

ECEC Flexible Initiatives Trial - Round 2 Application Form

Form Preview

ECEC Flexible Initiatives Trial Round 2 Application Form

Form overview

This application form should be completed by the Approved Provider, or an authorised contact, applying for Round 2 of the [ECEC Flexible Initiatives Trial](#).

Applicants intending to submit more than 1 application must contact the department on ecec.funding@det.nsw.edu.au prior to submitting their application.

Applications for the ECEC Flexible Initiatives Trial Round 2 are **open until 7:00PM, 2 July 2024**.

For assistance with the online application system:

Contact the Smarty Grants Support Desk by phone on (03) 3920 6888 between 9am and 5pm Monday to Friday or email service@smartygrants.com.au for help.

For questions relating to the ECEC Flexible Initiative Trial:

Contact Early Childhood Education Funding team on 1800 619 113 or email ecec.funding@det.nsw.edu.au

Privacy collection notice

The NSW Childcare and Economic Opportunity Fund Board (the **Board**) is committed to protecting the privacy of your personal information in accordance with the *Privacy and Personal Information Protection Act 1998 (PIIP Act)* and *Health Records Information Privacy Act 2002 (HRIP Act)*.

The Board collects and uses personal information to administer programs under the Childcare and Economic Opportunity Fund, including the Flexible Initiatives Trial (FIT) Program. Personal information will be used for application assessment, ongoing monitoring and program evaluation. The information may be shared with the NSW Department of Education (the **Department**), or contracted third-party vendors for the purposes outlined in this Notice.

The Board will not disclose your personal information to other third parties unless authorised by law.

From time to time, the Board may release publications based on information it has collected, but any personal information will be de-identified.

Any personal information you provide with this application will be held and managed by the Board in accordance with the PPIP Act and HRIP Act, and subject to the privacy policies published by the NSW Department of Education. For further information, please see the Department's [Privacy Management Plan](#) and the [Department's Privacy policy](#).

This information is supplied voluntarily, but failure to provide the information may impact our ability to assess your application. If you have a concern or complaint about the way personal information has been collected, used or disclosed you should contact: ecec.funding@det.nsw.edu.au

Once personal information has been provided, you may also withdraw your consent at any time, and no further personal information will be collected or used.

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Eligibility criteria

* indicates a required field

Eligibility pre-application statement

This statement has been designed to assist you in determining that you are eligible to make an application for funding under the ECEC Flexible Initiatives Trial.

If you are unable to confirm any or part of each requirement listed below, it is likely that you are not eligible to make an application. Please review the [ECEC Flexible Initiatives Trial Program Guidelines](#) for more information on eligibility or contact the department on 1800 619 113 or ecec.funding@det.nsw.edu.au

I confirm that: *

- The service is an approved early childhood education and care service, operating in NSW, under the Children (Education and Care Services) National Law (NSW) and Children (Education and Care Services) Supplementary Provisions Regulation 2012
- The service is not a NSW Department of Education public preschool
- The proposed flexible initiative will provide care for children within the 0-6 year age group
- The proposed flexible initiative is beyond the service's current, existing or ongoing activities
- I give permission for the NSW Department of Education, on behalf of the Board, to access the service's National Quality Agenda IT Systems (NQAITS) records to enable assessment of this application
- I am registered or willing to register with the NSW Department of Education's Early Childhood Contract Management System (ECCMS) and/or any other systems implemented by the department for contract management
- I understand that should my application be successful, I will be required to accept and comply with the Funding Agreement Terms and Conditions of the ECEC Flexible Initiatives Trial and agree to any other requirements set out in the guidelines
- The funding being sought as part of this application will not be used for activities already funded, in part or in whole, through other grant funding (e.g. Australian Government or NSW Government grant programs).

At least 8 choices must be selected.

What service type is your application for? *

- Before and after school care
- Community preschool (centre-based)
- Family day care
- Long day care
- Mobile preschool
- Occasional care
- Other

As you have selected 'Other', please specify your service type: *

Word count:

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Must be no more than 20 words.

Please indicate the current, or most recent, NQS rating for your ECEC service's assessment and rating outcome *

- Excellent
- Exceeding
- Meeting
- Working towards
- Significant improvement required
- Not yet assessed

Please provide further information on the service's NQS rating: *

Word count:

Must be no more than 100 words.

