



# Outside School Hours Care Service

Confidential when completed

**This form is to be completed by a person or organisation who is seeking to have an Outside School Hours Care (OSHC) service approved under the family assistance law for Child Care Benefit purposes.**


Applicants should note that it is a condition of approval that services comply with the eligibility rules (set out in the *Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000*), the family assistance law and Commonwealth, State or Territory child care laws.

Family assistance law relevant to Child Care Benefit consists of the following, as amended from time to time:

- *A New Tax System (Family Assistance) Act 1999*
- *A New Tax System (Family Assistance) (Administration) Act 1999*
- schedule 6 to the *A New Tax System (Family Assistance and Related Measures) Act 2000*
- any instrument (including regulations) made under the *A New Tax System (Family Assistance) Act 1999* or the *A New Tax System (Family Assistance) (Administration) Act 1999*.

Legislation can be found at: [www.deewr.gov.au/EarlyChildhood/Programs/ChildCareforServices/Operation](http://www.deewr.gov.au/EarlyChildhood/Programs/ChildCareforServices/Operation)

## Important

- The giving of false or misleading information is a serious offence.
-  A paper clip symbol indicates that documentation is required to support your application.
- Your application will not be processed unless all necessary questions are satisfactorily completed and all requested supporting documents are attached.
- Please write clearly in BLOCK LETTERS and use a black pen. Do not use correction fluid. The signatory should initial any corrections to this form.

## Completed forms should be returned to:

Program Manager  
Child Care Benefit Approvals Team  
Department of Education, Employment and Workplace Relations  
GPO Box 9880  
**In your capital city**  
(ACT applications should be returned to the NSW office)

If you have any questions about this form, please contact the Child Care Benefit Approvals Team.

## General number — 1300 363 079

(For the cost of a local call unless calling from a mobile phone)

This number is Australia wide. Callers must identify which state or territory office they wish to speak with.

### Office use only

Approved

Service ID number

Date stamp

Not approved

Organisation number

# Child Care Benefit – Identification of service operator

## Who can apply to have a service approved?

Section 194 of the *A New Tax System (Family Assistance) (Administration) Act 1999* (the Act) provides that only a person who 'operates, or proposes to operate', a child care service can apply to have a service approved for Child Care Benefit (CCB) purposes.

Generally the operator will play a significant role in the actions of the service that ensure it complies with its obligations under the family assistance law (whether in a 'hands on' or supervisory role). The operator is legally responsible for all obligations under the family assistance law attaching to the particular type of approved child care service.

A person, whether owner of the service or not, who applies to have a child care service approved, upon approval by the Secretary, becomes the operator of the CCB approved service.

The operator may contract any or all of its functions or activities to another but that does not affect the operator's obligations under the family assistance law. The obligations continue for as long as the service continues to be approved and some obligations will continue after the service has ceased to operate and approval has been cancelled.

A payment made under the family assistance law to the service is generally paid to the operator of the service. The operator is legally responsible to use the payment made under the family assistance law to the service for the purpose for which it was made. In some circumstances, the operator may authorise the department to make the payment to another person's bank account (this must be done in writing). Such authorisation does not have the effect of transferring ultimate responsibility for the proper use of the monies.

## Suitability of an applicant to operate a child care service

One of the key requirements for approval of a service for CCB purposes is that the applicant is a suitable person to operate the service. The Secretary assesses an applicant's suitability against a number of criteria, which are set out in the *Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000*.

The information an applicant provides in this application form is intended to assist the Secretary determine the applicant's suitability (as well as meeting other eligibility requirements). However, the Secretary can ask an applicant for additional information that is required to properly assess the application.

In assessing the suitability of an applicant to operate a service, the Secretary can have regard to the suitability of former, current and proposed key personnel of the applicant, as well as the suitability of other people and organisations that are connected to the applicant or its key personnel, and that might have an impact on the way the applicant operates the service.

