

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.



- ► 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 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.

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: <u>Privacy Policy</u>.

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.

This document is also available in Microsoft Word format (docx) on the internet

https://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcs.aspx



PART A: APPLICATION INFORMATION

1. A	pproved provider details:		
Approved provider number: PR-			
Approved provider name:			
2. S	ervice details		
Ser	vice approval number: SE-		
Ser	vice approval name:		
Add	dress line 1:		
Add	dress line 2:		
Sub	ourb/town:		
Sta	te/territory:		Postcode:
PAF	RT B: TYPE OF APPLICATION		
3. W	aiver details:		
	Temporary (not more than 12 m	onths)	
	Service		
	Waiver start date:		Waiver end date:
Plea	se specify the regulation(s) in relation to	which	a waiver is sought:
Divis	sion 8 – Physical environment	Divis	sion 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 canno	t comply (or will no	t comply) with
the specified regulation(s):			

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.

5. Please	give details	and evidence	of any atte	empts made	to comply	with the s	specified i	regu-
lations:								

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).

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:
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).
FOR TEMPORARY WAIVER APPLICATIONS ONLY:
▶ 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:
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)
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:

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)



PART B: TYPE OF APPLICATION - CONTINUED

9. Is this emergency building works:				
☐ No				
☐ Yes ▶	Please provide details:			
PART C: CONTA	ACT DETAILS			
10. Name and cont	act details for this notification	ı:		
Title:				
First name:		Last name:		
Phone number	er:	Mobile number:		
Email addres	s:			
Postal address:				
Address line	1:			
Address line	2:			
Suburb/town:				
State/territory	<i>/</i> :	Postcode:		
about author	this form. The contact for this	thority will contact for any questions notification must be an individual who is pproved Provider, and answer questions		



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.

11. Payment by credit card

Ladge very application with payment by partin	•
or payment by cheque or money order	able to the 'Department of Education and Training
[Cardholder Signature]	[Digital Signature ID of Cardholder]
	or
Name on card:	
Credit card CVN* *CVN is the 3 digit security code found on the back of Masterca	ard or Visa credit card.
Card number:	
Card expiry date:	
Credit Card type:	
Amount:	
To pay your fees by credit card, complete the c	details below.

0

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 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, [insert full name of person signing the declaration]	of,
	, am
[insert address]	
	, and I am
[insert position/title of the applicant (for example, proprieto	r, director, partner, president)].
(Please select one option only.)	
☐ The approved provider of the service	e, or
☐ A person authorised to sign on the	Approved Provider's behalf.
Note: the regulatory authority may request e	evidence of this authorisation.
I declare that:	for (in alcoding a constable as a set of the second of the
and correct	for (including any attachments) is true, complete
	e conditions and the associated material contained
in this form	
•	y will have the right (but will not be obliged) to act in
reliance upon the contents of the reques	
4. I have read and understood a provider's	
6. Some of the information provided in this	verify any information provided in this request request may be disclosed to Commonwealth and
to other persons/authorities where author	alties under the Act if I provide false or misleading
information in this form, and	sities diluci the Act ii i provide laise of misleading
· · · · · · · · · · · · · · · · · · ·	serve a notice under the Act using contact details
provided in this notification, including the with section 180 of the Act).	e postal, street or email address (in accordance
or	
[Signature of person making the declaration]	[Digital Signature ID of person making the declaration]
at [location/address]:	on the <i>[date]</i> :
A Providing false or misleading inform	nation to the Regulatory Authority is an offence

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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, [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 <u>one</u> 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.				
declare that: 1. The information provided in this request for (including any attachments) is true, complete and correct				
I have read, understood and agree to the conditions and the associated material contained in this form				
 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).				
, and the second se				
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 F: SIGNING THE FORM



- 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.

HOW TO SUBMIT THIS FORM

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



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



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CONTACT US

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