Services with a NQS rating of 'Working towards' or 'Not yet assessed' will only be considered in limited circumstances.

Please contact the department

Based on the information provided, you may be ineligible for the ECEC Flexible Initiatives Trial. Please review the [Program Guidelines](#) for more information on eligibility or contact the department on 1800 619 113 or ecec.funding@det.nsw.edu.au

Contact details

* indicates a required field

Approved provider details

Please provide details of the Approved Provider

Note: Stream 2 applicants should provide the details of your Approved Provider in this section. You will be required to provide details of your partner service Approved Provider later in the application process.

Approved Provider name: *

First Name

Last Name

Approved Provider phone number: *

Must be at least 10 characters.

E.g. 0294113344 or 0400300311

Approved Provider email address: *

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Must be an email address.

Approved Provider address: *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Approved Provider ABN: *

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	

Must be an ABN.

Approved Provider ID (PR-12345678): *

Must be a number.

Enter your 8-digit PR number as per NQAITS. For example: 00001234, 40001234 etc.

Approved Provider name (Legal entity name): *

Do you wish to authorise a different contact person for this application? *

- Yes
 No

The authorised contact is the person that the department will contact with regards to any information on the application including the outcome of the application. Evidence of the authority from the approved provider must be provided.

Please upload evidence of this authority: *

Attach a file:

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A minimum of 1 file must be attached.

Name of the authorised contact: *

Phone number of the authorised contact: *

Must be at least 10 characters.

E.g. 0294113344 or 0400300311

Email address of the authorised contact: *

Must be an email address.

Are you applying to establish a new family day care? *

- Yes
 No

Service details

Please provide details of the service which will be delivering the proposed initiative.

Stream 2 applicants should provide the details of your service in this section. You will be required to provide details of your partner service later in the application process.

Service Approval number (SE-12345678): *

Must be a number.

Enter your 8-digit SE number as per NQAITS. For example: 00001234, 40001234 etc.

Service name: *

Service's address: *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia and address must be in NSW.

Is your service a Multifunctional Aboriginal Children's Service, Aboriginal Controlled Children's Service or an Aboriginal Child and Family Centre? *

- Multifunctional Aboriginal Children's Service
 Aboriginal Controlled Children's Service
 Aboriginal Child and Family Centre

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- None of the above

Funding Streams

* indicates a required field

Please select the ECEC Flexible Initiatives Trial program stream you are applying for: *

- Stream 1A - Trialling flexible service delivery of smaller-scale operating model changes within one service provider and service type
- Stream 1B - Establishing a new family day care in outer regional, remote and very remote locations (according to ARIA+ classification)
- Stream 2 - Trialling delivery of larger-scale innovative operating model through collaboration between 2 service types

If you wish to apply for more than one stream, please submit a separate application form for each stream.

A new family day care establishment

* indicates a required field

New family day care intended service

Stream 1B funding is available for the establishment of a new family day care service in outer regional, remote or very remote areas, (according to [ARIA+ classification](#)), facilitated by a qualified educator, under an existing Approved Provider.

Approved Providers seeking to establish a new family day care service, at the intended address, must already be operating at least one service in NSW which must hold a quality rating of at least Meeting the National Quality Standard.

You will need to have a qualified educator willing to establish a new family day care service at the intended address.

Confirmation required *

- I confirm that I currently operate a service in NSW which has been assessed and rated with at least Meeting the National Quality Standard.

Intended service address: *

Address

Location must be a outer regional, remote or very remote location according to ARIA+ classification

Has the approved provider previously delivered a family day care service at this address? *

- Yes

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No

Information regarding previous application for approvals

Has the Approved Provider been previously denied by the ECEC Regulatory Authority for a family day care to operate at the intended address? *

- Yes
 No

Has the Approved Provider been previously denied by the local council relating to establishing or operating a family day care at the intended address? *

- Yes
 No

Please explain when, and why, your application was denied by the ECEC regulatory authority: *

Word count:

Must be no more than 100 words.

Please explain when, and why, your application was denied by the local council: *

Word count:

Must be no more than 100 words.

Details of your proposed flexible initiative

* indicates a required field

What is your proposed initiative? *

Word count:

Must be no more than 50 words.

This is a concise statement outlining the key operating model changes or collaborative partnership to deliver an innovative model of ECEC

How do you plan to deliver this initiative? *

Word count:

Must be no more than 200 words.

