



Nature Alliance Family Day Care Service

Notification/Modification Form



Educator Name: _____ **Date:** _____

Please indicate what you are modifying or notifying Nature Alliance Family Day Care about

- 1. Modification to your place specified in your registration
- 2. Notification to cease operating from your registered premises and re- register at new premises
- 3. Notify of changes to usual occupants
- 4. Notify of changes to listed residents who are over 18 years of age and reside at the premises
- 5. Notify of changes to operating hours
- 6. Notify of any other facts or circumstances that affect your registration

1. Modification to your place specified in your registration

What do you intend to modify? _____

Will this modification impact on your ability to operate your service during construction? Yes No N/A
 If Yes, How do you intend to manage your business and ensure that the safety and wellbeing of the children attending your service are protected while construction is taking place?

Proposed date for modification to start _____ and completed by _____

Attach plans of modification.

2. Notification to cease operating from your registered premises and re- register at new premises

Address of new premises:

Date you intend starting at the new premises _____ Final date at current premises _____

Please complete NA-REG-0004 Residence Venue Self-Assessment form and attach the following documents with this application or forward prior to your start date.

- Site plans of new premises
- House plans showing area you intend to register for operating your service
- Local Government approval to operate from these premises

3. Notify of changes to usual occupants

What is the change to your usual occupants?

Add person or persons to usual occupants:

- Name: _____
- Name: _____

Will this person or persons be a

- Temporary change from _____ to _____
- NA-FRM-0025 Temporary Visitor Benefit Risk Assessment conducted
or
- Permanent change from _____
- Police Clearance attached
- Working With Children Check attached

Remove person or persons from usual occupants:

- Name: _____
- Name: _____

Permanent change from _____

4. Notify of changes to listed residence who are over 18 years of age and reside at the premises

Name of Resident: _____ DOB _____

- Police Clearance attached
- Working With Children Check attached

Name of Resident: _____ DOB _____

- Police Clearance attached
- Working With Children Check attached

5. Notify of changes to operating hours

What changes to you propose?

- Increase operating hours to twenty four, seven days a week
- Adequate beds and bedding, and storage of bedding
- Decrease hours from _____ to _____
- Other _____
-

6. Notify of any other facts or circumstances that affect your registration

I certify that all information provided with this document is true and correct.

Educator Name Date

Please forward all documentation to: info@naturealliancefdc.com.au or
Post to:
Nature Alliance FDC
PO Box 505
DUNSBOROUGH WA 6281
or
Fax: (08) 97 505 161

Office use only:

- 1. **Modification plans attached** **Date approved** _____ **copy place in field file** **copy in file**
- 2. **Attached documents: New premises site plans and building plans** **Local Govt. approval**
Residence Assessment conducted on _____
Date approved _____ **copy place in field file** **copy in file**
- 3. **Usual Occupants: Temporary: Risk Assessment attached** **copy on file**
Permanent: WWCC **Police Clearance** **Entered in system** **Copy on file**
- 4. **Additional residence over 18years of age: WWCC** **Police Clearance** **Entered in system** **Copy on file**
- 5. **Change of hours: Entered in system**
- 6. **Other:** _____

Educator notified of accepted changes or modification on _____
Date

All information has been assessed and approved by Nature Alliance on _____
Date

Sue Robertson

Beryl Mort