

How can we help you today?

CCS+ACCS+CHILDCARE FINDER ADVICE

FAIR WORK OMBUDSMAN DISPUTE

INDUSTRIAL RELATIONS?

REGULATORY ADVICE?

MEMBER SUPPORT?

LEGAL ADVICE?

JURY DUTY

SOMETHING ELSE?



Australian Childcare Alliance
New South Wales

1300 556 330
nsw@childcarealliance.org.au
www.nsw.childcarealliance.org.au



Australian Childcare Alliance
New South Wales

MEMBER BENEFITS

1. **ADVOCACY & LOBBYING**

The Australian Childcare Alliance (ACA) NSW is the leading peak body representing privately-owned childcare services who regularly engages the Federal Government, NSW Government, their Parliaments as well as the Fair Work Commission.

2. **INDUSTRIAL REPRESENTATION**

The ACA NSW is usually the only organisation that represents the privately-owned childcare services at the Fair Work Commission primarily dealing with Awards and unions' Wage Claims.

3. **MEMBER SUPPORT**

All ACA NSW members receive free regulatory or legislative interpretation/advice, government programme information/clarification, staff issues, policy development, assessment & rating, general business advice and dispute resolution advice.

4. **MODERN AWARD & WAGE RATE ADVICE**

All ACA NSW members receive the sector's Modern Awards and any information determined by the Fair Work Commission.

5. **FREE LEGAL & INDUSTRIAL ADVICE**

If specialist advice is needed, members can access up to 15 minutes free legal advice and up to 45 minutes free industrial relations advice, with discounted rates applying thereafter.

6. **INDUSTRY PUBLICATIONS**

All ACA NSW members receive the Nurture Nook and Belonging magazines in hardcopy.

7. **POLICY TEMPLATES**

All ACA NSW members receive free and continually updated templates of Regulation 168 policies. Those with Member Plus memberships will have access to over 150 additional template policies, agreements, forms, checklists and other helpful documents.

8. **MEMBERS ONLY-ACCESS**

Only ACA NSW members have unique usernames and passwords to that they can access Members-Only information on the ACA NSW website.

9. **E-MAIL & SMS BROADCASTS**

ACA NSW Members stay informed by receiving broadcasts including The Weekly Update, From the President, Member Alerts and Red Alerts.

10. **NETWORK MEETINGS**

ACA NSW conducts a minimum of 16 (and up to 26) Network Meetings per year where members are briefed on pressing issues as well as new opportunities.

11. **DISCOUNTED TRAINING & EVENTS**

All ACA NSW members receive discounts on all its training and events including its conferences, awards night, Wheels on the Bus Tours and its Early Education and Care College.

12. **VOTING RIGHTS**

ACA NSW (Classic & Member Plus) members have voting rights at their Annual General Meetings, Special General Meetings and General Meetings.

CONTACT US TODAY!

1300 556 330

WWW.NSW.CHILDCAREALLIANCE.ORG.AU



Australian Childcare Alliance
New South Wales

EXTRA BENEFITS

QUICKIES

JURY DUTY

FAMILY DISPUTE ADVICE

IMMUNISATION ADVICE

SERVICE APPROVAL ADVICE

CENTRELINK ASSISTANCE

ELECTRICITY SAVINGS

MARKETING ADVICE

ANNUAL WALLPLANNERS

COUNCIL + PLANNING ADVICE

DA REPORTS

PROGRAMMING ASSISTANCE

EVENTS

MEMBER DISCOUNTS

EARLY EDUCATION AND CARE COLLEGE

ASSISTANCE WITH FAIR WORK OMBUDSMAN

INSURANCE & WORKERS COMPENSATION ADVICE

CCS+ACCS+CHILD CARE FINDER ADVICE

SOCIAL MEDIA REPUTATION ADVICE

TELECOMMUNICATIONS ADVICE



Member Classic

\$420.00 ex GST

\$462.00 inc GST

Benefits #1-12



Member Plus

\$545.00 ex GST

\$599.50 inc GST

Benefits #1-12 + unlimited access
to full library of policies & templates



Associate Member

\$420.00 ex GST

\$462.00 inc GST

Benefits #1-12

Fair Work Commission/Legal Defence Fund Levy

(every 6 months for 3 years) \$50.00 (no GST)

