**Application for consent to the variation**

**of the secondary use of an ECEC facility**

**Please provide details below.**

* + 1. **Lessee / Tenant Details**

|  |  |
| --- | --- |
| **Lessee’s Name** |       |
| **Mailing Address** |       |
| **ACN/ABN Number** |       |
| **Contact Officer** |       |
| **Phone** |       |
| **Email** |       |

* + 1. **Lease Details**

|  |  |
| --- | --- |
| **Real Property Description** | Lot       on       Plan       |
| **Street Address of Property** |       |
| **Part or whole of the Lot leased***(Select one.)* | [ ]  Part [ ]  Whole |
| **Co-located with a School/TAFE** *(Select one.)* | [ ]  Yes [ ]  No |
| **Name of School/TAFE** |       |
| **Lessee’s Service Type***(Select one.)* | [ ]  Kindergarten [ ]  Long day care centre[ ]  Limited hours care [ ]  Early Years Centre[ ]  Children and Family Centre [ ]  Child and Family Support Hubs |

* + 1. **Secondary Provider’s Details and Complementary Services Provided**

*Please add more complementary services if needed.*

* 1. **Complementary Service 1**
1. ***Secondary Provider’s Details***

|  |  |
| --- | --- |
| **Date of Consent Granted** |       |
| **Secondary Provider’s Name** |       |
| **Mailing Address** |       |
| **ACN/ABN Number** |       |
| **Contact Officer** |       |
| **Phone** |       |
| **Email** |       |

1. ***Current Complementary Service Arrangement***

|  |  |
| --- | --- |
| **Current Delivery Day***(Select all appropriate.)* | [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday[ ]  Friday [ ]  Saturday [ ]  Sunday |
| **Current Delivery Time/Term** |       |
| **Current Complementary Service Type***(Select all appropriate.)* | [ ]  Playgroup [ ]  Early learning programs [ ]  Transition to school programs[ ]  Outside school hours care / vacation care[ ]  Adjunct care[ ]  Child health services[ ]  Maternal health services (including maternity services)[ ]  Health promotion activities[ ]  Parent/family information, support services[ ]  Child support services[ ]  Other services. Please specify.       |

1. ***Variation to Complementary Service Arrangement***

**For variation only**

|  |  |
| --- | --- |
| **New Delivery Day***(Select all appropriate.)* | [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday[ ]  Friday [ ]  Saturday [ ]  Sunday |
| **New Delivery Time/Term** |       |
| **New Complementary Service Type***(Select all appropriate.)* | [ ]  Playgroup [ ]  Early learning programs [ ]  Transition to school programs[ ]  Outside school hours care / vacation care[ ]  Adjunct care[ ]  Child health services[ ]  Maternal health services (including maternity services)[ ]  Health promotion activities[ ]  Parent/family information, support services[ ]  Child support services[ ]  Other services. Please specify.       |
| **Other** **Please comment**  |       |

**Checklist (please ensure you have):**

[ ]  Attached a copy of documentation regarding the agreement between you and the secondary provider(s) to change the arrangements for complementary services delivered at the ECEC facility.

*I declare that all information provided in this application is true and correct.*

|  |  |
| --- | --- |
| **Signed by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Lessee delegate’s signature)***Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Witnessed by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Witness’ signature)***Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For Early Childhood and Education Improvement Division’s Use Only**

**Date application received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HPERM ref:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Application processed by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Full name)***Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| Once you have completed all sections please submit the completed application form to:Early Childhood and Education ImprovementDepartment of EducationPO Box 15033CITY EAST QLD 4002ORecec.facilities@qed.qld.gov.au Should you require further information or have an enquiry, please contact (07) 3328 6719 |