## Key personnel and approval for CCB purposes

A person is considered to be key personnel of an applicant for approval of a child care service if the person is:

1. an officer (within the meaning given by section 9 of the *Corporations Act 2001*) of the applicant or operator

2. a member of the group of people that is responsible for the executive decisions of the applicant or operator
3. any other person who is concerned in, or takes part in, the management of the applicant or operator, and
4. any person who, under an arrangement with the applicant or operator, manages or supervises the child care service.

**Note:** *Officer* of a corporation means:

- (a) a director or secretary of the corporation; or
- (b) a person:
  - (i) who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business of the corporation; or
  - (ii) who has the capacity to affect significantly the corporation's financial standing; or
  - (iii) in accordance with whose instructions or wishes the directors of the corporation are accustomed to act (excluding advice given by the person in the proper performance of functions attaching to the person's professional capacity or their business relationship with the directors or the corporation); or
- (c) a receiver, or receiver and manager, of the property of the corporation; or
- (d) an administrator of the corporation; or
- (e) an administrator of a deed of company arrangement executed by the corporation; or
- (f) a liquidator of the corporation; or
- (g) a trustee or other person administering a compromise or arrangement made between the corporation and someone else.

*Officer* of an entity that is neither an individual nor a corporation means:

- (a) a partner in the partnership if the entity is a partnership; or
- (b) an office holder of the unincorporated association if the entity is an unincorporated association; or
- (c) a person:
  - (i) who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business of the entity; or
  - (ii) who has the capacity to affect significantly the entity's financial standing.

Key personnel are usually individuals, but can also be organisations. The suitability of the applicant's key personnel to operate the service is critical to the suitability of the applicant to operate the service, and hence for the service to be approved.

In determining the suitability of the applicant to operate an approved child care service for CCB purposes, the Secretary may consider matters in relation to:

- any of the applicant's previous, current or proposed key personnel; and
- any person connected with the applicant, who affects, or is likely to affect, the operation of the service by the applicant; and
- any person connected with any of the applicant's previous, current or proposed key personnel, who affects, or is likely to affect, the operation of the service by the applicant.

## Operator's obligations under the family assistance law

The operator will have final responsibility for the following matters:

- passing on the amount of Child Care Benefit and Child Care Rebate as calculated by the Family Assistance Office
- assisting the department recover any debts of the service/operator under the family assistance law
- maintaining the records required by the family assistance law
- ensuring that the staff of the child care service are 'suitable people' to provide child care
- ensuring that the service is insured in accordance with the obligations under the family assistance law
- ensuring that the service is open for the required number of hours, days and weeks each year
- ensuring that the service complies with the relevant privacy and confidentiality obligations in relation to the service.

In addition, the operator is responsible for all other obligations under the family assistance law.

## What are the potential liabilities of the operator of the approved child care service?

If the operator fails to ensure that the service is complying with any relevant legal obligations, the operator may be liable:

- for fines and other penalties if the service does not notify the Commonwealth of changes to its circumstances as required
- for fines and other penalties if the service defrauds the Commonwealth
- for fines and other penalties if the service does not comply with its general responsibilities (as outlined under the heading *Operator's obligations under family assistance law* above)
- to repay the payment made to the service to reduce child care fees, if the money was not used for this purpose
- to account for any other debts to the Commonwealth incurred by the service.

### Please complete the following details

*I have read and understood the information on pages 1, 2 and 3 of this form, and confirm that in relation to:*

Name of child care service


*the following person/organisation is the operator or proposed operator:*

Full legal name of applicant


### Applicant representative(s)

These persons will have permission to perform a range of interactions with the department including notifying the department of the cessation of operations and other changes such as bank account details, email addresses, etc. Applicant representatives have the express authority to query CCB entitlement protected under family assistance law on behalf of families.

This form should be properly signed by having the person(s) with authority to bind the applicant sign it in accordance with the rules of the applicant and the relevant law.

