



## About this form

This form is for organisations to notify ACECQA of a minor change to an approved program published on the ACECQA approved qualifications list. (Regulation 137 Education and Care Services National Regulations).

A minor amendment is a change that does not significantly affect the program or student outcomes. For example, adding an additional delivery site or changing the course or program codes. Please see our website for more information on the [approval of early childhood education programs](#).

**Changes that will change student outcomes or directly affect the way the program meets ACECQA's guidelines must be resubmitted for full assessment against the guidelines.**

If you require more information about minor amendments please call **1300 4 ACECQA** (1300 422 327) or email [apply@acecqa.gov.au](mailto:apply@acecqa.gov.au)

## A. Organisation Details

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Name of institution

Institution address

CITY	STATE
COUNTRY	

## B. Program Details

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Title of program

Course code

Faculty/School

Date Approved

## C. Contact Details

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Title (Mr, Mrs, Ms, Miss)

Name

Position

Phone

Email




## D. Request for minor amendment

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1. Please provide an outline of the proposed minor amendment. Include:

- A summary of the proposed change
- Rationale
- Evidence of internal consultation and/or approval

2. Please provide information about how outcomes for students will be maintained

 Please attach any additional evidence supporting your request for minor amendment. This may include: unit or subject outlines, mapping documents or internal documentation.



## E. Authorised signature

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I, (name)

declare that:

- the information contained in this Form and supporting documents is true and correct
- I have read and understood the all the information contained in the ACECQA Guidelines
- I understand if false or misleading information is submitted, ACECQA will decline to assess my organisation's application
- I undertake to inform ACECQA of any changes to my organisation's circumstances while my application is being considered
- I authorise ACECQA to make enquiries necessary to assist in the completion of the enclosed qualification approval application for the purpose of verifying details

Signature

Date

DAY	MONTH	YEAR
/	/	

## F. Submission

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Please submit your notification of minor amendment to program to:

**Email:** [apply@acecqa.gov.au](mailto:apply@acecqa.gov.au)

**Post:** **ATTN: Manager, Qualifications Assessment**  
ACECQA  
PO Box A292  
SYDNEY NSW 1235