| ANNEXURE 9  | "28" OF THE | STATEMEN | IT OF RUTH CA | ALLAGHAN DA | ATED 18 OCT | OBER 2013      |  |
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| Witness:    |             |          |               | Signature:  |             |                |  |
| VVIII 1633. |             |          |               | orginataro. |             |                |  |
|             |             |          |               |             |             | Ruth Callaghan |  |

# **ACECQA**

# Application for Service Approval - Centre Based Care

(s43 of the Education and Care Services National Law Act 2010)

**SA01** 

| A    | ppendix A - Nominatec   | l Supervisor Co             | nsent Fo       | rm                          |                                 |  |  |
|------|---|-----------------------------|----------------|-----------------------------|---------------------------------|--|--|
| 1.   | Name of Approved Provider:  | YMCA OF SYDNEY              |                |                             |                                 |  |  |
|      |   |                             |                |                             |                                 |  |  |
| 2.   | Name of education and care service:   | YMCA LAG                    | UNA ST         | PUBLIC:                     | SCHOOL OSH C                    |  |  |
|      |   | <u> </u>                    |                |                             |                                 |  |  |
| 3.   | Service Approval number:  |                             |                |                             |                                 |  |  |
|      |   |                             |                | 7                           |                                 |  |  |
| 4.   | Nominated Supervisor details:   | Title: Mis                  | <u>s</u>       | First name:                 | Corine                          |  |  |
|      |   | Middle name: Eliz           | ea beth        | Last name:                  | Beel.                           |  |  |
| 5.   | Certified Supervisor number:  |                             |                |                             |                                 |  |  |
|      |   |                             |                |                             |                                 |  |  |
| 6.   | After hours emergency phone number:   |                             |                |                             |                                 |  |  |
| 7.   | The date of commencement as Nominated Supervisor:   | D D MMYYY                   | 2<br>Y         |                             |                                 |  |  |
|      |   |                             |                |                             |                                 |  |  |
|      | eclarations   |                             |                |                             |                                 |  |  |
|      | vider Declaration   | 101                         |                |                             |                                 |  |  |
| ,    | ANNE-MARY ninate Carine B   |                             |                | _ (name of Approved Provide |                                 |  |  |
|      |   |                             | 0,00,000       | 2110 01                     | (name of Certified Superviso    |  |  |
|      | e the Nominated Supervisor for YM Cr  | t LAGUNA ST                 | PUBLIC DE      | OS'HC                       |                                 |  |  |
| ign  | ature: <u>UNOUC</u>   |                             | Date           | 8.6                         | . 12                            |  |  |
| Sup  | ervisor Declaration   |                             |                |                             |                                 |  |  |
| ,    | Carine Elizal   | oeth Beer                   |                |                             | _(name of Certified Supervisor  |  |  |
| con  | sent to being the Nominated Supervisor f  | or YMCH Lagun               | a St PS        | (name                       | e of education and care service |  |  |
| Sign | ature: C. Be  |                             | Date           | 8.6                         | . 12.                           |  |  |
| Pri  | vacy Statement  |                             |                |                             |                                 |  |  |
|      | CQA and the Regulatory Authorities are o  |                             |                |                             | ation of the National Qualit    |  |  |
|      | nework are in compliance with the <i>Inforn</i><br>CQA and the Regulatory Authorities are o |                             |                |                             | essing an application unde      |  |  |
| he   | National Quality Framework. The informaticies in accordance with the Education at           | ation on this form may also | be provided to | • •                         |                                 |  |  |
| _    | CQA, the Regulatory Authority and the C   |                             |                | information in acc          | cordance with the               |  |  |
|      | cation and Care Services National Law.  |                             | -              | ø,                          | - CC-t                          |  |  |

In Confidence, When Completed



## Application for Service Approval

- Centre Based Care

(543 of the Education and Care Services National Law Act 2010)

**SA01** 

#### **Enquiries**

**Australian Capital Territory** 

Children's Policy and Regulation Unit Community Services Directorate

E-mail: ocyfs@act.gov.au

Phone: 132 281

South Australia

The Education and Early Childhood Services Registration and Standards Board

Phone: 1800 088 158 (toll free)

**New South Wales** 

NSW Early Childhood Education and Care Directorate

E-mail: cslisensing@dhs.nsw.gov.au

Phone: (02) 9716 2100

OR

1800 619 113 (toll free)

Tasmania

Department of Education and Child Care Unit

E-mail: childcare.comment@education.tas.gov.au

Phone: 1300 135 513

**Northern Territory** 

Department of Education and Training
Quality Education and Care NT

**Quality Education and Care NT** 

E-mail: earlychild.det@nt.gov.au

Phone: (08) 8901 1356

Victoria

Department of Education and Early Childhood Development

**Quality Assessment and Regulation Division** 

E-mail: licensed.childrens.services@edumail.vic.gov.au

Phone: 1300 307 415

Queensland

**Department of Education and Training** 

E-mail: ecec@deta.qld.gov.au Phone: 1800 637 711 (toll free) Western Australia

Department for Communities
Child Care Licensing and Standards Unit

E-mail: ccluinfo@communities.wa.gov.au

Phone: (08) 6210 3333

OR

1800 199 383 (toll free)

## **ACECQA**

### Application for Service Approval

- Centre Based Care

(s43 of the Education and Care Services National Law Act 2010)

**SA01** 

#### **Lodging Your Application**

Please lodge your application along with all of the required documentation by posting to the Regulatory Authority in the state or territory in which the service 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

New South Wales NSW Early Childhood Education and Care Directorate Locked Bag 4028 ASHFIELD NSW 2131

Northern Territory
Department of Education and Training
Quality Education and Care NT
GPO Box 4821
DARWIN NT 0801

Queensland
Department of Education and Training
PO Box 15033
CITY EAST QLD 4002

South Australia
The Education and Early Childhood Services Registration and Standards Board
Level 15,
31 Flinders Street
ADELAIDE SA 5000

Tasmania
Department of Education
Child Care Unit
GPO Box 169
HOBART TAS 7001

Victoria
Department of Education and Early Childhood Development
Quality Assessment and Regulation Division
GPO Box 4367
MELBOURNE VIC 3001

Western Australia
Department for Communities
Child Care Licensing and Standards Unit
PO Box 6242
East Perth Business Centre
EAST PERTH WA 6892