

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.



▶ **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.**



▶ **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](#).

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.

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>

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:
(DD/MM/YYYY)

Place of birth:

Phone number:

Mobile number:

Email address:

Date of commencement as Nominated Supervisor:

PART B: DECLARATION

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 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 s.182 of the Act.

PART C: 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



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



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CONTACT US

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