**IN HOME CARE SERVICE PROVIDERS – SERVICE REGISTRATION FORM**

In Home Care Service Providers are required to register their service with the In Home Care Support Agency.

Registration requirements:

* An Approved Provider defined under the Family Assistance Law as a provider that holds approval to operate one or more child care services.

|  |
| --- |
| **PROVIDER DETAILS** |
| **Provider Name:** |  |
| **Provider Address:** |  |
| **Provider ID number:** |  |
| **Provider Contact Name:** |  |
| **Telephone:** |  |
| **Mobile:** |  |
| **Email Address:** |  |

|  |
| --- |
| **KEY PERSONNEL** |
| **Personnel Contact One:** |  |
| **Position:** |  |
| **Telephone:** |  |
| **Mobile:** |  |
| **Email Address:** |  |
| **Personnel Contact Two:** |  |
| **Position:** |  |
| **Telephone:** |  |
| **Mobile:** |  |
| **Email Address:** |  |

|  |
| --- |
| **SERVICE DETAIL** |
| **Geographical locations serviced by postcode:** *(please insert all p/codes)* |  |

[ ] I understand the Commonwealth and State Legislative and Quality Requirements and Responsibilities required by an IHC Service Provider

[ ] I have read and understand the IHC Guidelines and Handbook

[ ] Service Providers must be approved for CCS under the Family Assistance Law – Evidence of Approval to be included with registration form

[ ]  Please attach fee structure and/or charging practices

[ ]  Please attach register of educator names and qualifications if applicable

Name of approved person:

Position of approved person:

Signature of approved person:

Date: