

# Start Strong Free Pre School Opt Out Form

## Form Preview

## Start Strong Free Preschool 2022 - Opt-out 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. Please refer to the [program guidelines](#) for additional information.

Approved Providers who have opted in to the program can opt-out of the program prior to payment for that term being progressed.

To opt back into the program again, a new opt-in submission form will need to be completed.

The opt-out dates for each term are as follows

- Term 2: 6 April 2022
- Term 3: 8 July 2022
- Term 4: 30 September 2022

If you are seeking to opt-out later than the above dates, and for any other support with this program, please contact the Department's Early Childhood Education Directorate on **1800 619 113** or [ecec.funding@det.nsw.edu.au](mailto:ecec.funding@det.nsw.edu.au).

### Instructions for opt out process

\* indicates a required field

This form is for Approved Providers who have opted in to the Start Strong Free Preschool program for 2022 and are seeking to opt-out of the program:

Key points to note:

- The opt out must apply to a full term, and should be completed prior to payment for that term being progressed. Providers cannot opt-in or out for part of a term.
- The form enables the Approved Provider to opt-out of the Start Strong Free Preschool program for all of your eligible service/s.
- After opting out, Approved Providers can opt back into the program by completing a new opt-in submission form

This form is to be completed and submitted by an authorised representative on behalf of the Approved Provider.

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.

# Start Strong Free Pre School Opt Out Form

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**I understand the opt out process and I am authorised to submit this opt-out form on behalf of the Approved Provider \***

I agree

Tick the box to confirm the statement

## 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"/> |
|----------------------|----------------------|----------------------|

#### 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) \*

Organisation Name

Please provide exact name as per NQA ITS

#### Approved Provider ID (PR-12345678) - Numbers only. Please do not enter the Service Approval ID (SE-XXXXXXXX) \*

Must be a whole number (no decimal place).

Please enter an 8 digit number as per NQAITS. Please do not enter any letters (PR).

#### ABN. Please enter the Provider level ABN (not the Service level 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   |

# Start Strong Free Pre School Opt Out Form

## Form Preview

|   |
|---|
| Entity name                                       |
| ABN status  |
| Entity type                                       |
| Goods & Services Tax (GST)                        |
| DGR Endorsed                                      |
| ATO Charity Type <a href="#">More information</a> |
| ACNC Registration                                 |
| Tax Concessions                                   |
| Main business location                            |

Must be an ABN.

## Opt-out confirmation

\* indicates a required field

Approved Providers are able to opt out of the Start Strong Free Preschool program on behalf of your service/s.

The opt out must apply to a full term, and should be completed prior to payment for that term being progressed. Providers cannot opt in or out for part of a term.

**I confirm that I am opting out of the Start Strong Free Preschool funding program as of next term for the remainder of the 2022 calendar year \***

Yes

Tick the box to confirm the statement

**Please describe your reason(s) for opting out of this program \***

## Authorised Representative Declaration

\* indicates a required field

**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, any funding received may need to be returned to the Department \***

Yes

Tick the box to confirm the statement

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**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 that by submitting this form the funding agreement previously established under this program will end for all of my eligible service/s \***

Yes

Tick the box to confirm the statement

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

First Name

Last Name

**Date \***

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