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How is your proposed initiative different from your current or existing way of delivering ECEC at your service? *

Word count:

Must be no more than 200 words.

If you are applying for Stream 1B, please write 'n/a' or 'not applicable'

Please select the key objectives of the ECEC Flexible Initiative Trial that align with your proposed initiative: *

- Increase accessibility of ECEC for families who need more flexible options, including an increase in the number of available places
- Increase participation, particularly of women, in work and/or study, which is enabled by increased access to ECEC services
- Increase service providers' knowledge of local flexibility needs and their capacity to meet those needs
- Provide appropriate support and working conditions for educators delivering flexible models
- Develop an evidence base for successful flexible models to inform future program development

At least 1 choice must be selected.

For each objective chosen, you will be required to provide a response explaining how your proposed initiative aligns with that objective.

How does your proposed initiative increase the accessibility of ECEC for families? *

Word count:

Must be no more than 200 words.

How does your proposed initiative increase participation, particularly of women in work and/or study? *

Word count:

Must be no more than 200 words.

How does your proposed initiative increase service providers' knowledge of local flexibility needs and their capacity to meet those needs? *

Word count:

Must be no more than 200 words.

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How does your proposed initiative provide appropriate support and working conditions to educators delivering the flexible model? *

Word count:

Must be no more than 200 words.

How will your proposed initiative inform the development of an evidence base for future successful flexible ECEC models? *

Word count:

Must be no more than 200 words.

Key Assessment Criteria

* indicates a required field

Please provide evidence of the local need for a more flexible ECEC service and how you have identified this need *

Word count:

Must be no more than 300 words.

If you upload raw data as your evidence, please provide a summary of the findings and ensure no personal details about children are included.

Attach evidence of the local need

Attach a file:

A maximum of 2 files may be attached.

Please attach any evidence of local need to support your application.

How will the needs of children and quality of care be maintained during the delivery of your proposed initiative? *

Word count:

Must be no more than 300 words.

Consider all children attending the service, including the current children and future enrolments.

How will staff wellbeing be maintained during the delivery of your proposed initiative? *

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Word count:

Must be no more than 300 words.

How will you ensure your proposed initiative will be accessible and inclusive of all children and families in your local community? *

Word count:

Must be no more than 300 words.

How will your service evaluate or determine the success of your proposed initiative? *

Word count:

Must be no more than 300 words.

Consider clear goals that can be used to evaluate the success of your proposed initiative

How do you intend to sustain your proposed initiative beyond the funded period? *

Word count:

Must be no more than 300 words.

Should your initiative be unsustainable, please outline your exit strategy including the impact it may have on children and families participating in your proposed initiative *

Word count:

Must be no more than 300 words.

Regulatory information

* indicates a required field

Details of regulatory, local council or strata approvals, if required or held

All proposed initiatives must adhere to regulations, including relevant building codes and guidelines where applicable, and have relevant regulatory and/or council approvals, including any strata approvals.

For all grants provided under the ECEC Flexible Initiatives Trial, the appropriate regulatory approval will need to be obtained for any new service approvals or changes to existing service or provider approval.

Services are responsible to obtain the necessary regulatory and/or local council or strata approvals.

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Submitting an application, or being successful, for the ECEC Flexible Initiatives Trial does not guarantee any outcome from the regulatory authority and/or local council.

Please select if you hold, or will need to obtain, regulatory approval to deliver this initiative? *

- Yes, I hold the regulatory approval to deliver the initiative
- No, I will be required to obtain the regulatory approval to deliver the initiative

Please provide details of regulatory approvals that you will need to obtain: *

Word count:

Must be no more than 100 words.

If you have previously been denied regulatory approval related to delivering this initiative, please provide details including when and why: *

Word count:

Must be no more than 100 words.

Please write 'n/a' or 'not applicable' if there are no previous denials

Please select if you hold, or will need to obtain, council and/or strata approval to deliver this initiative? *

- Yes, I hold the council and/or strata approval to deliver the initiative
- No, I will be required to obtain council and/or strata approval to deliver the initiative

Please provide details of council and/or strata approvals that you will need to obtain: *

Word count:

Must be no more than 100 words.

If you have previously been denied any council and/or strata approval related to delivering this initiative, please provide details including when and why: *

Word count:

Must be no more than 100 words.

Write 'Not Applicable' if there are no previous denials

About your intended service

* indicates a required field

Intended places for 0-6 year old children *

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Must be a number.

