



Application for **period of emergency support**

Approved providers and services should use this form when:

- A Family Day Care (FDC) or In Home Care (IHC) educator resides in a local government area (LGA) where a Child Care Subsidy (CCS) period of emergency has been declared, and the registered address of the approved provider/service is not located in the affected LGA; or
- A family lives in a LGA where a CCS period of emergency has been declared and the family is unable to access their child care service located in an unaffected LGA due to emergency related disruptions like road closures or other barriers to travel; or
- A family lives in a LGA where a CCS period of emergency has been declared and is unable to access IHC due to the emergency conditions, and the IHC educator does not reside within the affected LGA.

The approved provider or service is responsible for submitting the completed form on behalf of the affected educator or family to the CCS Provider Helpdesk at ccshelpdesk@education.gov.au.

Once received, we will:

- assess the request
- notify the provider or service of the outcome via email within five business days.

A list of declared CCS periods of emergency is available at [Emergency support by region](#).

Part A: Service details

Service name:

CRN (Nine-digit number with a letter on the end):

Service address:

Local Government Area:

Part B: Educator details (FDC and IHC only)

Note: If you are applying for multiple applicants, you may provide information in Part B in an excel spreadsheet. This will only be accepted if relevant information is provided in full.

Educator name:

Educator personnel ID:

Educator address:

Local Government Area:

Located in emergency location listed on the [department's website](#): Yes No

Reason for closure (if applicable):

Details of official directions to close if applicable (e.g. police directed evacuation):

Part C: Family details

Note: If you are applying for multiple applicants, you may provide information in Part C in an excel spreadsheet. This will only be accepted if relevant information is provided in full.

Child 1 details:

Name:

CRN:

CSS Enrolment ID:

Child 2 details:

Name:

CRN:

CSS Enrolment ID:

Child 3 details:

Name:

CRN:

CSS Enrolment ID:

Parent/guardian name:

Parent/guardian CRN:

Family address:

Local Government Area:

Part D: Family unable to attend details

Note: Part D is only applicable if the service remains open but the family is unable to attend. For example, unable to travel to the service due to flooding and road closures.

Description of emergency event affecting the family:

Details of why the family is unable to travel to the service location:

Family residing in emergency location listed on the [department's website](#): Yes No

Privacy statement

Your personal information is protected by law, including under the *Privacy Act 1988* (Privacy Act). Personal information is information or an opinion about an identified or reasonably identifiable individual. Personal information includes names, date of birth, contact details, address and details of personal circumstances.

Collection of your personal information

Your personal information is collected by the department.

Your personal information may be collected from third parties, including other Commonwealth agencies such as Services Australia, for the purposes of processing the application.

If you do not provide some or all of the information required, the department may not be able to assess the application.

Collection of personal information about others

We need consent to collect personal information from someone other than the individual concerned, unless certain exceptions apply. If you provide personal information about another individual, you need to check with them first that they agree to the information being provided and being handled by the department in accordance with this privacy statement.

Please do not provide personal information about any other individual unless you have their consent.

Purpose of collecting personal information

Personal information is collected by the department for the purposes of assessing and processing this application form to apply appropriate absences for the purposes of Child Care Subsidy during a period of emergency, in connection with administering Child Care Subsidy payments.

This information may also be used to compile data that will support the evaluation of the measure.

Disclosure of personal information

Personal information collected in this form may be disclosed to other Commonwealth agencies such as Services Australia for the purposes of processing the application.

Your personal information may also be disclosed to other parties where you have agreed, or where it is otherwise permitted under the Privacy Act.

The personal information collected is unlikely to be disclosed to overseas recipients.

Privacy policy

The department's Privacy Policy, including information on how to make a complaint and access and correct your personal information, can be found at <https://www.education.gov.au/privacy>.

To contact the department about your personal information, email privacy@education.gov.au.

Declaration by provider

This form must be signed by a person authorised to act on behalf of the provider. The authorised person must have Operational Responsibility or higher.

I acknowledge that:

By checking the box, I confirm that I have read and understood this privacy statement and agree to the department's handling personal information in accordance with this privacy statement.

By checking the box, I confirm that to the extent I have provided personal information about another individual, I have obtained that individual's consent to provide their personal information and for their personal information to be handled in accordance with this privacy statement and consent form.

I declare that:

- I have the authority to submit a Period of Emergency application on behalf of a provider or service or family;
- The information I have given on the Application Form and on any other attachments is true and accurate;
- The provider or service named in this application has taken reasonable steps to ensure the child's parent/carer is aware of the matters set out in the privacy statement on this form.

Name

Signature:

Date:

Submit

Before submitting this form, please ensure all fields are completed. If you have any questions about how to complete this form, please contact the CCS Provider Helpdesk at ccshelpdesk@education.gov.au.