

BCDP - Application and self-assessment

Form Preview

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Instructions

You will need to complete Part A, B and C of this form:

Part A: Program eligibility and application

Part B: Service self-assessment

Part C: Applicant declaration

You can stop and come back to this form, and you can make changes to your application at any time until you have pressed 'Submit'. Once the application has been submitted, no further changes can be made without contacting Early Childhood Education (ECE) Information and Enquiries team on:

1800 619 113 ececd@det.nsw.edu.au

The person completing this form should be an authorised officer (e.g. Person with Management or Control or Nominated Supervisor as per service record in NQAITS). The approved provider (e.g. Primary Contact or Person with Management or Control as per the provider record in NQAITS), must endorse the application. This person may also be the authorised officer.

You should refer to the [Business Capability Development Program guidelines](#) while you complete this application.

Multiple services under a single small provider (a NSW approved provider with between 1-6 early childhood and education care services) may apply for this program if they meet all the eligibility criteria, but a separate application and self-assessment must be completed for each service.

You must complete every section and submit the online form to be considered for the program.

Closing date

Applications for the Business Capability Development Program will close at **midnight on 24 May 2024.**

Get help

Help with your application

For any questions including about:

- - how to apply
 - program activities or requirements

please contact:

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Early Childhood Education (ECE) Information and Enquiries team NSW Department of Education 1800 619 113 ececd@det.nsw.edu.au

The ECE Information and Enquiries team can also put you in contact with your local department representative who will be able to help. (These people are part of the 'Local Reform and Commissioning' teams).

Help with the online application system

If you need help with the online application system, please contact:

service@smartygrants.com.au

Part A: Application form

* indicates a required field

Question 1

What is your service type? *

- long day care
- community preschool
- mobile preschool

The service must be one of the following approved service types operating in NSW: a centre-based service (education and care for children up to school age), including long day care and community preschool; or a mobile preschool Aboriginal Community Controlled Organisations (ACCO services delivering an approved ECEC and not participating in Sector Strengthening program) that belong to one of the above service types are also eligible for this program. Public preschools, family day care services and out of school hours care (OSHC) services are not eligible for this program.

Question 2

Please select the Statistical Area (as defined by the Australian Bureau of Statistics) that your service operates in *

- Campbelltown
- Coffs Harbour
- Dubbo

The service must operate in the Statistical Area 3 trial locations (as defined by the Australian Bureau of Statistics) of Campbelltown, Coffs Harbour or Dubbo. To confirm the service address is within the trial SA3 locations, refer to the ABS Maps website. Campbelltown: <https://maps.abs.gov.au/?xmin=16786218.701582532&ymin=-4038551.5108105573&xmax=16791435.528763134&ymax=-4036267.95459047>

Coffs Harbour: <https://maps.abs.gov.au/?xmin=17034165.575638182&ymin=-3546271.23941051&xmax=17055032.884360008&ymax=-3537137.0145304438>

Dubbo: <https://maps.abs.gov.au/?xmin=16458755.15191577&ymin=-3832356.246404892&xmax=16625693.62169066&ymax=-3759282.44736423538>

Question 3

Is the service an Approved Service operated by a small NSW Approved Provider? *

- Yes
- No

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Approved Service under the Education and Care Services National Law and/or Children (Education and Care Services). The service must operate under a NSW approved provider that is small in size. A small provider for this program is defined as an approved provider with between 1-6 early childhood and education care services.

Question 4

By selecting the below, I agree with the following statements that align to eligibility criteria as outlined in the program guidelines: *

- I confirm the service delivers an early childhood education program designed by a degree qualified early childhood teacher in accordance with the Early Years Learning Framework (EYLF) and relevant legislation
- I confirm as an authorised officer of the applicant service, I have discussed application for and participation in the Business Capability Development Program with the Approved Provider who has endorsed the application. Additionally, I confirm I have discussed with my Approved Provider that they will be a primary point of contact for the duration of my service's participation in the program, as funding acquired through program participation will be directed to them for distribution
- I confirm the provider is registered, or willing and able to register, with the NSW Department of Education's Early Childhood Contract Management System (ECCMS)
- I understand that the service's Approved Provider will be required to enter into and comply with a funding agreement and adhere to the program guidelines if assessed as successful for program participation. I confirm that my service will need to comply with all financial data collection, reporting and acquittal requirements, and any other requirements as specified in this funding agreement
- I confirm the service agrees to participate in eligible program activities and acknowledge that any grant amounts received must be used as outlined in the program guidelines and funding agreement
- I confirm the service is not participating in the: Australian Government, Department of Education Business support for Community Child Care Fund (CCCF); or NSW Government, Department of Education, Sector Strengthening Partnership (nsw.gov.au)
- I confirm the service will not use the Australian Government Department of Education Professional development subsidy for this program

All options need to be selected to progress with application and self-assessment.

Unfortunately, the option selected does not meet the eligibility criteria for the Business Capability Development program.

Please refer to the [Business Capability Development Program guidelines](#) for eligibility criteria.

