



# APPLICATION TO DETERMINE IF A CHILD MEETS IMMUNISATION REQUIREMENTS

## Additional Child Care Subsidy (child wellbeing) – provider eligible arrangement

**NOTE:** This form is a SmartForm designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software must be set as the default program for .pdf documents. If you do not do this you may experience difficulties using this form. If you do not currently have the Adobe Acrobat Reader software program, it is available as a free download from the [Adobe website](#).

### About this form

This form is for providers who apply for ACCS child wellbeing for a child.

ACCS child wellbeing gives families who care for a child at risk of serious abuse or neglect assistance with the cost of early childhood education and care.

Families must be eligible for Child Care Subsidy (CCS) in order to get ACCS.

In rare cases, you – the provider – may identify a child at risk whose parent or carer is not eligible for CCS. If this happens, you – the provider – may be able to get the subsidy on behalf of the child. This is known as a provider eligible arrangement or ‘PEA’. A PEA enables Services Australia to pay the subsidy directly to you – the provider – when you cannot identify a CCS-eligible parent or carer.

In order for a provider to be eligible for a PEA, the child must meet the [immunisation requirements](#).

If the child does not meet the immunisation requirements, the Secretary may be able to determine that the child meets the immunisation requirements so that the child can receive the ACCS child wellbeing subsidy. The Secretary makes this determination on the basis that the child would be at **increased** risk if the Secretary did not do so.

### When to use this form

Use this form if:

- you are enrolling a child under a PEA
- the child does not meet the immunisation requirements or their immunisation status is unknown, and
- you believe the child would be at increased risk if they did not get access to the subsidy.

### How to submit

Complete this form and email it to [childwellbeing@education.gov.au](mailto:childwellbeing@education.gov.au).

## More information

Read more about [ACCS child wellbeing](#) on our website. If you have questions, send an email to [childwellbeing@education.gov.au](mailto:childwellbeing@education.gov.au).

## Privacy statement

The department's collection of the personal information via this form is authorised by or under the *A New Tax System (Family Assistance) (Administration) Act 1999*. The collection is for the purpose of the Secretary of the Department of Education (department) determining whether the child's immunisation requirements are met in order to decide whether they satisfy eligibility criteria for ACCS.

If you do not provide the personal information requested, the Secretary may not be able to determine that the child meets the relevant eligibility requirements and therefore ACCS may not be payable.

The personal information provided in this form may be disclosed to third parties, including Services Australia for the purpose of administering payments. It may also be disclosed to other parties as permitted under the *Privacy Act 1988* (Privacy Act), noting it is unlikely to be disclosed to overseas recipients.

The department's Privacy Policy, including information about how to make a complaint and how to access or correct personal information, can be found at [www.education.gov.au/privacy](http://www.education.gov.au/privacy). You can also request a copy or contact the department about privacy matters by emailing [privacy@education.gov.au](mailto:privacy@education.gov.au).

## Part A: Service details

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Provider name:

Provider CRN:

Service type:

Service name:

Service CRN:

## Part B: Family details

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Child name:

Child date of birth:

Child CRN (if known):

## Part C: Immunisation requirements

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Please read the information in the [on our website](#) before completing the declaration and request below.

### Declaration

I have not been able to confirm that \_\_\_\_\_ meets the immunisation requirements for Child Care Subsidy eligibility or the child's immunisation status is unknown.

I consider that \_\_\_\_\_ would be at increased risk of serious abuse or neglect if the Secretary did not make a determination under 6(6) of the Act that the child meets the immunisation requirements.

### Request

I request the Secretary to make a determination under subsection 6(6) of the [A New Tax System \(Family Assistance\) Act 1999](#) that \_\_\_\_\_ meets the immunisation requirements.

## Part D: Provider declaration

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Service name:

Child name:

The provider of the service named above:

- understands that knowingly making a false or misleading statement to the Secretary may result in a debt being owed to the Commonwealth and civil or criminal penalties
- will notify the Department of any change in circumstances set out in this form
- 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.

### Authorised person

I declare that the information provided on this form is true and correct.

I understand that giving false or misleading information is a serious offence.

Name:

Position:

Signature

Date

To use the submit button above, this form must be viewed in Acrobat Reader.  
It is available as a free download from the [Adobe website](#).

Alternatively, complete, download and email the form directly to [childwellbeing@education.gov.au](mailto:childwellbeing@education.gov.au).