



Notification of Intention to Sell, Close or Relocate a Child Care Service

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](#).

When to use this form

1. Use this form to notify the Department of Education (the department) of a provider's intention to:
 - Sell or transfer ownership of an existing approved service to a new provider or entity
 - Permanently close an existing approved service; or
 - Relocate an approved service to a new location.

Under the law, a provider must give the department at least 42 days notice of the above events.
Read about [notifications and reporting](#) on our website.

OR

2. Use this form to notify the department of the provider's intention to enter into administration, receivership, liquidation or bankruptcy.

The provider must notify the department within 24 hours of entering into administration, receivership, liquidation or bankruptcy. Details of any appointed administrators must be notified within 7 days. Read about [notifications and reporting](#) on our website.

Do not use this form to report temporary closures or to request a voluntary suspension of an existing CCS Approval.

- **Temporary closures** (regardless of the reason or duration) must be reported through the provider/service's child care software product or through the Child Care Provider Entry Point (the PEP). Read about [notifications and reporting](#) on our website.

A provider may apply for a voluntary suspension of CCS approval if it will be closed for a period and will not meet its CCS approval minimum operating week requirements. To apply for a voluntary suspension, complete the [Suspension on request of Child Care Subsidy approval form](#) on our website.

This form must be signed by a person currently specified on the CCS approval as a Person with Management or Control of the Provider.

Submit the completed form to the department's Child Care Subsidy (CCS) Assessments team by email to: CCSAssessments@education.gov.au

Provider Details

Provider Name:

CCS Provider ID:

NOTE: Where the provider has only one approved child care service, this notification is considered an application of an approved provider for a cancellation of the provider's approval.

Name of contact person:

Position:

PRODA Person ID:

Telephone:

Mobile:

Email address:

Service Details

NOTE: Please enter the details relating to the existing service. If you have more than one service, please provide the below details on a Word or Excel document and attach this to the email with your completed form.

Where the provider has more than one approved child care service, this notification is considered an application for a variation of the provider's approval.

Service name:

CCS Service ID:

National Law Service Approval Number:

Date the service will cease operating:

NOTE: The specified date is intended to be the day that the existing provider of the service provides its final day of care at the existing approved address or physical location. The department is aware that this date may change.

As the approved provider, under family assistance law, you must ensure the department is advised of any date changes in a timely manner. No session reports are to be submitted for dates after the last day of care provided by the existing approved service.

Reason for Completing this Form

Relocation of service to new address

Regarding relocations, the department may contact you to request further information regarding the circumstances of the service relocation to determine whether a new CCS service approval application is required. Each service relocation request is assessed on a case-by-case basis. The department will advise the approved provider whether they need to submit a new application for CCS service approval. Refer to the department's [Applying for CCS Approval website](#) for further information.

Permanent Closure of the Service

Please provide further information regarding the reason for closure below.

Sale/Transfer of Ownership

Please provide the name and contact details of the entity or individual who will become responsible for managing any applicable legal obligations on behalf of the service following the change of ownership. They must apply for and obtain any required approvals or licences in their own right. Further information is available on the department's [Applying for CCS Approval website](#).

New Provider name:

Name of the contact person:

Telephone:

Mobile:

Email address:

Entering into administration, receivership, liquidation or bankruptcy

Please provide further details below.

Type:

Date of Event: (if different to closure date)

External Administrator (if known):

Date Appointed:

Name of contact:

Telephone:

Mobile:

Email address:

Notification Details

Please complete this section for any reason selected above.

Have parents/guardians using the service been advised?

Yes (please provide a copy of the documentation)

No (please provide details if notification will occur and when)

Location where records will be kept once existing service no longer operates

Floor / Building / Unit / Apt Name:

Unit Number:

Street Number:

Street Name:

Street Type:

Suburb/Town:

State:

Postcode:

IMPORTANT: When a provider ceases to operate an approved child care service, there are continuing obligations under the family assistance law. For example, keeping all child care records for at least 7 years from the end of the financial year in which care was provided. If the location you have identified above changes, you must notify the department of the new location within 14 days.

Contact person details for continuing obligations and future contact

Name of the contact person:

Telephone:

Mobile:

Email address:

IMPORTANT: Any changes to attendance data made via your child care software or through the Provider Entry Point may result in a debt. Please contact the CCS Provider Helpdesk on **1300 667 276** or CCSHelpdesk@education.gov.au to check if you have a debt at any time before or after your service's closure/transfer.

Privacy Statement

Personal information

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 an individual's name, signature and contact details.

Collection of your information

Your personal information will be collected by the Australian Government Department of Education (the department) under the Family Assistance Law when you provide information and documents in response to this form.

Purpose of collecting your information

Your personal information is collected for the purposes of administering the Family Assistance Law and assessing your eligibility for CCS approval.

Your personal information may also be used for other purposes where you have agreed, or where it is otherwise permitted under the Privacy Act.

If you are unable to provide some or all of the personal information requested, you should email CCSAssessments@education.gov.au for further assistance.

Disclosure of your personal information

Your personal information may be disclosed to third parties, including but not limited to:

- State Regulatory Agencies in each State and Territory;
- The Australian Children's Education and Care Quality Authority (ACECQA).

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

Your personal information is unlikely to be disclosed to overseas recipients.

Privacy policy

The department's [Privacy Policy](#) contains more information about how the department will manage your personal information, including information about how to make a complaint and seek access to and correction of your personal information.

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

To contact the department about this notice contact CCSAssessments@education.gov.au

Your consent

By checking the box, I confirm that I have read, understood and agree to the collection of my personal information in accordance with this privacy statement and consent form.

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.

Declaration and Authorisation

This form must be signed by an Authorised Person from your organisation that has been identified to the department through the Child Care Subsidy System as a Person with Management or Control of the Provider.

As the authorised person for this provider, I confirm the above details are correct. I acknowledge that providing false or misleading information is a serious offence.

Person with Management or Control of the Provider

Name:

Position:

PRODA Person ID:

Telephone:

Mobile:

Signed:

Date: