



**Provider approval number: PR-**  
*(Office Use Only)*

## Use this form to...

Notify the regulatory authority that an approved service is being transferred to another approved provider.

## Submitting this form

This form should only be completed as part of a service transfer notification being submitted online using the NQA ITS (<http://acecqa.gov.au/national-quality-agenda-it-system>).

When completed by the transferring provider, the receiving approved provider should submit this as part of the Notification of transfer of service approval form.

## Notification requirements

An approved provider may transfer the service approval to another approved provider with the consent of the regulatory authority of the state or territory in which the service is located. The transfer of service approval includes the transfer of the service approval for any associated children's service.

The transferring approved provider and the receiving approved provider must provide to the regulatory authority joint written notice of the intention to transfer the service approval at least 42 days before the proposed date of the transfer (unless there are exceptional circumstances and a shorter timeframe is agreed to by the regulatory authority).

The regulatory authority may intervene in the transfer and may refuse to consent to the transfer. If the regulatory authority decides to intervene, the transferring and receiving approved providers will receive written notice at least 28 days before the proposed transfer date. The regulatory authority is taken to consent to the transfer if the providers have not been notified that it intends to intervene.

<b>Office use only:</b>	<b>Approved</b>	<b>Not Approved</b>	<b>Date:</b>
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*In Confidence, When Completed*



## Part A: Service details

1. Service approval number:

2. Service legal entity name:

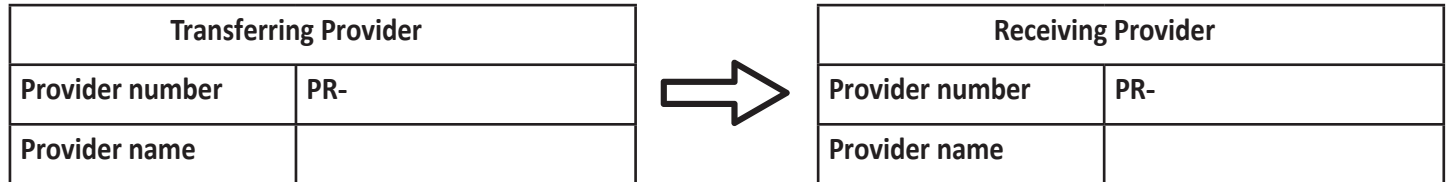
3. Service trading name:

4. Please specify the date on which the transfer is intended to take effect: (DD/MM/YYYY)

► **Note:** The regulatory authority must be notified at least 42 days before the transfer, unless there are exceptional circumstances and the regulatory authority has agreed to a shorter timeframe.

## Part B: Transferring and receiving approved provider details

5.



## Part C: Contact details of transferring provider for application

6. Name and contact details for the transferring provider for this application:

Details

► **Note:** This is the person the regulatory authority will contact with any questions about this form.

Title:  First name:

Last name:  Mobile number:

Phone number:

Email:



## Part D: Transferring provider 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: 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 of applicant (for example, proprietor, director, partner, president)].

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 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
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: \_\_\_\_\_ on the \_\_\_\_\_

► **Note:** If necessary, please complete the second declaration over the page.



Second signatory (if required)

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

I declare that:

1. the information provided in this form is true, complete and correct
2. I have read, understood and agree to the conditions and the associated material contained in this form
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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: \_\_\_\_\_ on the \_\_\_\_\_