For assistance or advice please contact

Early Childhood Education (ECE) Information and Enquiries team 1800 619 113
ececd@det.nsw.edu.au

Part A: Application form

* indicates a required field

Applicant/Authorised officer details

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Contact details: Applicant/ Authorised officer, Service and Approved Provider *

As the person completing this form, I confirm I have obtained consent to provide the details of the other person/s in this application.

Name *

First Name

Last Name

Position title within your service *

e.g. director, nominated supervisor etc.

Phone number *

Must be an Australian phone number.

Phone number must match Australian phone number format. Local line numbers must have area code as prefix. E.g. 02 xxxx xxxx or 612 xxxx xxxx. Mobile numbers must match the following format: 04xx xxx xxx or 61 4xx xxx xxx.

Email address *

e.g. director@abc123.com

Part A: Application form

* indicates a required field

Service contact details

Service Name *

Organisation Name

Enter service name as approved and listed in NQAITS

Service Approval number *

Enter your 8 digit NQAITS Service Approval ID without the prefix SE. E.g. enter 00001234 for SE-00001234.

Service address *

Address

Address line 1, Suburb/Town, State/Province and Postcode are required. Country must be Australia

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Part A: Application form

* indicates a required field

Approved Provider details

Approved Provider name *

Organisation Name

Enter approved provider name as listed in NQAITS

ABN for the Approved Provider *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Refer to Lookup check with Australian Business Register

Approved Provider ID *

Enter your 8 digit NQAITS Approved Provider ID without the prefix PR. E.g. enter 00001234 for PR-00001234.

Approved Provider Name who endorses this application *

First Name

Last Name

The name must match the Approved Provider Primary Contact or Active Person with Management or Control (PMC) in NQA ITS

Position title *

e.g. Owner, Company Director, Secretary etc

Phone number *

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Must be an Australian phone number.

Phone number must match Australian phone number format. Local line numbers must have area code as prefix. E.g. 02 xxxx xxxx or 612 xxxx xxxx. Mobile numbers must match the following format: 04xx xxx xxx or 61 4xx xxx xxx.

Email address *

e.g. director@abc123.com

How did you hear about the program? *

- Department website
- Department email update
- Contacted by the department Local Reform and Commissioning team
- Other:

Tick as many as relevant

Part B: Self-Assessment – Goals, opportunities, challenges

The Business Capability Development Program aims to enhance the viability and sustainability of NSW Early Childhood Education Centre services by uplifting workforce business leadership and management capabilities to better support NSW families, children and the ECEC workforce.

For this program, the term ‘viability’ refers to the ability of ECEC services to exist, sustain and grow their operations over time, and the term ‘sustainability’ refers to the ability of ECEC services to continually provide quality services that meet the needs of the community in which they operate.

For the purposes of the program, ‘business leadership and management’ refers to the skillsets, capabilities and behaviours that lead to the effective, sustainable and high-quality administration and operations of an ECEC service.

Please use the below questions to reflect on how your service operates. Your answers allow you to demonstrate how your service goals, opportunities and challenges align with the program objectives and activities and will provide us with information to coordinate the program according to your service’s unique needs.

If the number of applications is greater than the budgeted places, eligible applications will be evaluated by the assessment panel (comprised of Department of Education representatives) against the following criteria:

- i. Comparative assessment of relative need for capability uplift in key areas based on self-assessment information (questions 1-3 below); and
- ii. Weighting that might include priority location, service, service provider and population data with a defined region.

Please do not to include other people’s personal information or de-identify the information in the answers below.

Part B: Self-Assessment – Goals, opportunities, challenges

* indicates a required field

Question 1

How will your participation in the business capability development program align with its key goals? *

Word count:

In answering this question, you may wish to provide details of current challenges, opportunities, need and other details where necessary. The program goals are to: increase ECEC service viability and sustainability improve ECEC service workforce capability, and broader workforce satisfaction and retention increase insights into needs and identify opportunities to strengthen sector viability. 500 word limit.

Part B: Self-Assessment – Goals, opportunities, challenges

* indicates a required field

Question 2

How will the needs of children and quality of care be maintained during your participation in the program? *

Word count:

Participating services will receive access payments to support staff backfill for program participation. You may wish to outline how you will use these payments to maintain quality of care. 500 word limit.

Part B: Self-Assessment – Goals, opportunities, challenges

* indicates a required field

Question 3

For each business leadership and management capability area that impacts your service, please select your services general level of confidence (with 1 being not at all confident and 5 being extremely confident)

Confidence scale: Select 1 (least confident) to 5 (most confident)

Governance processes and oversight *

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1 2 3 4 5

For example, volunteer board onboarding and operations

Community, family and staff engagement *

1 2 3 4 5

For example, relationship management, conflict management, cultural competency and excellence

Change management *

1 2 3 4 5

For example, implementing and communicating change related to new programs

Staff management *

1 2 3 4 5

For example, staff induction, rostering, recruitment

Administration processes *

1 2 3 4 5

For example, record keeping, reporting

Processes and procedures *

1 2 3 4 5

For operational management and risk management, for example, day to day budgeting

Processes and procedures for work health and safety *

1 2 3 4 5

Processes and procedures for property and asset management *

1 2 3 4 5

Processes and procedures for financial management *

1 2 3 4 5

For example, managing funding from programs and yearly budgeting

Information technology use and processes *

1 2 3 4 5

Strategy/business planning *

1 2 3 4 5

For example, project management, disaster management planning

Other capability development areas(s) your service needs to support business viability to exist, sustain and grow your operations over time, and sustain quality service delivery that meets the needs of your community

Word count:
200 word limit

1 2 3 4 5

Part B: Self-Assessment – Goals, opportunities, challenges

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* indicates a required field

Question 4

For each business leadership and management capability area, please select the impact it has on your service:

Minor The service is running smoothly in this capability area, but we are keen to improve

Moderate There are regular disruptions and/or challenges in this capability area that take significant time and effort to address

Significant There are major disruptions and challenges in this capability area, to the point of affecting our ability to continue providing services

Governance processes and oversight *

Minor Moderate Significant

For example, volunteer board onboarding and operations

Community, family and staff engagement *

Minor Moderate Significant

For example, relationship management, conflict management, cultural competency and excellence

Change management *

Minor Moderate Significant

For example, implementing and communicating change related to new programs

Staff management *

Minor Moderate Significant

For example, staff induction, rostering, recruitment

Administration processes *

Minor Moderate Significant

For example, record keeping, reporting

Processes and procedures for operational management and risk management *

Minor Moderate Significant

For example, day to day budgeting

Processes and procedures for work health and safety *

Minor Moderate Significant

Processes and procedures for property and asset management *

Minor Moderate Significant

Processes and procedures for financial management *

Minor Moderate Significant

for example, managing funding from programs and yearly budgeting

Information technology use and processes *

Minor Moderate Significant

Strategy/business planning *

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Minor Moderate Significant

For example, project management, disaster management planning

Other capability development areas(s) your service needs to support business viability to exist, sustain and grow your operations over time, and sustain quality service delivery that meets the needs of your community

200 word limit

Minor Moderate Significant

Part B: Self-Assessment – Goals, opportunities, challenges

* indicates a required field

Question 5

How would you rank in order of priority (with 1 being the capability area most needed for your service and 12 being the capability area needed least for your service), your need for the following business leadership and management capability areas?

Must be a number from 1 to 12 ranking 1st to 12th

Governance processes and oversight *

For example, volunteer board onboarding and operations. Do not repeat numbers

Community, family and staff engagement *

For example, relationship management, conflict management, cultural competency and excellence. Do not repeat numbers

Change management *

For example, implementing and communicating change related to new programs. Do not repeat numbers

Staff management *

For example, staff induction, rostering, recruitment. Do not repeat numbers

Administration processes *

For example, record keeping, reporting. Do not repeat numbers

Processes and procedures for operational management and risk management, *

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For example, day to day budgeting. Do not repeat numbers

Processes and procedures for work health and safety *

Do not repeat numbers

Processes and procedures for property and asset management *

Do not repeat numbers

Processes and procedures for financial management *

For example, managing funding from programs and yearly budgeting. Do not repeat numbers

Information technology use and processes *

Do not repeat numbers

Strategy/business planning *

For example, project management, disaster management planning. Do not repeat numbers

Other capability development areas(s) your service needs to support business viability to exist, sustain and grow your operations over time, and sustain quality service delivery that meets the needs of your community.

Word count:
200 word limit

Do not repeat numbers

Part C: Applicant Declaration

Applicant Declaration

I consent to the Childcare and Economic Opportunity Fund Board sharing information and data about my application and participation with the NSW Department of Education for the purposes of application assessment, program partner procurement, program activities, ongoing monitoring and program evaluation. The information may also be shared with contracted third-party program partners. De-identified aggregate data may also be shared more broadly for reporting purposes.

I consent to the Board accessing my service's National Quality Agenda IT System (NQAITS) records to verify the information provided in this application

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I confirm that I have read, understood and will adhere to the [Business Capability Development Program guidelines](#)

I confirm that our service goals, opportunities, and challenges align with program objectives and activities, and I confirm the accuracy of the content

I confirm that there are no other issues related to me or the applicant service, that would impact my application or ability to fulfil the program activities, or will cause damage to the reputation of the Board and the program. If my application is successful, I will notify the Board as soon as practicable if any such issue arises.

I confirm I have read and understood the [Privacy Collection Notice](#).

I agree and confirm the above statements:

Yes

Your application for the Business Capability Development Program is now complete.

Thank you for completing the Business Capability Development Program application.

Once you **submit your application**, it will be reviewed and assessed by the panel with an anticipated notification of outcome by 2 August 2024. For any further enquiries, please contact the Early Childhood Education Information and Enquiries team on: 1800 619 113 ececd@det.nsw.edu.au