Please list first the applicant representative who will also be the contact person for the department to advise of any additional information that is required in order for the application to be considered.

Signature of applicant

Date

 /  / 

Title

Mr

Mrs

Miss

Ms

Other

Family name

Given name(s)

Date of birth

 /  / 

Position in organisation

Telephone number

 ( ) 

Mobile

Fax number

 ( ) 

Email address

Signature of applicant

Date

 /  / 

Title

Mr

Mrs

Miss

Ms

Other

Family name

Given name(s)

Date of birth

 /  / 

Position in organisation

(To be completed by the operator of the service or the person who proposes to operate a service)

**1. Full legal name of applicant**

The name can be the organisation name or your name if a sole proprietor.

This may not be the same name as the name of your child care service.

**2. Trading name (if applicable)**

**Note:** If the applicant is trading under a name that is different to the name of the applicant, the applicant is trading under a business name. An example of an applicant trading under a business name would be Joan Smith trading as Mickey's Child Care.

Please attach a copy of the **Certificate of registration of a business name**.  
**Note:** If the *Certificate of registration of a business name* does not contain the applicant's name, also attach a copy of the **Business Name Extract**.

**3. Applicant's Australian Business Number (ABN)**

If applicable, enter the ABN branch number

**4. Is the applicant registered for GST?**

No   
 Yes

**5. Does the applicant give the department the authority to issue a Recipient Created Tax Invoice (RCTI)?**

No   
 Yes  Email address OR fax number to issue an RCTI

**Note:** The Australian Government may issue an RCTI for any Taxable Supplies if the applicant agrees to this.

**6. Is the applicant regarded by the Australian Tax Office as a not for profit organisation?**

No   
 Yes

**7. Is the applicant a charitable organisation?**

No   
 Yes

**Note:** A charity is an entity established for altruistic purposes that the law regards as charitable.

**8. Applicant type**

Please  appropriate box.


Please attach copies of documentation to verify your organisation type (e.g. company extract, rules of association).

- Incorporated body
- Indigenous organisation
- Individual/Sole proprietor
- Partnership
- Private company
- Public company
- Registered co-operative
- Unincorporated body
- Australian Government
- State/Territory Government  Department/Authority/Institute
- Local Government
- Organisation established through a specific piece of Commonwealth or State/Territory legislation

9. Is the applicant a trustee?

No

Yes

 Please attach a copy of the **Trust Deed**

10. Is the applicant an educational institution?

No

Yes

11. Principal business address of applicant

**Note:** Please provide both the number and the street of the address.

Building

Number and street

Town/Suburb

State

Number		Street	
		Postcode	

12. Postal address of applicant

Same as above

Town/Suburb

State

		Postcode	

13. Does the applicant have any officers (within the meaning given by section 9 of the *Corporations Act 2001*) or any other person(s) who are concerned in or take part in the management of the applicant?

No

Yes

Give details

**Note:** Please refer to full definition of key personnel at page 2.

Title

Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Date of birth

Position

Title

Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Date of birth

Position

Title

Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Date of birth

Position

Title

Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Date of birth

Position


*If insufficient space, please provide details on a separate sheet*

14. Will the applicant be engaging another external organisation or individual to undertake the day to day administration/management of the service?

No  Go to QUESTION 15

Yes  Full name of organisation/company (if applicable)


Please provide details of the individual or manager/contact person in the management organisation.

