

# AS13 NOTIFICATION OF CHANGE TO NOMINATED SUPERVISOR

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

## Use this form if you are:

- adding a new nominated supervisor
- ceasing, removing or withdrawing a nominated supervisor
- changing names or contact details of nominated supervisor
- suspension or cancellation of a working with children card or teacher registration of a nominated supervisor
- disciplinary proceedings under education law in respect of a nominated supervisor.



- ▶ The Regulatory Authority (Department of Education and Training) must be notified of changes to Nominated Supervisors of a children's service.
- ▶ The approved provider must designate a nominated supervisor for each service they operate, and the nominated supervisor must give their written consent. When adding a new nominated supervisor, this form should be submitted with an *AS12 Nominated supervisor consent* form completed by the Nominated Supervisor.
- ▶ **Remember to attach all the required documents - without this your application or notification cannot be assessed.**



- ▶ **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.**



- ▶ **When appointing a new Nominated Supervisor, the Approved Provider must also submit the following document:**

- an AS12 Nominated Supervisor Consent Form.

## 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: NOTIFICATION INFORMATION

### 1. Provider details

Approved provider number: PR-

Approved provider name:

### 2. Service details

Service approval number: SE-

Service approval name:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

### 3. Please specify type of notification:

- Adding new nominated supervisor
- Ceasing/removing/withdrawing of nominated supervisors
- Change to names or contact details of nominated supervisor
- Suspension or cancellation of a working with children card or teacher registration of a Nominated Supervisor
- Disciplinary proceedings under an education law of a participating jurisdiction in respect of a Nominated Supervisor

### 4. Adding new nominated supervisor

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:



- ▶ Adding the Nominated Supervisor will only be effective after this form is submitted.
- ▶ Please attach an AS12 Nominated supervisor consent form completed by the new Nominated Supervisor.
- ▶ It is an offence to engage a person to whom prohibition notice applies (Section 129 of the Act).

## PART A: NOTIFICATION INFORMATION - CONTINUED

### 5. Ceasing/removing/withdrawing of nominated supervisors

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 cessation as Nominated Supervisor:



- ▶ Removing the Nominated Supervisor will only be effective after this form is submitted.
- ▶ If you are removing the only current nominated supervisor for this service, **please note** it is an offence to operate a service without a nominated supervisor (Section 101 of the Act).

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### 6. Change to names or contact details of nominated supervisor

Current details of Nominated Supervisor:

Title:

First name:  Last name:

New details of Nominated Supervisor:

Title:  First name:

Middle name:  Last name:

Phone number:  Mobile number:

Email address:

Effective date of change:



- ▶ Changes to the details of the Nominated Supervisor will only be effective after this form is submitted.
- ▶ An AS12 Nominated supervisor consent form, completed by the Nominated Supervisor, should be submitted with this form.

## ***PART A: NOTIFICATION INFORMATION - CONTINUED***

### **7. Suspension or cancellation of a working with children card or teacher registration of a Nominated Supervisor**

Nominated Supervisor details

Title:

First name:

Last name:

Effective date of suspension or cancellation:

Additional comments:



▶ Suspension notification documents should accompany this form when submitted.

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### **8. Disciplinary proceedings under an education law of a participating jurisdiction in respect of a Nominated Supervisor**

Nominated Supervisor details:

Title:

First name:

Last name:

Effective date of suspension or cancellation:

Details of the nature of the proceedings, including the date proceedings commenced and the authority undertaking the proceedings:

## ***PART A: NOTIFICATION INFORMATION - CONTINUED***

### **Name and contact details for this notification**

Title:

First name:

Last name:

Phone number:

Mobile number:

Email address:



**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 B: NOTIFIER DECLARATION

### Who may sign

If the provider is:

- an *individual*: the individual applicant/notifier
- a *company*: two directors of the company, or a director and company secretary, or if a sole proprietor, the sole director
- an *incorporated association*: signed in accordance with the rules of the incorporated association
- a *cooperative*: two directors of the cooperative, or a director and one other officer of the cooperative
- a *partnership*: a managing partner who is authorised to sign on behalf of the partnership
- a *corporation*: signed in accordance with the rules of the corporation
- a *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

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

I am (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]:



**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.

6

AS13 (Version 09/2020)

## PART B: NOTIFIER DECLARATION - CONTINUED

### Second notifier (if applicable)

I, \_\_\_\_\_ of,  
*[insert full name of person signing the declaration]*  
 \_\_\_\_\_, am  
*[insert address]*  
 \_\_\_\_\_, and  
*[insert position/title of the applicant (for example, proprietor, director, partner, president)].*

I am (Please select **one** option only.)

- The approved provider of the service, or
- A person authorised to sign on the approved provider's behalf.

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I declare that:

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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]*:



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

## PART C: SIGNING THE FORM



- ▶ **The Regulatory Authority may only accept PDF versions of application and notification forms where:**
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  - the form has been completed, printed, and signatories have signed the form before being scanned for submission.
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## 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)



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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)