

CS03 APPLICATION FOR INTERNAL REVIEW OF REVIEWABLE DECISION

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

Use this form if you are:

- applying to the Regulatory Authority for a review of a decision that falls within the list of reviewable decisions outlined in section 132 of the Act.



- ▶ Decisions listed under section 132 of the Act can be reviewed. An application for internal review of a reviewable decision must be made within **14 days** after the day on which the person is notified or becomes aware of the decision.
- ▶ The regulatory authority will make a decision on your application within **30 days** subject to your application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant.



- ▶ **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: [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 (docx) on the internet at <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcs.aspx>

PART A: APPLICATION INFORMATION

1. Please provide your full name:

Title:

First name:

Middle name:

Last name:

2. Please provide your contact details:

Phone number:

Mobile number:

Email address:

3. Please provide your postal address:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

4. Please specify the decision made by a regulatory authority that you are applying to have reviewed:

- | | |
|--|--|
| <input type="checkbox"/> Refuse to grant a Provider Approval | <input type="checkbox"/> Impose condition on a Provider Approval |
| <input type="checkbox"/> Refuse to grant a Service Approval | <input type="checkbox"/> Impose condition on a Service Approval |
| <input type="checkbox"/> Amendment of a Provider Approval | <input type="checkbox"/> Suspension of a Provider Approval under s28 |
| <input type="checkbox"/> Refuse to amend a Provider Approval | <input type="checkbox"/> Suspension of a Service Approval under s73 |
| <input type="checkbox"/> Amendment of a Service Approval | <input type="checkbox"/> Refuse to consent to the transfer of a Service Approval |
| <input type="checkbox"/> Refuse to amend a Service Approval | <input type="checkbox"/> Issue of a compliance direction |
| <input type="checkbox"/> Revoke a Service Waiver | <input type="checkbox"/> Issue of a compliance notification |
-

PART B: PROVIDER DETAILS



▶ Complete this section if you are applying for an internal review decision related to the Provider.

5. Approved provider details:

Approved provider number: PR-

Provider name:

6. Please provide the full name of the person to whom the provider approval was granted/refused:

Title:

First name:

Middle name:

Last name:

7. Please state the details of the decision or part of the decision you are seeking to be reviewed:

8. Please describe how the decision affects the applicant:

9. Please state the grounds for seeking a review of the decision:



▶ Please attach any supporting documentation including any information that the applicant considers relevant to the review.

PART C: SERVICE DETAILS



▶ Complete this section if you are applying an internal review decision related to the service.

10. Service approval details:

Service approval number: SE- Service name:

11. Please provide the address of the children's service:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

12. Please provide the full name of the person to whom the service approval was granted/refused:

Title:

First name:

Middle name:

Last name:

13. Please state the details of the decision or part of the decision you are seeking to be reviewed:

14. Please describe how the decision affects the applicant:

15. Please state the grounds for seeking a review of the decision:



- ▶ **Please attach any supporting documentation including any information that the applicant considers relevant to the review.**

PART D: 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]

[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).

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.

PART D: DECLARATION - CONTINUED

Second signatory (if applicable)

I, _____ of,
[insert full name of person signing the declaration]

[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).

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 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



- ▶ Decisions listed under section 132 of the Act can be reviewed. An application for internal review of a reviewable decision must be made within **14 days** after the day on which the person is notified or becomes aware of the decision.
- ▶ The regulatory authority will make a decision on your application within **30 days** subject to your application being deemed complete. This timeframe may be extended if further information is requested or with the agreement of the applicant.



- ▶ **Remember to attach sufficient supporting evidence - without this your application cannot be assessed.**

CONTACT US

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