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	<input style="width: 80px;" type="text"/>
Family name	<input style="width: 100%;" type="text"/>	
Given name(s)	<input style="width: 100%;" type="text"/>	
Position	<input style="width: 100%;" type="text"/>	
Daytime phone number	<input style="width: 100%;" type="text"/>	
Fax number	<input style="width: 100%;" type="text"/>	
Email address	<input style="width: 100%;" type="text"/>	
<b>Signature of individual or manager/contact person in the management organisation</b>		

**Note:** The balance of this question is only applicable where an applicant engages a management organisation.

Does the management organisation manage another child care service? No  Yes

**Business address of management organisation**

Building	<input style="width: 100%;" type="text"/>		
Number and street	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Town/Suburb	<input style="width: 100%;" type="text"/>		
State	<input style="width: 100%;" type="text"/>	Postcode	<input style="width: 100%;" type="text"/>

**Postal address of management organisation**

Same as above

Town/Suburb	<input style="width: 100%;" type="text"/>		
State	<input style="width: 100%;" type="text"/>	Postcode	<input style="width: 100%;" type="text"/>

**What type of entity is the management organisation?**

Incorporated body   
 Indigenous organisation   
 Partnership   
 Private company   
 Public company   
 Registered co-operative   
 Unincorporated body   
 Organisation established through a specific piece of Commonwealth or State/Territory legislation

Does the management organisation have an ABN? No  Yes

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If applicable, enter the ABN branch number

15. Suitability of applicant

The applicant and the applicant's key personnel must be suitable people to operate a child care service. Please refer to the family assistance law and the eligibility rules.

For the suitability questions, please answer in respect of the person who is seeking approval as well as those who satisfy the definition of key personnel as detailed at page 2 of this form.

(a) Does the applicant and/or the applicant's key personnel currently operate a child care service(s), or have they previously had an interest in, or operated a child care service(s) in the past 5 years?

No

Yes  Please provide details

Title Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Date of birth

Position

**Association with other service**

Name of service

Role in relation to service

Period of operation From  To

*If insufficient space, please provide details on a separate sheet*

(b) Has the applicant and/or the applicant's key personnel been subject to administration, receivership, liquidation, bankruptcy or debt recovery proceedings at any time in the past 5 years?

No

Yes

Title Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Date of birth

Position

What was the nature of those proceedings and their outcome?

*If insufficient space, please provide details on a separate sheet*

(c) Does the applicant and/or the applicant's key personnel, have against them:

No

Yes

- any criminal charges pending before a court
- any convictions or findings of guilt for an offence?

Title Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Date of birth

Position

Please attach details

*If insufficient space, please provide details on a separate sheet*

**16. Authorised person(s)**

Please provide details of a person(s) in the applicant’s organisation authorised to notify the department of any change to information contained within this application form.

**Note:** Authorised persons, along with the application signatories, will have permission to perform a range of interactions with the department including notifying the department of the cessation of operations and other changes such as bank account details, email addresses, adding or removing authorised persons and service contacts, etc. Authorised persons have the express authority to query CCB entitlement protected under family assistance law on behalf of families.

Title Mr  Mrs  Miss  Ms  Other

Family name


Given name(s)

Position

Daytime phone number (  )

Fax number (  )

Email address

**Signature** 

Title Mr  Mrs  Miss  Ms  Other

Family name


Given name(s)

Position

Daytime phone number (  )

Fax number (  )

Email address

**Signature** 

**17. Account details for payment(s) made under family assistance law to child care service**

BSB number

Account number

Account name

**18. Does the applicant have, or will the applicant obtain, software registered for use under the Child Care Management System (CCMS) and the capacity to use this software to submit information to the department electronically?**

No  Contact the CCMS Helpdesk immediately on **1300 667 276**.  
**Note:** If approved, your service will be determined to be subject to a range of obligations that can only be met if your service has registered CCMS software.  
If your service cannot meet these obligations it may be sanctioned, and you may also be guilty of an offence. Your service will also be unable to receive any payments for Child Care Benefit fee reductions.

Yes

## Part 2 Service details

**19. Is the applicant purchasing or taking over the operation of an existing approved Outside School Hours Care service?**

No  **Go to QUESTION 20**

Yes  Legal name of current operator

Address of current operator (if known)

Proposed settlement date  /  /  (Date or proposed date that the current approval is to be cancelled)

**Important:** Fee reductions for Child Care Benefit and Child Care Rebate are paid on the basis of weekly reports submitted by the service. Reports are made for a week ending on Sunday. In order to avoid payment problems from the transition from one operator to another, Operators are encouraged to propose a 'settlement date' which is a Sunday in order to avoid fee reduction administration difficulties.

