# AS12 Nominated supervisor consent form

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

**Use this form to:**

## confirm your consent to being appointment Nominated Supervisor of a children’s service.

|  |  |
| --- | --- |
|  | * 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. |
|  | * **Together with this form the Approved Provider must also submit the following document:** * an AS13 Notification of Change to Nominated Supervisor form, or * an AS01 Application for service approval - occasional care, or * an AS02 Application for service approval - limited hours. |

## 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: Declaration Information

**1. Approved provider details:**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Service approval details:**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. 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: | | | |  | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part B: Declaration

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, |  | | | | | | of, | |
|  | *[insert full name of person signing the declaration]* | | |  |
|  | | | | | | , consent to being the | | | |
|  | *[insert address]* | | |  |
| Nominated Supervisor for | |  | | | | | |
|  | | | *[insert name of children’s service]* | | | | | |

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

|  |  |
| --- | --- |
|  | **Providing false or misleading information to the Regulatory Authority is an offence under s.182 of the Act.** |

**Accessibility**

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## Part C: 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)

|  |  |
| --- | --- |
|  | * **Remember to attach all the required documents - without this your application or notification cannot be assessed.** |
|  | * 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. |
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## 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)