Fair Work Commission/Legal Defence Fund Levy

(annually for 3 years) \$100.00 (no GST)

Prices are correct for 2019 calendar year

NSW@CHILDCAREALLIANCE.ORG.AU

Testimonials

"I feel extremely fortunate to have your support. I especially appreciate all of the time you've taken to ensure that I have the process knowledge and tools I need. It is always very helpful to have your input. I really appreciate your guidance, and the time you spend with me."

Simone Wilson, Babyccino

26 August 2018

"Whenever we contact ACA for compliance or legal assistance we always get great guidance and answers. The team are always helpful and research an answer and get back to us if they don't have it at their fingertips."

Mariem Terry, Lalor Park Early Learning Centre

10 August 2018

"Documents supplied by ACA were successful. I do not need to attend Jury Duty"

Jamie Theodorakakos, Little Stars Kindergarten

14 December 2018

"It's great to have a body that can clarify and advocate on behalf of private operators/members"

**Jan Slade,
Our Place Preschool
29 June 2018**

"Very helpful and prompt response to my questions"

**Hannah Kennedy,
Appleseed Childcare
29 January 2019**





A. MEMBERSHIP CATEGORY

☐ Full Member

☐ Associate Member (Non Service)

B. MEMBERSHIP DETAILS FOR CORRESPONDENCE

Primary Contact Surname: _____

Primary Contact First Name: _____

Position: _____

Registered Company/
Business Name: _____

ABN: _____

Member Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Primary Telephone: _____ Mobile: _____
(These numbers should be for the owner's personal email)

Primary Email: _____ Website: _____
(This email address should be for the owner's personal email)

Would you be willing to be involved with media if required? ☐ Yes ☐ No

Is your business insured with Guild Insurance? ☐ Yes* ☐ No

*Australian Childcare Alliance (ACA) New South Wales has a strategic partnership with Guild Insurance. Please ensure you indicated to Guild Insurance that you are a member of our association.

C. APPROVED PROVIDER DETAILS

Approved Provider Name/s (not business name): _____

Approved Provider Number: _____

Do you trade as: ☐ Company ☐ Trust ☐ Partnership

☐ Incorporated Association ☐ Sole Trader ☐ Other _____

Do you authorise any of your staff members to contact ACA NSW on your behalf? ☐ Yes ☐ No

Number of Services you own/manage: _____ (Please complete page 3 for Additional Services)

Please return completed Membership Application Form to:

Post: Australian Childcare Alliance New South Wales PO Box 660, PARRAMATTA NSW 2124

Fax: 1300 557 228 Email: nsw@childcarealliance.org.au

D. MEMBERSHIP SUBSCRIPTION RATES

Twelve-month membership subscription is calculated as follows:

- | | |
|---|---------------------------|
| <input type="checkbox"/> Full Membership (Member Classic) | \$420.00 + GST = \$462.00 |
| <input type="checkbox"/> Full Membership (Member Plus) | \$545.00 + GST = \$599.50 |
| <input type="checkbox"/> Associate Membership | \$420.00 + GST = \$462.00 |

Please choose one of the following in addition to the membership fee:

- | | |
|---|-------------------|
| <input type="checkbox"/> Fair Work Commission/Legal Defence Fund Levy
(every 6 months for 3 years) | \$50.00 (no GST) |
| <input type="checkbox"/> Fair Work Commission/Legal Defence Fund Levy
(per year for 3 years) | \$100.00 (no GST) |

*PLEASE NOTE: The ACA NSW Executive Committee will consider hardship requests upon written application.
A report on the Fair Work Commission/Legal Defence Fund will be provided to members every quarter.*

Donations of additional funds toward the Fair Work Commission/Legal Defence Fund are welcomed:

☐ Donation \$ _____

NOTE: Refer to nsw.childcarealliance.org.au/membership/benefits-of-membership for full details.

