

# AS10 NOTIFICATION OF CHANGE TO INFORMATION ABOUT AN APPROVED CHILDREN'S SERVICE

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

## Use this form if you need to notify:

- a change to the hours and days of operation of your service
- a change to your service's contact details
- any proposed changes to your service's premises
- if the service has not commenced operation within 6 months of a grant of Service Approval
- a change to transportation provided by Service



▶ You must notify the Regulatory Authority (Department of Education and Training) **within 14 days** of any of these changes listed above.

▶ **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.**

## 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.

### 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: PROVIDER DETAILS

### 1. Approved provider details:

Approved provider number: PR-                      Provider name:

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## PART B: APPROVED SERVICE DETAILS

### 2. Service approval details:

Service approval number: SE-                      Service name:

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## PART C: TYPE OF NOTIFICATION

Please select the relevant notification and provide the information requested. Attach additional pages as necessary, clearly labelled.

### 3. Please specify the type of notification:

- A change to the hours and days of operation of your service
- A change to your service's contact details
- Any proposed changes to service's premises
- Service has not commenced operation within 6 months of a grant of Service Approval
- Change to transportation provided by Service
- Other, please provide details below:



**Approved providers must notify the regulatory authority of any change that could impact on the health, safety, and wellbeing of children attending the service.**

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**PART C: TYPE OF NOTIFICATION - CONTINUED**

**4. Is there a change to the hours and days of operation of your service?**

No

Yes ▶ *Please provide new operational hours and days:*



Hours of operation refers to when the service is open for business. Please select the operational period type and enter the proposed hours and days of operation applicable to the service.

- Please use 24-hour time format (e.g. 17:00, and not 5:00 pm).
- If the service will be closed on a particular day, please leave start and end times blank.
- If the service runs 24 hours, please just tick the checkbox under 24-hour care.

**Annual**

General operating hours that are not specifically related to 'Holiday Care' and 'School Terms'.

	Start time	End time	24 Hour Care
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>

**Holiday Care – if applicable**

Operating hours during school holidays including public holidays.

	Start time	End time	24 Hour Care
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>

## PART C: TYPE OF NOTIFICATION - CONTINUED

School Terms Only – if applicable Operating hours when schools are open.					
Session 1			Session 2		
	Start time	End time		Start time	End time
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Sunday			Sunday		

### 5. Change to the contact details for the service

No

Yes ► *Please provide name and contact details:*

Title:

First name:

Last name:

Phone number:

Mobile number:

Email address:

After hours emergency phone number:  
(Required in case of an emergency)

#### Postal address:

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

## PART C: TYPE OF NOTIFICATION - CONTINUED

Please tick the relevant notification and provide the information requested. Attach additional pages as necessary. (continued)

### 6. Proposed changes to the service's premises:

No

Yes ▶ *Please describe the change:*

- Expected date of commencement
- Expected date of completion
- Details of proposed changes to the service premises
- Details of any likely impact on the operation of the service



**Approved providers must notify the regulatory authority of any change that could impact on the health, safety, and wellbeing of children attending the service.**

### 7. Service has not commenced operation within six months of grant of service approval (or within timeframe agreed with regulatory authority):

No

Yes ▶ *Please describe the change:*

- Details of the reason for failing to commence operating the service, and if intending to operate the service, the date on which the service will commence operating
- Details of the reason for failing to commence operating the service, and if intending to operate the service, the date on which the service will commence operating



Service approval is granted subject to the condition that the service commence ongoing operation within six months of the grant of service approval (or within another timeframe agreed by the regulatory authority) under section 50(2) of the Act. The Regulatory Authority may cancel a service approval if the approved provider fails to comply with the condition to commence operation of the service within six months.

## **PART C: TYPE OF NOTIFICATION - CONTINUED**

Please tick the relevant notification and provide the information requested. Attach additional pages as necessary. (continued)

### **8. Change to transportation provided by Service**

No

Yes ▶ *Please describe the change:*

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## **PART D: CONTACT DETAILS**

### **9. Name and contact details for this notification:**

Title:

First name:

Last name:

Phone number:

Mobile number:

Email address:

#### **Postal address:**

Address line 1:

Address line 2:

Suburb/town:

State/territory:

Postcode:



**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.**

## 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, \_\_\_\_\_ 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.

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## PART E: 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.

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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.
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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)



- ▶ You must notify the Regulatory Authority (Department of Education and Training) **within 14 days** of any of these changes listed above.
- ▶ **Remember to attach all the required documents - without this your application or notification cannot be assessed.**

## 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)