Name of existing child care service

**Will the applicant use the name of the existing child care service?**

No

Yes  **Go to QUESTION 21**

**20. Name of the new Outside School Hours Care service?**

**21. What date would you prefer to start offering CCB at this service?**

1 or more of these services must be provided.

The date you identify should generally reflect the date you commenced or will commence this service. While this date represents your preferred date, please note that the delegate will determine the date from which the approval should start.

	Number of places	Start date of care
Before school care <input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
After school care <input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Vacation care <input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**22. Physical address of Outside School Hours Care service**

Building	<input type="text"/>		
Number and street	Number <input type="text"/>	Street <input type="text"/>	<input type="text"/>
Town/Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>

**Postal address**  
Same as above

Town/Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>

**Main contact numbers**

Phone (  )  Fax (  )

**Email address**

**Note:** Please provide service email address for receipt of CCMS messages and general notifications.

**23. Service contacts**

Service contacts will have permission to notify the department of non-financial contact details such as service email addresses, postal address and telephone and fax numbers. Service contacts will not have permission to notify the department of financial related changes, including bank account details.

**BEFORE school care**

Please provide details of 2 authorised contacts from the service for general enquiries.

Title Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Position

Daytime phone number (  )

Fax number (  )

Email address

Title Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Position

Daytime phone number (  )

Fax number (  )

Email address

**AFTER school care**

Please provide details of 2 authorised contacts from the service for general enquiries.

Same as above

Title Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Position

Daytime phone number (  )

Fax number (  )

Email address

Title Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Position

Daytime phone number (  )

Fax number (  )

Email address

**VACATION care**

Please provide details of 2 authorised contacts from the service for general enquiries.

Same as above

Title Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Position

Daytime phone number (  )

Fax number (  )

Email address

Title Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Position

Daytime phone number (  )

Fax number (  )

Email address

**24. Suitability of staff**

**Do any staff employed by your service have against them:**

- any criminal charges pending before a court
- any convictions or findings of guilt for an offence?

The staff employed by a child care service must at all times be suitable people to provide child care.

No

Yes   Please attach details

**25. Approval to operate under State and Territory law**

**Note:** You must contact your state regulatory authority to obtain this approval. CCB approval will not be granted until this information is provided.

Your service must be approved to operate under the State or Territory law in which the service is located, in order to be approved under the family assistance law and the eligibility rules. An approval to operate under State or Territory law may be in the form of a licence or a service approval under the Education and Care Services National Law as applying as a law of the State or Territory.

**Is your service approved to operate under State/Territory law?**

No  **Are you waiting for your approval to operate under State/Territory law?**

No  Yes  Date approval expected to be issued?  /  /

Date service is expected to be operational?  /  /


How many approved places will it provide?

Yes  **Service approval number**

**Start date**  /  /

**Expiry date**  /  /

**Number of approved places**

 Please attach a copy of your approval (e.g. licence, or service approval)

**26. Operating times**  
(Before and After school care)

To be approved, a service that provides before or after school care must operate on each school day.

	Weeks per year		Weeks per year
<b>(a) How many weeks per year will this service be open?</b>	<b>Before school care</b>	<input type="text"/>	<b>After school care</b>
		<input type="text"/>	<input type="text"/>

<b>(b) Please provide details of the hours of operation each day for before school and after school care.</b>		Before school care		After school care	
		Time open	Time closed	Time open	Time closed
	Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**27. Fees**

		Per session	Duration	Per hour
<b>What will be the regular fee charged per session per child?</b>	<b>Before school care</b>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	<b>After school care</b>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**28. Operating times**  
(Vacation care)

If the service provides vacation care, the service must be available to provide care for any particular child for at least 8 continuous hours on each normal working day for at least 7 weeks of school holidays in a year.