Total Payable: \$ _____

E. PAYMENT DETAILS

**A TAX INVOICE/RECEIPT for GST purposes will be issued when payment is processed.
ABN: 60 277 501 947**

VIA DIRECT TRANSFER: **BSB:** 062-000 **Account:** 1686-7529

Reference: "Your Service Name" followed by Business Name

VIA CREDIT CARD: ☐ **Visa** ☐ **Mastercard**

Card Number:

Name on Card: _____

Expiry Date: _____ **Signature:** _____

NOTE: All credit card charges associated with the transaction will be added to the transaction.

VIA CHEQUE: Payable to Australian Childcare Alliance NSW **Mail to:** PO Box 660, Parramatta NSW 2124

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Fax: 1300 557 228 **Email:** nsw@childcarealliance.org.au

F. PRIVACY STATEMENT

Personal information supplied by you on this Membership Application Form will be received, retained, used and disclosed by Australian Childcare Alliance New South Wales for the primary purpose of maintaining your membership of Australian Childcare Alliance New South Wales. This includes the entry of members' addresses on the Register of Members, which is open for inspection by any member in accordance with the Constitution. Financial information will not be disclosed to any third party. As a member, updated industry information and promotional material will be provided to the addresses on this application (via email, SMS and/or post) from Australian Childcare Alliance New South Wales, partners and/or sponsors of associated programs.

G. PRIVACY STATEMENT

Submission of this completed form to the Australian Childcare Alliance New South Wales will be interpreted as consent by the provider that all information contained here with have been authorised for use by the Australian Childcare Alliance New South Wales.

H. SERVICES – To be completed if you own or manage services – add additional pages if required

Service 1

Service Name: _____

Service Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Service Telephone: _____ Service Fax: _____

Service Email: _____ Service Website: _____

Types of services offered: ☐ Long Day Care Centre ☐ Pre-School ☐ OSHC ☐ Other _____

Approved Places: _____ Staff Numbers _____

The overall assessment and rating outcome for this service: _____

Service 2

Service Name: _____

Service Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Service Telephone: _____ Service Fax: _____

Service Email: _____ Service Website: _____

Types of services offered: ☐ Long Day Care Centre ☐ Pre-School ☐ OSHC ☐ Other _____

Approved Places: _____ Staff Numbers: _____

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Fax: 1300 557 228 **Email:** nsw@childcarealliance.org.au

The overall assessment and rating outcome for this service: _____

Service 3

Service Name: _____

Service Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Service Telephone: _____ Service Fax: _____

Service Email: _____ Service Website: _____

Types of services offered: ☐ Long Day Care Centre ☐ Pre-school ☐ OSHC ☐ Other _____

Approved Places: _____ Staff Numbers _____

The overall assessment and rating outcome for this service: _____

I. AUTHORISED PERSONNEL -

Authorised Contact 1

Authorised Contact Surname: _____

Authorised Contact First Name: _____

Position Authorised Contact: _____

Position Authorised Email: _____ Mobile Number: _____
(Optional)

Primary Contact First Name: _____

Authorised Contact 2

Authorised Contact Surname: _____

Authorised Contact First Name: _____

Position Authorised Contact: _____

Position Authorised Email: _____ Mobile Number: _____
(Optional)

Primary Contact First Name: _____

Authorised Contact 3

Authorised Contact Surname: _____

Authorised Contact First Name: _____

Position Authorised Contact: _____

Position Authorised Email: _____ Mobile Number: _____

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Fax: 1300 557 228 **Email:** nsw@childcarealliance.org.au

(Optional)

Primary Contact First Name: _____

Authorised Contact 4

Authorised Contact Surname: _____

Authorised Contact First Name: _____

Position Authorised Contact: _____

Position Authorised Email: _____ Mobile Number: _____
(Optional)

Primary Contact First Name: _____