Please provide the maximum number of 0-6 year old children that could attend your service each day

Intended operating hours

Please list your intended operating hours.

If you are not intending to operate on particular days, please write 'none'.

Intended business days	Intended operating hours
	If you do not intend to operate on a day, please write 'none'
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Please provide details of the intended sessions, enrolments and fees of your new family day care service

If you will cater for school-aged children, please only include information for children in the 0-6 year age group.

Intended age groups	Intended session details	Intended maximum number of enrolments	Intended fees
			Must be a dollar amount.
Eg. 0-5 year olds	e.g. Monday 8:00am - 6:00pm	e.g. 3	e.g. \$XX.XX

Please outline how your intended fees for the proposed initiative represents value for money for families: *

Word count:

Must be no more than 200 words.

Staffing

Do you have a qualified family day care educator, holding an approved certificate III level (or higher) qualification, willing to establish a new family day care service at the intended location. *

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- Yes
- No

Remember to include the costs in the itemised budget

Please outline how you will organise to have a qualified educator to establish the new family day care at the intended location. *

Must be no more than 200 words.

About your service

* indicates a required field

Licensed Places

Current licensed places *

Must be a number.

If you are a family day care service, please provide the maximum number of 0-6 year old children attending your service each day

Intended licensed places

*

If you are not changing your licensed places, please write 'n/a' or 'not applicable'.

Operating Hours

Please list your current and intended changes to operating hours.

If you are not currently operating on particular days, please write 'none' in the current operating hours fields.

If you are extending your operating hours, please record your full operating time in the intended operating hours column (please see the example).

Business days	Current operating hours	Intended operating hours
	If you do not currently operate on a day, please write 'none'	If your hours of operation are not changing, please leave blank
Monday	E.g. 8am to 4pm	E.g. 7am to 6pm
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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Please provide details of the sessions, enrolments and fees of the current operating model at your service

If you cater for school-aged children, please only include information for children in the 0-6 year age group.

Examples:

Age group: 2-3 year-old - current session: Monday 9am-1pm - current enrolment: 20 - current fees \$XX.XX

Age group: 2-3 year-old - current session: Monday 12pm-5pm - current enrolment: 5 - current fees \$XX.XX

Age group: 3-5 year-old - current session: All day 6am-6pm - current enrolment: 30 - current fees \$XX.XX

Age group	Current session details	Current maximum number of enrolments	Current fees
	Include day and session hours	Must be a number.	Must be a dollar amount.
			\$
			\$
			\$
			\$
			\$

Please provide details of the session, enrolment and fees of the intended operating model proposed at your service

Only include information about the intended sessions, enrolments or fees you are proposing to change.

Where there is no change, please write 'n/a' or 'not applicable'.

If you cater for school-aged children, please only include information for children in the 0-6 year age group.

Examples:

Age group: 2-3 year-old - intended session: Monday 7am-12pm - intended enrolment: 20 - fees unchanged intended fee change: \$XX.XX

Age group: 3-4 year-old - intended session: 9am-5pm - intended enrolment: 50 - fees unchanged (repeat current fees \$XX.XX)

Age group: 4-5 year-old - intended session change: n/a - intended enrolment change: 30 - intended fee change: \$XX.XX

Age groups	Intended sessions	Intended maximum enrolments	Intended fees
			Must be a dollar amount.
			\$
			\$
			\$

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Please outline how your fees for the proposed initiative represents value for money for families *

Word count:

Must be no more than 200 words.

Staffing

Do you intend to increase your current staff FTE (full time equivalent) to deliver your proposed initiative? *

- Yes
 No

Please outline if the increase in staff FTE (Full time equivalent) is:

- increasing hours for current FTE and/or
- recruiting new FTE, including your recruitment plan

You can include this cost in your budget.

Note: Full-time equivalent, or FTE, measures the total amount of full-time employees. To calculate this, add up the full-time, part-time or casual hours of employees into measurable 'full-time' units.

Please outline the increased staffing needed for your proposed initiative and how this will be achieved *

Word count:

Must be no more than 200 words.

Remember you can include the costs in the itemised budget

Blended service delivery

* indicates a required field

Partner Service details

Please provide the requested details about your partner service.

