



## Update Service Operation Details Form

Complete the relevant section(s) below only for details that need updating and submit this form electronically to [CCBApplicationDocuments@dese.gov.au](mailto:CCBApplicationDocuments@dese.gov.au)

For further assistance, please contact your state or territory office on **1300 667 276** and ask to speak with the Child Care Benefit Approvals team in your state or territory. Postal address details for the department's state and territory offices are provided in Attachment A for your information.

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Organisation (Legal Entity) Name:	
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Service (Trading/Business) Name:	
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Organisation ID:		CCB Approval ID/s:	
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Date changes take effect:	
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### Name Change

Complete this section if you are changing the name of your service.

<input type="checkbox"/> Legal Name	<input type="checkbox"/> Trading Name	<input type="checkbox"/> Both
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Current Name:	
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New Name:	
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If you are changing a trading name, please attach a copy of the **Certificate of Registration of a Business Name** from the relevant state government department. If the Certificate of Registration of a Business Name **does not contain the service's name**, also attach a copy of the **Business Name Extract**.

Please also attach a copy of your new **Service Approval** issued by the State/Territory Regulatory Authority.

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### Service Location

Complete this section if you are changing the address where your service operates.

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### Reason

<input type="checkbox"/> Sale of premises	<input type="checkbox"/> Termination of the lease of the premises	<input type="checkbox"/> Other
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*If other, please provide details:*

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<input type="checkbox"/> Permanent Relocation	Proposed relocation date:	
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<input type="checkbox"/> Temporary Relocation	Returning date if applicable:	
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Will there be a temporary closure or any disruption to child care provision as a result of the proposed relocation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide details including the expected period of any temporary closure.

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**Current Child Care Service Location**

Floor / Building / Unit / Apt Name:	
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Unit Number:		Street Number		Street Type	
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Street Name:	
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Suburb / Town:		State:		Postcode:	
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**New Child Care Service Location**

Floor / Building / Unit / Apt Name:	
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Unit Number:		Street Number		Street Type	
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Street Name:	
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Suburb / Town:		State:		Postcode:	
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Please also attach a copy of your new **Service Approval** issued by the State/Territory Regulatory Authority.

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### Change of Operating Hours and/or Weeks per Year

Number of operating weeks per year:	
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Day	Start time (am)	Finish time (pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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### Adding or removing Key Personnel

Adding or removing Key Personnel can be completed in the Child Care Management System (CCMS), by an Authorised Person.

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### **Matter affecting suitability of Key Personnel, staff, IHC and FDC educators**

If an operator becomes aware about something regarding a Key Personnel, member of staff, or educator (if the service is a Family Day Care (FDC) service or an In-Home Care (IHC) service), that affects or is likely to affect their suitability to provide child care, the operator must give the department written notice within 7 days of:

- the matter and
- the action that the operator has taken or intends to take to deal with the situation.

As a minimum, operators must notify the department where they become aware that a Key Personnel, staff member, FDC educator or IHC educator:

- is charged with or found guilty of a serious indictable offence
- becomes bankrupt
- has their working with children check (WWCC) refused, amended or cancelled.

**The overarching requirement is that operators notify the department of any events affecting or likely to affect the suitability of relevant people.**

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Name of person affected:	
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Role of person affected:	
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Main telephone/mobile		Date of Birth:	
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Please detail the matter that affects or is likely to affect the person's suitability.

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Please detail the action you have taken to deal with the situation.

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Please detail the actions you intend to take to deal with the situation.

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### Change to the Number of Places Offered

The number of places a service can provide is dependent on the State/Territory Regulatory Authority that issues services with approval to operate. If you wish to change your licenced places (increase or decrease), services will need to [apply to their local State or Territory Regulatory Authority](#).

Number of Places Offered:	
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Please also attach a copy of your **Service Approval** issued by the State/Territory Regulatory Authority.

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### Change of day to day administration/management of the service

#### Individual

If the management of the service has been outsourced to an **individual**, please enter their details below.

Name:	
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Position:	
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Email Address:	
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Main Telephone:		Mobile:	
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**Management company / organisation**

If the management of the service has been outsourced to a **management company** or another **organisation**, please enter the details below.

Organisation Name:	
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Organisation Type:		ABN:	
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**Business Address of external management company / organisation**

Floor / Building / Unit / Apt Name:	
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Unit Number:		Street Number:		Street Type:	
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Street Name:	
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Suburb / Town:		State:		Postcode:	
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Contact Person Name:	
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Main Telephone:		Mobile:	
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Email Address:	
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**Postal Address of external management company / organisation**

Is their postal address the same as their principal business address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If different from the principal business address, please provide the following details:*

Floor / Building:	
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Street / PO Box:	
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Suburb / Town:		State:		Postcode:	
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## Authorised Persons

**This form needs to be signed by two Authorised Persons from your organisation unless you are a sole trader/operator where one signature is accepted. Authorised Persons are those persons from your organisation that have previously been identified to the department through your CCMS software as having the authority to make changes to the organisation or service details.**

As the authorised persons for this service, we confirm the above details are correct.

**Providing false or misleading information is a serious offence.**

Name:	
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Position		Main Telephone /Mobile:	
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Signed:		Date:	
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Name:	
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Position		Main Telephone /Mobile:	
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Signed:		Date:	
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## Addresses for State and Territory Offices

State/Territory	Address
New South Wales & Australian Capital Territory	Child Care Benefit Approvals Team Department of Education and Training GPO Box 9880, Sydney NSW 2001
Victoria	Child Care Benefit Approvals Team Department of Education and Training GPO Box 9880, Melbourne VIC 3001
Queensland	Child Care Benefit Approvals Team Department of Education and Training GPO Box 9880, Brisbane QLD 4000
Western Australia	Child Care Benefit Approvals Team Department of Education and Training GPO Box 9880, Perth WA 6848
South Australia	Child Care Benefit Approvals Team Department of Education and Training GPO Box 9880, Adelaide SA 5001
Tasmania	Child Care Benefit Approvals Team Department of Education and Training GPO Box 9880, Hobart TAS 7001
Northern Territory	Child Care Benefit Approvals Team Department of Education and Training GPO Box 9880, Darwin NT 0801