

Notification of any proposed alteration, renovation, or demolition to a registered Family Day Care residence or venue

This form must be completed by registered FDC Educators with Child Care Services Taree & District and lodged at the Family Day Care administration office attention to;

Julie Higgins(Service Manager)
51 Wynter St Taree 2430
(PO Box 270) prior to:

Any proposed alteration, renovation or demolition of any building or other structure at a registered educator's workplace, as per the 'Education and Care Services National Regulations 2011'

Please complete all sections of this form that are relevant to your situation before submitting.

I _____(insert full name)

Of _____

(Insert address)

give notice of the following proposed alteration, renovation, demolition to be carried out at the above premises.

1. Description of proposed alteration, renovation, demolition: In this description you need to include;

- What is the proposed alteration e.g. electrician fitting down lights in kitchen
- Who is doing the work – name of person/s
- Time and date work to be undertaken
- Date work to be completed
- What machinery will be used e.g. electric drill, ladder, electric plaster cutter, hand saw
- Location in your workplace of the alteration, renovation or demolition – describe clearly e.g. the alteration will take place in the kitchen area of my workplace that is highlighted in the diagram on page 2

DESCRIPTION:

2. **Draw a diagram of the proposed alteration, renovation, demolition.**

3.The proposed dates when the alteration/ renovation / demolition will take place between

____/____/____ and ____/____/____

4.Will the proposed alteration, renovation, demolition be carried out and completed over a weekend or overnight?

YES or NO please circle which one is applicable.

5.Will the proposed alteration, renovation, demolition be ongoing and be incomplete during your hours of operation of your business?

YES or NO please circle which one is applicable.

6. If you answered YES to question 5 please complete questions 7. If the work is to carried out and completed (not carried over as asked in question 3) when your business is closed please sign and date form at bottom of this page.

7. Describe the Workplace Health and Safety measures you will put in place during the proposed alteration, renovation, demolition to ensure your workplace safety.

Signature:_____ **Date:**_____

OFFICE USE:

Date received at Family Day Care co-ordination unit: ____/____/____

Manager Signature:_____ Date: ____/____/____

Final inspection date:_____ Inspected by:_____

Comments:_____

Date filed: ____/____/____