- The primary applicant is the service who will be signing in or out, and assuming responsibility for the education and care of the children outside of the children's core ECEC location and hours (that is, providing care for children for wraparound or extended period/s).
- Your partner service should be providing early childhood education and care during core hours.

As a primary applicant, you will be required to provide details of your partner service and evidence of your partnership. Evidence of your partnership should include:

- outline of roles and responsibilities between your service and the partner service.

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- agreement that the primary applicant can proceed to lodge an application for the proposed initiative.
- understanding that the funding agreement will be with the primary applicant and they will receive the funding.

Example: A family day care service is seeking funding so that they can collect children from a local community preschool at their close of business and continue to care for the children until later in the evening. In this instance, the family day care service would be the primary applicant and the community preschool would be the partner service.

Partner Service: Approved Provider contact name *

Partner Service: Approved Provider contact number *

Must be at least 10 characters.
E.g. 0294113344 or 0400300311

Partner Service: Approved Provider email address: *

Must be an email address.

Partner Service: Approved Provider ABN *

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	

Must be an ABN.

Partner Service: Approved Provider ID (PR-12345678) numbers only: *

Must be a number.
Enter your 8-digit PR number as per NQAITS. For example: 00001234, 40001234 etc.

Partner Service: Approved Provider name (legal entity name): *

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Partner Service: Service Approval number (SE-12345678): *

Must be a number.

Enter your 8-digit SE number as per NQAITS. For example: 00001234, 40001234 etc.

Partner Service: Service name: *

Partner Service: service address: *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia and address must be in NSW.

Please upload evidence of your partnership. For example, an email from the approved provider of your partner service confirming their commitment to deliver the flexible initiative outlined in this application: *

Attach a file:

Operating Hours

Outline the operating hours required to deliver the proposed initiative for your service and partner service.

Business days	Your intended operating hours	Partner Service intended operating hours
	If you will not operate on a day, please write 'n/a'	If the partner service will not operate on a day, please write 'n/a'
Monday	E.g. 7am to 6pm	E.g. Monday 8am to 4pm
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please provide details of the intended session, enrolments and fees

Please outline details below for the children expected to participate in the proposed initiative.

Example:

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Age group: 4-5 year-old - intended session: Monday-Friday 7am-9am before preschool care - intended enrolment: 3 - current fees \$XX.XX

Age group	Intended session details	Intended enrolments	Intended fees
	Include all the time that you are responsible for the child/ren (e.g. including travel time)		

Please outline how your fees for the proposed initiative represents value for money for families *

Word count:

Must be no more than 200 words.

Will you be increasing licensed places, of your service, to deliver the proposed initiative? *

- Yes
 No

Please note any increase to licensed places for your service only.

Current licensed places *

This is only for your service

Intended licensed places *

This is only for your service

Do you intend to increase the current staff FTE (full time equivalent) in either your and/or the partner service to deliver your proposed initiative? *

- Yes
 No

Please outline if the increase in staff FTE (Full time equivalent) is:

- increasing hours for current FTE and/or
- recruiting new FTE, including your recruitment plan

You can include this cost in your budget.

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Note: Full-time equivalent, or FTE, measures the total amount of full-time employees. To calculate this, add up the full-time, part-time or casual hours of employees into measurable 'full-time' units.

Please outline the increased staffing needed at your service for the proposed initiative and how this will be achieved *

Word count:

Must be no more than 200 words.

If staffing is not changing at your service, please write 'n/a' or 'not applicable'

Please outline the increased staffing needed at the partner service for the proposed initiative and how this will be achieved *

Word count:

Must be no more than 200 words.

If staffing is not changing at partner service, please write 'n/a' or 'not applicable'

Budget breakdown and proposed timeline

* indicates a required field

Itemised breakdown

Provide a detailed breakdown (excluding GST) of the budget elements required to deliver your proposed initiative. Please refer to the [Program Guidelines](#) for 'what can and cannot be funded'.

- Justification for each element of funding requested is mandatory.
- Evidence or quotes must be attached for amounts exceeding \$10,000 and/or minor capital works expenditure that is directly related to delivering your proposed initiative.

The assessment panel will be considering the value for money of your proposed initiative.

If you have completed the 'Budget template' using the [application resources](#), you may copy and paste the information in the table below.

Budget Item	\$ Amount (excl. GST)	Justification for each element of the initiative	Upload evidence and/or quotes to support your application
Software expenditure	\$XX.XX	To purchase a new booking software system for casualised care	Quote from the software company
	\$		
	\$		
	\$		
	\$		
	\$		

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	\$		
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Budget Totals

Total Amount (excluding GST)

\$

This number/amount is calculated.

