



Declaration of fitness and propriety

(s10, 12 & 13 of the Education and Care Services National Law Act 2010)

Part A: Provider information

1. Please complete the following:

Details

Title: First name:

Last name: Mobile number:

Phone number: Fax number:

Email:

Date of birth: DD/MM/YYYY Place of birth:

Residential address

Address line 1:

Address line 2:

Suburb/Town:

State/Territory: Postcode:

Postal address

As above

Address line 1:

Address line 2:

Suburb/Town:

State/Territory: Postcode:

2. Please provide details of any former names or other names you may be known by:

Please attach evidence of change of name, such as a copy of a marriage certificate.

3. Please attach a copy of one of the following as evidence of your identity:

- a. a current passport, or
- b. a current driver's licence, or
- c. a current proof of age card

The regulatory authority may request additional types of identification



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Part A: Provider information - continued

4. In the previous three years have you held any role with an education and care service or a children's service in any jurisdiction?

Yes ► **Please provide details of all roles in the table below and attach paper with further entries if required:**

Name of the service	Service location (State/Territory)	The nature of your role

No

5. Please select your state or territory from the table below and fill in/attach the required evidence:

Australian Capital Territory	<input type="checkbox"/> A copy of your current working with vulnerable people check or card
New South Wales	<input type="checkbox"/> A copy of your current working with children check OR <input type="checkbox"/> Fill in your working with children check clearance number [_____] AND <input type="checkbox"/> A copy of your criminal history record check issued not more than six months before the date of this declaration
Queensland	<input type="checkbox"/> A copy of your current working with children check or card
Tasmania	<input type="checkbox"/> A copy of your current working with vulnerable people registration card OR <input type="checkbox"/> Fill in your working with vulnerable people registration number [_____] AND <input type="checkbox"/> A copy of your criminal history record check issued not more than six months before the date of this declaration
Northern Territory South Australia Victoria Western Australia	<input type="checkbox"/> A copy of your current working with children check or card OR <input type="checkbox"/> Evidence of current teacher registration AND <input type="checkbox"/> A copy of your criminal history record check issued not more than six months before the date of this declaration



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Part A: Provider information - continued

6. If you have provided a criminal history record check, have you been convicted in Australia of any offences, relevant to a person seeking to work with children in the period from the date this check was issued to the date of this declaration?

Yes ▶ Please provide details including the date and type of conviction:

No Not applicable

7. Have you lived and worked outside Australia any time within the previous three years?

Yes ▶ Please provide a statement about whether you have been convicted outside Australia of any offences relevant to working with children (write N/A if none)

No

8. Have you ever been subject to a formal disciplinary proceeding or action under an education law of any Australian state or territory?

Yes ▶ Please provide details including the date and type of action or proceeding and the outcome:

No

9. For all applicants (except in WA) Have you ever had any of the following actions taken against you under the A New Tax System (Family Assistance) (Administration) Act 1999 of the Commonwealth in relation to a child care service:

- Any sanction imposed under Section 200 of that Act
- Any suspension imposed under Section 201A of that Act
- Any infringement notice given under Section 219TSI of that Act

Yes – Please provide details including the date and type of action and the outcome:

No

A new tax system (family assistance) (administration) act 1999



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10. Do you have the management capability to operate an education and care service in accordance with this Law?

Yes – please **attach** evidence of your management capability :

- Resume *Please circle the type of evidence you have **attached** to demonstrate how you meet this requirement.*
- Written reference
- Qualification

No

11. Have you ever been the subject of any proceeding in bankruptcy?

Yes ► **Please provide details, including:**

- a. Whether any actions have been taken against you under Part IV of the *Bankruptcy Act 1966* of the Commonwealth; and
- b. whether you have made any debt agreement under Part IX of the *Bankruptcy Act 1966* of the Commonwealth; and
- c. whether you have made any personal insolvency agreement under Part X of the *Bankruptcy Act 1966* of the Commonwealth.

No



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Part B: Declaration

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

and I am

- An individual applying to be the approved provider of the service, **or**
- An individual to have management or control of a service (operated by a non-individual) **or**
- Other - a person making a declaration of fitness and propriety on the request of the regulatory authority.

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 and/or ACECQA have the right (but are 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, including identifying information with the Issuer or Official Record Holder
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
7. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided, and
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Signature of person making the declaration: _____

Signed at: _____ on the _____



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Submitting this form

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

The contact details for each regulatory authority are available on the ACECQA website.

Please go to www.acecqa.gov.au/contact-your-regulatory-authority