

# AS11 APPLICATION FOR EXTENSION OF TEMPORARY WAIVER

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

## Use this form if you are:

- applying to the Regulatory Authority (the Department of Education and Training) for an extension of a temporary waiver from a requirement that an approved children's service comply with any prescribed requirements of the Regulations.



### Under Section 96 of the Act:

- ▶ The regulatory authority will make a decision on your application within **60 days** subject to your application being deemed complete. Contact the regulatory authority to check if you need a waiver before applying.
- ▶ If a temporary waiver is granted, the regulatory authority may place any conditions on the temporary waiver, including any condition limiting the use of the temporary waiver.
- ▶ The regulatory authority may at any time remove, add to or vary any conditions placed on a temporary waiver.



### 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 B: TYPE OF APPLICATION - CONTINUED**

### **5. Please provide the reason(s) that the children’s service seeks an extension:**

**Examples:**

- the service is required to have two diploma-qualified educators to comply with regulation 91(1)(a), but one diploma-qualified educator has resigned and the approved provider has been unable to recruit a second diploma qualified educator.
- the service does not have sufficient outdoor space to comply with regulation 77(2) and is unable to access or acquire additional outdoor space.

### **6. Please give details and evidence of any attempts made to comply with the specified regulations:**

**Examples:**

- the service has advertised in the local newspaper and on seek.com, but has not had any suitable applicants (copies of advertisements attached)
- there is no additional suitable outdoor space available to the service (copy of plans or map of service location attached).

**Types of evidence**

For applications for a waiver of qualification requirements, you can attach the following types of evidence to demonstrate your attempts to comply:

- copies of advertisements for qualified staff in mainstream publications, including websites
- if an educator is studying towards an approved qualification, copies of their transcript
- transcripts or parchments for any other qualifications held by an educator that are relevant to children’s education and care
- contact with agencies that offer qualified relief staff
- mentoring between qualified and unqualified educators
- if an educator has a qualification awarded overseas, evidence that they have applied to ACECQA for assessment of equivalence with an approved qualification
- links with other services or local training organisations.

Attaching evidence to support your application will help ensure it is processed quickly by the regulatory authority.

## **PART B: TYPE OF APPLICATION - CONTINUED**

**7. Please detail the steps being taken (or steps that will be taken) to protect the wellbeing of children being cared for by the service while the waiver is in force:**

**Examples:**

- the service has employed another approved certificate III level qualified educator (copy of academic transcript attached), and has established a mentoring relationship between the diploma and certificate III qualified Educators.
- the service will conduct daily excursions (weather permitting) to the nearby park, and will increase elements of the natural environment in the indoor space at the service (map showing location of park, and sample of parents' authorisation for the regular outing attached).



▶ Applications will be considered on a case-by-case basis and must include sufficient supporting evidence.

## **PART C: CONTACT DETAILS**

**8. 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 D: FEE AND PAYMENT DETAILS

A fee applies when you submit this form. This fee is set under the Regulations. The fee for this application or notification can be found in the Schedule of Fees on the [Children's services regulated under State Law website](#).

### 9. Payment by credit card

To pay your fees by credit card, complete the details below.

Amount:

Credit Card type:

Card expiry date:

Card number:

Credit card CVN\*

*\*CVN is the 3 digit security code found on the back of Mastercard or Visa credit card.*

Name on card:

or

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[Cardholder Signature]

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[Digital Signature ID of Cardholder]

### or payment by cheque or money order

Please make your cheque or money order payable to the 'Department of Education and Training'.

Lodge your application with payment by posting to:

Department of Education and Training  
Quality Assessment and Regulation Division  
Service Administration and Support Unit  
GPO Box 4367 Melbourne Victoria 3001

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## 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.

## 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.)

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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



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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)



### **Under Section 96 of the Act:**

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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)