

## Residual Early Childhood Services

# NOTIFICATION FORM

## Voluntary Surrender of Approval

- ☐ Voluntary surrender of **provider approval** (National Law s38)
- ☐ Voluntary surrender of **service approval** (National Law s86)
- ☐ Voluntary surrender of **supervisor certificate** (National Law s130)

Before submitting this form, you must ensure you are familiar with the requirements and obligations set out under the Education and Care Services National Law (South Australia) as it applies to residual early childhood services and the Education and Early Childhood Services (Registration and Standards) Regulations 2011.

If you require further information or are unsure about the information required in this notification, it is important that you visit the website <http://www.eecrsb.sa.gov.au/> or contact the Education and Early Childhood Services Registration and Standards Board for clarification.

You must ensure that the information you provide in this form is complete and correct. The provision of false or misleading information to the regulatory authority is an offence under the National Law.

### Part A: Contact Details

Approved provider name

Approved provider number

Service trading name

Service approval number

Certified supervisor name

Certified supervisor number

**Name and contact details for this form**

Title:

First name:

Last name:

Position:

Mobile number:

Phone number:

Email:

**Postal address**

Address line1:

Address line 2:

Suburb/town:

State/territory:

Postcode:

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**Part B: Service Type**

☐ In-Home Care

☐ Occasional Care

☐ Mobile Care

☐ Individual Family Day Care (Not Part of a Scheme)

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### Part C: Notification of Voluntary Surrender

☐ Voluntary surrender of **provider approval** (National Law s38)

**Note:** Where a Provider Approval is surrendered, the Approval is cancelled on the date specified in the notification. Any Service Approval held by the Provider is also taken to be surrendered. A cancelled Service Approval cannot be transferred to another Approved Provider.

Date of the surrender

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DD/MM/YYYY

**Note:** Under the Law, you are obliged to notify the parents of children enrolled at the education and care services you operate at least 14 days *before the surrender is intended to take effect*.

**Have parents of the children enrolled at the services operated by the Approved Provider been notified of the intention to surrender at least 14 days before the surrender is intended to take effect?**

Yes ☐ Please attach evidence of the notice provided to parents

No ☐

**Please state the reasons for surrendering your provider approval and how services will be affected.**

[illegible]

☐ Voluntary surrender of **service approval** (National Law s86)

**Note:** An Approved Provider may surrender their Service Approval. If the Service Approval is surrendered, the Approval is cancelled on the date specified in the notification. Please note that this date must be after this notice is given to the regulatory authority and after the period of notice required for notifying parents.

Date of the surrender

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DD/MM/YYYY

DD/MM/YYYY

**Note:** Under the Law, you are obliged to notify the parents of children enrolled at the education and care services you operate at least 14 days *before the surrender is intended to take effect*.

**Have parents of the children enrolled at the services operated by the Approved Provider been notified of the intention to surrender at least 14 days before the surrender is intended to take effect?**

Yes ☐ Please attach evidence of the notice provided to parents

No ☐

**Please state the reasons for surrendering your service approval and how services will be affected.**

[illegible]

☐ Voluntary surrender of **supervisor certificate** (National Law s130)

**Note:** A certified supervisor may surrender their supervisor certificate to the regulatory authority. On surrender of the supervisor certificate, the certificate is cancelled.

Date of the surrender 




 DD/MM/YYYY

**Please state the reasons for surrendering your supervisor certificate.**

[illegible]

## Part D: Declaration

### Who may sign?

- Individuals: the individual applicant/notifier
- Company: two directors of the company, or a director and company secretary
- Sole Proprietor: the sole director
- Incorporated association: the public officer and one other member of the management committee
- 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, \_\_\_\_\_ [insert full name of person signing the declaration]  
of \_\_\_\_\_ [insert address],  
am \_\_\_\_\_ [insert position/title (e.g. proprietor, director, partner, etc)].

and I am

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

► **Note:** please tick one box only

I declare that:

1. The information provided in this form (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 has the right (but is not obliged) to act in reliance upon the contents of this form, including its attachments
4. I have read and understood a provider's legal obligations under the Education and Care Services National Law
5. The regulatory authority is authorised to verify any information provided in this form
6. Some of the information provided in this form may be disclosed to the Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation, and
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration: \_\_\_\_\_

Signed at: \_\_\_\_\_ [address] on the \_\_\_\_\_ [date]

Please submit this form along with any required documentation to the regulatory authority.

Education and Early Childhood Services Registration  
and Standards Board of South Australia  
GPO Box 1811  
ADELAIDE SA 5001

**Enquiries to:**

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