Would you like to provide any other information related to your budget, including how it represents value for money? *

Word count:

Must be no more than 300 words.

Consider providing information on any expenses or resources that you may be contributing.

Proposed initiative start date

The proposed initiative is intended to run for 12 months. Additional time may be considered for necessary regulatory and/or local council approvals.

Please refer to Round 2 'key dates' in the [Program Guidelines](#).

Proposed start date *

Must be a date and no earlier than 1/1/2025.

Projected timeline of milestones

Please complete the table with projected timelines and milestones of your proposed initiative.

If you have completed the 'Projected timeline template' using the [application resources](#), you may copy and paste the information in the table below.

Milestone: "A milestone is a key event in your proposed initiative that must be met before you can receive the planned payment and move to the following stage".

Projected timeline	Milestone	\$ (excluding GST)	Add any other comments
E.g. By end of Month 2	E.g. DA approval + Council fees	\$XX.XX (this will be the total amount of all expenses to achieve the milestone)	E.g. DA and council approval required before amended operating hours can commence

Public Liability Insurance

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Evidence of your Public Liability Insurance is required for all applicants.

If you are applying for Stream 2 Blended Service, please ensure to also upload Public Liability Insurance for your partner provider.

Please upload evidence of Public Liability Insurance: *

Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached.

Applicant's declaration

* indicates a required field

Conflict of Interest declaration

A **Conflict of Interest** means a situation where the exercise of a person's duty or decision-making is influenced, potentially influenced, or may appear to be influenced, by a secondary interest, including (but not limited to) a private or business interest.

Please outline any actual, perceived or potential conflicts of interest you, or your service staff, have in relation to your flexible initiative: *

Word count:

Must be no more than 100 words.

If there are no conflicts of interest please write 'none'.

Notifying the NSW Department of Education of conflicts of interest arising in future *

I confirm that if any conflicts of interest arise between now and the completion of my Funding Agreement, I will notify the NSW Department of Education as soon as practicable.

Consent to verify information

I consent for the assessment panel to verify whether there have been any previous denials of education and care funding from the NSW Department for Education in relation to the proposed initiative, or a similar or related initiative.

Final applicant declaration

By submitting this application, I agree with the below: *

I confirm that to the best of my knowledge the provided information is true and accurate.

I confirm that I have read and understood the ECEC Flexible Initiatives Trial Round 2 Program Guidelines and will adhere to the guidelines.

I confirm that I am authorised to submit the application form on behalf of the service's Approved Provider.

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- I confirm the Approved Provider will keep evidence of expenditure as part of the acquittal and audit process.
- I confirm that to the best of my knowledge there are no other issues, including but not limited to financial circumstances, litigation, investigation, or regulatory proceedings that would impact my application or ability to fulfil the activities proposed in my application, or will cause damage to the reputation of the Board and the ECEC Flexible Initiatives Trial. I confirm that if any such issues arise between now and the completion of my Funding Agreement, I will notify the NSW Department of Education as soon as practicable.
- I understand that submitting an application does not guarantee funding.
- I understand that if my application is successful I will be required to participate in evaluation which may include surveys and/or case studies during and after the trial's completion.
- I understand that, should my application be unsuccessful, I will not be reimbursed for any costs incurred.
- I understand that the NSW Department of Education and/or the Board may make necessary inquiries with any organisation or individual to verify any information provided in this application to establish my identity and my eligibility for funding under ECEC Flexible Initiatives Trial.
- I understand that the NSW Department of Education and/or the Board may be required to make any inquiries and to receive and disclose any information which is relevant to the applicants eligibility for funding under this initiative.
- I understand that failure to supply information required for this application may delay the processing and/or make me ineligible.
- I understand that during the application process the NSW Department of Education and/or the Board may seek additional information.
- I understand that the NSW Department of Education and/or the Board may gather information on regulatory performance and compliance history.
- I understand that submitting this ECEC Flexible Initiatives Trial application does not guarantee any approvals from the regulatory authority and/or the local council.
- I consent to the NSW Department of Education and the Board sharing information and data about my application and flexible initiative for the purposes of application assessment, ongoing monitoring and program evaluation.

At least 15 choices must be selected.