**(a) How many weeks per year during school holidays will this vacation care service open?**

<b>(b) Please provide details of the hours of operation for the vacation care service</b>		Vacation care	
		Time open	Time closed
	Monday	<input type="text"/>	<input type="text"/>
	Tuesday	<input type="text"/>	<input type="text"/>
	Wednesday	<input type="text"/>	<input type="text"/>
	Thursday	<input type="text"/>	<input type="text"/>
	Friday	<input type="text"/>	<input type="text"/>

**29. Fees**

<b>What will be the service's fee per child for vacation care?</b> (do not include excursions)	<b>Short day</b> (school hours e.g. 9 - 3)	\$ <input type="text"/>	
	<b>Long day</b> (e.g. 9 - 5, 8 - 6)	\$ <input type="text"/>	
			<b>Weekly</b>

**30. Insurance**

**Does the service have:**

**Worker's Compensation insurance?** No  Yes

**Public Liability insurance?** No  Yes

To be approved under the family assistance law for Child Care Benefit payment purposes copies of the service's insurance policy(s) must be provided.

## Part 3 Undertakings/acknowledgements/declarations

### The applicant undertakes that:

- most of the children to be provided with child care will be attending school
- if the service provides before or after school care the service will operate on each school day
- if the service provides vacation care, the service will be available to provide care for any particular child for at least 8 continuous hours on each normal working day for at least 7 weeks of the school holidays in a year
- the service will not restrict the attendance of school children in order to provide care for non school age children before or after school or during school holidays
- the service will provide child care places for children in accordance with priority of access requirements set out in the *Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000*
- the service will comply with obligations under the State or Territory law in which the service operates
- the service will notify the department of any changes to the application details (including a change to bank account details, email address, authorised persons and service contacts) within 14 days and changes to the suitability of staff within 7 days
- the service operator will notify the department at least 30 days before a change of address and at least 42 days before cessation of operations, including where the service is sold to another operator
- the service will not charge higher than the usual fee for families receiving Special Child Care Benefit, Grandparent Child Care Benefit or Jobs, Education and Training Child Care fee assistance
- the service will be equipped with and have the operational capacity to use registered Child Care Management System software
- the service will operate as per the family assistance law relevant to Child Care Benefit, as amended from time to time.

### The applicant acknowledges that:

- it is a requirement to provide accurate information to the department and that the giving of false or misleading information is a serious offence
- a person cannot make an application for CCB approval if the person is a registered carer with the Family Assistance Office
- the applicant's legal obligations as outlined in the attached legislative extracts, have been read and understood
- the department is authorised to verify any information provided in this application
- any breach of the applicant's undertakings and legal obligations may result in the imposition of sanctions, including cancellation of service's approval, as well as civil penalties and criminal prosecution
- some of the information provided in this application may be disclosed to the Family Assistance Office for Child Care Benefit payment purposes and may be disclosed to other persons/authorities where authorised by the family assistance law or other legislation.

### The applicant declares that:

- the information given in this application is complete and correct
- the signatory or signatories below are authorised to act on behalf of the applicant and complete this form.

Company seal (if applicable)

**Note:** If company seal used, 2 Directors, or 1 Director and 1 Secretary, must sign the application, except in some instances where only 1 person is required to sign.

Where a company seal is used, the signatories declare that they have witnessed the affixing of the seal.

**This form should be properly signed by having the person(s) with authority to bind the applicant sign it in accordance with the rules of the applicant and the relevant law.**

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

### Checklist

- Have you attached documentation where requested?
- Have you made a copy of this form for your records?

### Thank you for your application.

You will be advised whether your service is approved under family assistance law for Child Care Benefit purposes.

### Completed forms should be returned to:

Program Manager  
Child Care Benefit Approvals Team  
Department of Education, Employment and Workplace Relations  
GPO Box 9880

### In your capital city

(ACT applications should be returned to the NSW office)