

Start Strong Free Preschool - Opt-in form

Form Preview

Start Strong Free Preschool - Opt-in process

Overview

Start Strong Free Preschool is designed to support families with cost of living pressures through the delivery of free preschool for 600 hours in the two years before school.

Funding will be provided for eligible children aged 3 years and above and will be paid on top of annual Start Strong or mobile preschools funding.

Approved Providers are able to opt in to the program on behalf of all of your services for the full 2022 period.

Services are able to opt out of the program by completing the relevant opt out process through SmaryGrants. The opt out should be completed prior to payment for that term being progressed. Please refer to the [program guidelines](#) for opt-out date requirements.

Please refer to the [program guidelines](#) for additional information, including spending rules, payment timing, and funding conditions.

For support with this program, please contact the Department's Early Childhood Education Directorate on **1800 619 113** or **ecec.funding@det.nsw.edu.au**.

Instructions

Key points to note:

- Opt-in submission applies to 2022 calendar year
- Submitting this form will opt-in all your eligible services. You do not need to complete a separate form for each eligible service.
- Please have your Provider ID available before you start this form

Before you begin, you may preview this form via the menu on the left-hand side.

Once you begin the form, you may save your progress and come back to it at any time.

Your form number will be emailed to you. Please retain this form number for future information requests from the Department

Approved Provider Details

* indicates a required field

Primary Contact Details

Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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please enter in capitals

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Position *

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Must contain 10 digits e.g. 0291231234 or 0412345678

Approved Provider Name (name of organisation) *

Please provide exact name as per NQA ITS

Approved Provider ID (PR-12345678) - Numbers only *

Must be a whole number (no decimal place).

Please enter an 8 digits number as per NQAITS. Please do not enter any letters (PR). Please do not enter your SE-ID.

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.

Confirmation

* indicates a required field

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Thank you for opting into the Start Strong Free Preschool program

This opt-in will apply to all your eligible services.

The Department is available to help you if you have questions about the funding program. Please contact the Information and Enquiries team at ecec.funding@det.nsw.edu.au or on 1800 619 113.

Opt-in Confirmation

By choosing to 'opt in', a Funding Agreement is established between your service/s and the Department.

The Funding Agreement will comprise of:

- the Start Strong Free Preschool program guidelines
- the relevant Early Childhood Education Grants Programs Terms and Conditions (1 July 2021 to 30 June 2022 for terms 1 and 2; 1 July 2022 to 30 June 2023 for terms 3 and 4);
- Any additional information you provide to the Department to calculate your payment under the Start Strong Free Preschool program, if required

I confirm that I am opting in to the Start Strong Free Preschool Funding Program for 2022 *

I agree

Tick this box to confirm the statement

I confirm that I am opting in from the period selected *

Please note: this opt-in submission will apply from the term selected in the drop down list to the end of 2022

I confirm that the information provided is complete, correct and accurate *

Yes

Tick the box to confirm the statement

I understand that by submitting this form, a funding agreement is established *

Yes

Tick the box to confirm the statement

I understand I may be required to provide further information to the Department upon request, including as part of funding compliance activity *

Yes

Tick the box to confirm the statement

I understand evidence of expenditure must be kept as part of the acquittal process *

Yes

Tick the box to confirm the statement

I am authorised to submit this opt-in form on behalf of the Approved Provider *

First Name

Last Name

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Date *

Must be a date and no earlier than 7/12/2021.