



NCAC

National Childcare Accreditation Council Inc.

Level 3, 418a Elizabeth Street  
Surry Hills NSW 2010 Australia  
Telephone: 61 2 8260 1900  
Facsimile: 61 2 8260 1901  
E-mail: qualitycare@ncac.gov.au  
Web: www.ncac.gov.au  
ABN: 82 270 247 664  
ARBN: 110 877 524

# Child Care Quality Assurance Confirmation of Service Management Form

NCAC Service Reference Number

R\_

**Service Details**

Name of the service:

**Location of Service**

Street address:

Suburb/Town:

State:

Postcode:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone:

( )

Fax:

( )

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile:

E-mail:

<input type="text"/>	<input type="text"/>
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Website address:

I, the new Management, confirm that completion of change of management occurred on:

/ /

I request that NCAC revises its records so that all correspondence is addressed as below:

**Postal Correspondence**

Title:

First name:

Last name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street/PO Box:

Suburb:

State:

Postcode:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone:

( )

Fax:

( )

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile:

**New Contacts at the Service**

Name of the person in charge:

Position:

Name of 2<sup>nd</sup> contact:

Position:

Name of 3<sup>rd</sup> contact:

Position:

Name of new Management:

Signature of new Management:

Date:

/ /

Signature of Owner/Sponsor/Operator:

Date:

/ /

Form completed by:

Name:

Position:

Date:

/ /

Once the finalisation of the Management has occurred please return this form to the National Childcare Accreditation Council (NCAC), Level 3, 418a Elizabeth Street, Surry Hills NSW 2010. Fax to (02) 8260 1901. The details above will be updated on NCAC records upon receipt of this signed confirmation.