

Childcare / OSCAR provider Registration form



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Before a provider can receive Childcare Assistance payments from the Ministry of Social Development, the provider must first register their details using this form.

Your organisation's details

HOW TO ANSWER Q2:
For example your trading name

1 What is the legal name of your organisation?

2 What is your organisation known as?

3 What is the street address?

Number	Street name
<input type="text"/>	<input type="text"/>

Suburb	Town/City
<input type="text"/>	<input type="text"/>

4 Is the mailing address different from the street address?

 No Yes

Tell us the mailing address

5 What are the details of the main contact for this organisation?

Name	<input type="text"/>
Position	<input type="text"/>
Work phone number	(<input type="text"/>)
Mobile phone number	(<input type="text"/>)
Email address	<input type="text"/>

6 What are the details of an additional contact for this organisation?

Name	<input type="text"/>
Position	<input type="text"/>
Work phone number	(<input type="text"/>)
Mobile phone number	(<input type="text"/>)
Email address	<input type="text"/>

HOW TO ANSWER Q7:
We recommend you provide a generic email address, for example admin@childcare.co.nz

7

Would you like to receive your payment schedules by email?

No

Yes



Tell us the email address you would like to use

Bank details

8

What is your organisation's bank account that payments should be made to?

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT FOR Q8:
You must attach proof from the bank of the account number and account holder details.

Your services

9

What services do you provide? (tick all that apply)

OSCAR – Before school care

Kindergarten

OSCAR – After school care

Childcare

OSCAR – Holiday programme

Play centre

Te Kohanga Reo

INFORMATION FOR Q10:
To receive subsidies for an OSCAR programme you need to have approval to run the programme.

10

Do you have Ministry of Social Development approval to operate an OSCAR Programme?

No

[Go to question 12](#)

Yes



What type of approval do you have?

Initial

Conditional

Full

ATTACHMENT FOR Q10:
Please attach proof of your approval.

11

Are there any conditions on your approval?

No

Yes



What are your conditions?

[Go to question 15](#)

12

Do you have Ministry of Education licence to operate a childcare service?

No

All childcare providers must have this licence before they can receive Childcare Subsidies

Yes

What type of licence do you have?

Probationary

Provisional

Transitional

Full

13

Are there any conditions on your licence?

No

Yes

What are your conditions?

Text input area for conditions

14

What is the expiry date of your licence?

Day Month Year

Day Month Year

15

What is the maximum number of children that can attend your programme or service?

Text input area for maximum number of children

16

Do you offer 20 hours ECE?

No

Yes

17

Do you charge for absences?

No

Yes

ATTACHMENT FOR Q12: Please attach proof of your approval.

HOW TO ANSWER Q15: This means the maximum number approved by the Ministry of Social Development or Ministry of Education.

ATTACHMENT FOR Q17: Please provide your fee structure.

Declaration

By signing this form I have read, understood and agreed to the following:

- The information I/we provide on this form is collected and will be held by the Ministry of Social Development (the Ministry) and used by the Ministry for the purposes of its functions in administering the childcare assistance scheme.
- The Privacy Act 1993 applies to any personal information collected by the Ministry and the individuals whom the personal information is about have the right to request access to all information the Ministry holds about them and to request correction of that information.
- The Privacy Act 1993 applies to all personal information about Ministry clients referred to our business outlet and must be treated in accordance with that Act.
- We and the Ministry are subject to the Official Information Act 1982 and therefore any information held by us in relation to this form is treated under that Act as held by the Ministry. Should I/we receive any request for information in relation to information contained in this form under that Act, I/we agree to forward that request to the Ministry immediately and to supply any such information requested by the Ministry to allow us to meet our obligations under that Act.
- I/We will not to disclose any information about this registration or relating to Ministry clients to any third party unless required to disclose that information by law.
- I/We consent to any enquiries into our trading activities, or any other relevant information, as part of the process for making a decision about this registration (eg, contacting the EFTPOS provider to verify our Merchant ID, or the Ministry of Education to verify any licence or certificate I/we may hold).
- I/We commit to acting respectfully and professionally towards all Ministry clients referred to me/us, and commit to ensuring our staff also do the same.
- I/We agree to advise the Ministry immediately of any changes to the details I/we have provided on this form.
- I/We will advise the Ministry when children who are receiving Childcare/OSCAR subsidy cease care or when a child's hours of care at the service reduce.
- I/We will refund any overpayment of subsidies to the Ministry, within the appropriate time frame.
- I/We will advise the Ministry when a child in our service meets the 20 hours ECE threshold
- I/We will advise the Ministry of dates/periods when the service will be closed at least four weeks prior to service closing. This includes end of school term and Christmas breaks.
- The information I/we have provided on this form is true and complete.

Main contact person's name (print)

Main contact person's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Second contact person's name (print)

Second contact person's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year