

ANNEXURE "9" OF THE STATEMENT OF RUTH CALLAGHAN DATED 18 OCTOBER 2013

Witness: _____

Signature: _____

Ruth Callaghan

Provider Approval Number:
(Office Use Only)

Before You Begin

You must read the following information before completing and submitting this notification.

Your Obligations

Before submitting this notification, you must ensure you are familiar with the requirements and obligations set out under the National Quality Framework for Early Childhood Education and Care (National Quality Framework) which includes the *Education and Care Services National Law** and the *Education and Care Services National Regulations*.

If you require further information about the obligations of Approved Providers under the National Quality Framework or are unsure about the information required in this notification, it is important that you visit the website www.acecqa.gov.au or contact the relevant Regulatory Authority in your state or territory for clarification.

You must ensure that the information you set out in this form is complete and correct. The provision of false or misleading information to the Regulatory Authority or ACECQA is an offence under the *Education and Care Services National Law*. Failure to comply may result in a financial penalty.

**Note: All references to the 'Education and Care Services National Law' in this form are to be read as a reference to the 'Education and Care Services National Law Act 2010' as applied as a law of the state or territory in which you are seeking approval under this form. References to ACECQA are to the Australian Children's Education and Care Quality Authority; established under section 224 of the Education and Care Services National Law.*

Notification Requirements and Assessment

An Approved Provider must notify the Regulatory Authority of any change in relation to the Approved Provider or each approved education and care service operated by the Approved Provider.

A failure to comply may result in a financial penalty.

Important

- Your notification will not be processed unless all sections are satisfactorily completed and all requested supporting documents are attached, as well as any prescribed fees paid where applicable.
- 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.
- Notifications will be processed by the Regulatory Authority of the jurisdiction in which you are ordinarily a resident, or the principal office is located.

Office use only:	Approved	Not Approved	Date:
------------------	----------	--------------	-------

In Confidence, When Completed

Privacy Statement

ACECQA and the Regulatory Authorities are committed to ensuring that all actions taken in the administration of the National Quality Framework are in compliance with the *Information Privacy Principles of the Privacy Act 1988 (Cth)*.

ACECQA and the Regulatory Authorities are collecting the information on this form for the purpose of processing this notification under the National Quality Framework. The information on this form may also be provided to other authorities or to other government agencies in accordance with the *Education and Care Services National Law*.

ACECQA, the Regulatory Authority and the Commonwealth Government may publish information about you in accordance with the *Education and Care Services National Law*.

Part A: Provider's Details

1. Name of Approved Provider:

NMCA OF SYDNEY

2. Approved Provider number:

PR-00005683

Part B: Type of Notification

3. Please tick appropriate box and attach supporting information:

A change relevant to Approved Provider's fitness and propriety or fitness of person in management and control (within 7 days of change). Attach a written statement about the change.

Appointment or removal of a person with management or control of the service (within 14 days).

- For appointment, attach a completed declaration of fitness and propriety for each new person.
- For removal, please provide person's name and date of removal as a person with management or control of the service.

Appointment or removal of receivers or liquidators or administrators, or matters that affect the financial viability and ongoing operation of the service (within 7 days).

- Name of service/s
- Name and contact details of receiver or liquidator
- Date of appointment of receiver or liquidator
- Details of any change / planned change to service operation

Death of Approved Provider (within 7 days)

- Name and contact details of Executor or Approved Provider representative
- Details of intentions regarding the Provider Approval

Change of contact details, please specify (e.g. phone number or address)

Part C: Notifier's Details

4. **Contact person for this application:**
Note: this will be the person whom the Regulatory Authority will contact for questions relating to this notification

Title:	MRS	First name:	ANNE-MARY
Last name:	NOLAN	Mobile number:	[REDACTED]
Phone number:	[REDACTED]	Fax number:	[REDACTED]
Email:	[REDACTED]		
Postal Address:	[REDACTED]		
Address line 1:	Banksstown City Y Attn: Anne-Mary Nolan		
Address line 2:	PO BOX 685		
Suburb/Town:	Revesby		
State/Territory:	NSW	Postcode:	2212

Part D: Notifier Declaration

I, Anne-Mary Nolan (insert full name of person signing the declaration)
of, [Redacted] (insert address)
am children's services Program manager [Insert position/title of Notifier (for example, Proprietor, Director, Partner, President)]
and I am authorised to make this declaration on the Notifier's behalf.

I declare that:

1. The information provided in this notification (including any attachments) is true, complete and correct;
2. I have read and understood and the Notifier agrees to the conditions and the associated material contained in this form;
3. The Notifier understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the notification, 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 notification;
6. Some of the information provided in this notification may be disclosed to 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 I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.

