who are under 18 to be supervised | |
|  | 76 Space requirements - indoor space |  | 90 Educator to child ratios | |
|  | 77 Space requirements - outdoor space |  | 91 Occasional care services - educator qualifications | |
|  | 79 Ventilation and natural light |  | 92 Limited hours services - educator qualifications | |
|  | 80 Administrative space |  | 93 Occasional care services - early childhood teacher requirements and qualifications | |
|  | 81 Nappy change facilities |  | 95 First aid qualifications  *(temporary waiver only)* | |
|  | 82 Outdoor space - natural environment |  |  | |
|  | 83 Outdoor space - shade |  |  | |
|  | 84 Premises designed to facilitate supervision |  |  | |

## *Part B: Type of application - Continued*

|  |  |
| --- | --- |
|  | * Applications will be considered on a case-by-case basis and must include sufficient supporting evidence. |

**4. Please give reasons why the children’s service cannot comply (or will not comply) with the specified regulation(s):**

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***Examples:***

• the service is required to have two diploma-qualified educators to comply with regulation 91(1)(a), but one diploma-qualified educator has resigned and the approved provider has been unable to recruit a second diploma qualified educator.

• the service does not have sufficient outdoor space to comply with regulation 77(2) and is unable to access or acquire additional outdoor space.

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**5. Please give details and evidence of any attempts made to comply with the specified regulations:**

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***Examples:***

• the service has advertised in the local newspaper and on seek.com, but has not had any suitable applicants

(copies of advertisements attached)

• there is no additional suitable outdoor space available to the service (copy of plans or map of service location

attached).

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***Types of evidence***

For applications for a waiver of qualification requirements, you can attach the following types of evidence to demonstrate your attempts to comply:

– copies of advertisements for qualified staff in mainstream publications, including websites

– if an educator is studying towards an approved qualification, copies of their transcript

– transcripts or parchments for any other qualifications held by an educator that are relevant to children’s education and care

– contact with agencies that offer qualified relief staff

– mentoring between qualified and unqualified educators

– if an educator has a qualification awarded overseas, evidence that they have applied to ACECQA for assessment of equivalence with an approved qualification

– links with other services or local training organisations.

Attaching evidence to support your application will help ensure it is processed quickly by the regulatory authority.

## *Part B: Type of application - Continued*

**6. Please detail the steps being taken (or steps that will be taken) to protect the wellbeing of children being cared for by the service while the waiver is in force:**

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***Examples:***

• the service has employed another approved certificate III level qualified educator (copy of academic transcript attached), and has established a mentoring relationship between the diploma and certificate III qualified

Educators.

• the service will conduct daily excursions (weather permitting) to the nearby park, and will increase elements of the natural environment in the indoor space at the service (map showing location of park, and sample of parents’ authorisation for the regular outing attached).

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**FOR TEMPORARY WAIVER APPLICATIONS ONLY:**

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| --- | --- |
|  | * If you’re not applying for a temporary waiver, skip this question and go to question 8. |

**7. Please state the period for which a temporary waiver is sought (not more than 12 months) and the reasons for seeking that period of time:**

|  |  |
| --- | --- |
| Expected date of commencement: |  |
| Expected date of completion: |  |

*Please state reasons*:

|  |
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***Example:***

• the service is seeking a waiver for three months so it can enrol a certificate III level educator in an approved diploma course (details of course start date attached)

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**8. Please detail the steps that will be taken while the waiver is in force, so the service will comply with the regulations by the time the waiver expires:**

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***Example:***

• the service is supporting an approved certificate III level educator to obtain an approved diploma level qualification, so that it can comply with regulation 91(1)(a) by the time the waiver expires (statement of enrolment attached)

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## *Part B: Type of application - Continued*

**9. Is this emergency building works:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | No |  | |
|  | | Yes | * *Please provide details:* | |
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## Part C: Contact details

**10. 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: fee and payment details

A fee applies when you submit this form. This fee is set under the Regulations. The fee for this application or notification can be found in the Schedule of Fees on the [Children's services regulated under State Law website](https://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcs.aspx).

**11. Payment by credit card**

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

|  |  |
| --- | --- |
| Amount: | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit Card type: |  | Mastercard |  | Visa |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Card expiry date: |  |  | / |  |  | (MM/YY) |

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| Card number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | |

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

|  |  |
| --- | --- |
| Name on card: |  |

|  |
| --- |
|  |
| **[Cardholder Signature]** |

**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

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## Part E: 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).

|  |  |  |
| --- | --- | --- |
|  | | |
| **[Signature of person making the declaration]** | | |
| at *[location/address]*: | | |  | | on [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 E: 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.)*

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A person authorised to sign on the Approved Provider’s behalf.

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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).

|  |  |  |
| --- | --- | --- |
|  | | |
| **[Signature of person making the declaration]** | | |
| at *[location/address]*: | | |  | | on [date]: |  |
|  | | **Providing false or misleading information to the Regulatory Authority is an offence under section 182 of the Act.** | | | | | |

## Part F: SIGNING THE FORM

* Print out the word document, fill it out and sign where required
* Scan the form and email it with all the necessary documents attached
* ***Note*:** You cannot use an electronic signature in the hardcopy form

## 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)

|  |  |
| --- | --- |
|  | * Applications will be considered on a case-by-case basis and must include sufficient supporting evidence. * Contact the Regulatory Authority to check if you need a waiver before applying. * The Regulatory Authority will make a decision on your application within **60 days** if your application and all the required documents are complete. |
|  | * Make sure you write in CAPITAL letters with black ink * No correction fluid/tape is allowed * If any changes are made to the form the person signing must initial them * All signatures must be handwritten, not electronic unless you are using the PDF form. |
|  | * **Remember to attach sufficient supporting evidence - 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)