Signature of person making the declaration: 

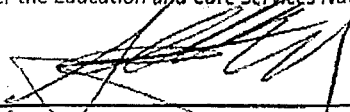
Signed at: BANKSTOWN CITY Y On the: 22nd January 2013

Second notifier (if applicable)

I, Liam Whitley (insert full name of person signing the declaration)
of, [Redacted] (insert address)
am children's services General manager [Insert position/title of Notifier (for example, Proprietor, Director, Partner, President)]
and I am authorised to make this declaration on the Notifier's behalf.

I declare that:

1. The information provided in this notification (including any attachments) is true, complete and correct;
2. I have read and understood and the Notifier agrees to the conditions and the associated material contained in this form;
3. The Notifier understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the notification, 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 notification;
6. Some of the information provided in this notification may be disclosed to 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 I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.

Signature of person making the declaration: 

Signed at: BANKSTOWN CITY YU CA On the: 22nd JANUARY 2013

Who May Sign?

- **Individuals:** The individual Notifier.
- **Company:** Two directors of the company, or a director and company secretary, or if 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. This signature binds all partners.
- **Corporation/Government School Council:** Signed in accordance with rules of the corporation/council.

Part E: Lodging Your Notification

Please lodge your application along with all of the required documentation by posting or faxing to the Regulatory Authority in the state or territory in which you are ordinarily a resident, or the principal office is located.

The address details for each state and territory Regulatory Authority are below:

Australian Capital Territory

Children's Policy and Regulation Unit
Community Services Directorate
GPO Box 158
CANBERRA CITY ACT 2601
Fax: (02) 6207 1128

South Australia

Education and Early Childhood Services Registration and
Standards Board of South Australia
GPO Box 1811
ADELAIDE SA 5001
Fax: (08) 8226 1815

New South Wales

NSW Early Childhood Education and Care Directorate
Locked Bag 5107
PARRAMATTA NSW 2124
Fax: (02) 8633 1810

Tasmania

Department of Education
Education and Care Unit
GPO Box 169
HOBART TAS 7001
Fax: (03) 6233 6042

Northern Territory

Quality Education and Care NT
Department of Education and Training
GPO Box 4821
DARWIN NT 0801
Fax: (08) 8999 5677

Victoria

Department of Education and Early Childhood Development
Quality Assessment and Regulation Division
GPO Box 4367
MELBOURNE VIC 3001
Fax: (03) 9651 3586

Queensland

Office for Early Childhood Education and Care
Department of Education, Training and Employment
PO Box 15033
CITY EAST QLD 4002
Fax: (07) 3234 0310

Western Australia

Department for Communities
Education and Care Regulatory Unit
PO Box 6242
East Perth Business Centre
EAST PERTH WA 6892
Fax: (08) 6210 3300

Part F: Enquiries

Australian Capital Territory

Children's Policy and Regulation Unit
Community Services Directorate
E-mail: ocyfschildreancesservices@act.gov.au
Phone: (02) 6207 1114
Website: www.dhcs.act.gov.au

South Australia

Education and Early Childhood Services Registration and
Standards Board of South Australia
E-mail: nationalqualityframework@sa.gov.au
Phone: 1800 882 413 (toll free)
Website: www.decs.sa.gov.au/childreancesservices/

New South Wales

NSW Early Childhood Education and Care Directorate
E-mail: ececd@det.nsw.edu.au
Phone: 1800 619 113 (toll free)
Website: www.det.nsw.edu.au

Tasmania

Department of Education
Education and Care Unit
E-mail: ecu.comment@education.tas.gov.au
Phone: 1300 135 513
Website: www.education.tas.gov.au

Northern Territory

Quality Education and Care NT
Department of Education and Training
E-mail: qualityecnt.det@nt.gov.au
Phone: (08) 8999 3561
Website: www.det.nt.gov.au

Victoria

Department of Education and Early Childhood Development
Quality Assessment and Regulation Division
E-mail: licensed.childreancesservices@edumail.vic.gov.au
Phone: 1300 307 415
Website: www.education.vic.gov.au/ecsmanagement/
educareancesservices

Queensland

Office for Early Childhood Education and Care
Department of Education, Training and Employment
E-mail: ecec@dete.qld.gov.au
Phone: 1800 637 711 (toll free)
Website: www.deta.qld.gov.au/earlychildhood

Western Australia

Department for Communities
Education and Care Regulatory Unit
E-mail: ccluinfo@communities.wa.gov.au
Phone: (08) 6210 3333
OR
1800 199 383 (toll free)
Website: www.communities.wa.gov.au