

# ECEC Worker Retention Payment Grant Application Form

## Form Preview

### Before you begin

**IMPORTANT:** Please read information below to assist you in completing your application online.

Welcome to the **Early Childhood Education and Care (ECEC) Worker Retention Payment** grant application form. You may begin anywhere in this application form. Please save as you go.

Before commencing your application, we recommend you download a copy of the form to collate the information you will require to complete your application. You will need your Provider and Service CRN details to complete your application.

For queries about the guidelines, deadlines, or questions in the form, contact us on 1300 667 276 during business hours or email [ccshelpdesk@education.gov.au](mailto:ccshelpdesk@education.gov.au). You will need to provide your application number. Your application number will appear once you commence your application.

View the ECEC Worker Retention Payment Grant Opportunity Guidelines (Guidelines).

For technical support:

- download the [SmartyGrants Help Guide for Applicants](#)
- check out the [SmartyGrants Applicant Frequently Asked Questions](#)

Before commencing your application, we recommend you download a copy of the form to collate the information you will require to complete your application. You will need your Provider and Service CRN details to complete your application.

### Saving your draft application

To save your partially completed application, press the Save and Close button.

To resume, log in and click the **My Submissions** navigation link at the top of the screen, in the menu header.

You can download your application, whether it's in draft or completed form, as a PDF. Simply click the Download PDF button located at the bottom of the last page of the application can also download your application, whether draft or completed, as a PDF. Click on the 'Download PDF' button at the bottom of the last page of the application form.

### Submitting your application

A **Review and Submit** button is at the end of the form. You must review your application before you can submit it.

You cannot submit your application until:

- all the compulsory questions are completed; and

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- there are no validation errors.

You cannot edit your application once it's submitted. If you need to make changes to your application, please send us an email [ccshelpdesk@education.gov.au](mailto:ccshelpdesk@education.gov.au). You will need to provide your application number.

When you submit, you will get a confirmation email with a copy of your application. This will be sent to the email you used to register.

**If you do not receive a confirmation of submission email you should presume your submission has NOT been submitted.**

*Check the email hasn't landed in your spam or junk email folder.*

## Attachments

You will need to upload attachments to support your application. To do so, your documents must be saved on your computer or a storage device.

Allow enough time for each file to upload before attaching another file.

While attachments can be up to 25MB each, it's best to keep them to 5MB each.

Accepted file

types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

## Completing an application in a group or team

Multiple people can collaborate on an application using the same login details, but please ensure that only one person is editing the form at any given time. Make sure the application is completed and submitted by the authorised representative or officer, and remember to save your progress as you go.

## About the grant

\* indicates a required field

## Instructions

To apply for the Early Childhood Education and Care (ECEC) Worker Retention Payment grant, you MUST READ all information in the Grant Opportunity documents, available on [GrantConnect](#).

You can submit one application for up to **100 services**.

You will need to submit multiple applications for more than **100 services**.

**HINT:** If you have 200 Services you will need to submit 2 applications with 100 Services per application.

You must complete all questions and provide attachments where required.

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We will notify you in writing of the grant outcome. If we find an error or information that is missing, we may ask for clarification or additional information from you that will not change the nature of your application but may delay the application process. If we find you eligible, we will provide you with a grant agreement. To secure funding you must return the signed grant agreement to the Department of Education (the department) for approval.

### Application number

This field is read only.

The identification number for this application.

### Closing date and time

30 September 2026, 5pm (AEST)

*The department will aim to assess applications submitted by **11 November 2024** in time for the applicant to receive a Worker Retention Payment during the month of **December 2024**, if found eligible.*

*Please note that meeting the 11 November 2024 submission date does not guarantee an applicant will receive a payment during December 2024, with this being subject to:*

- *the volume of applications received to date*
- *the application being assessed as eligible to receive the Worker Retention Payment Grant, and*
- *the grant agreement being executed promptly.*

*Applicants that do not receive a payment during December 2024 may still be eligible to receive payments at a later date in respect of the December 2024 period, subject to meeting the grant conditions to receive a payment in respect of that period. Please refer to the Grant Opportunity Guidelines for more details.*

*Any payments made in December 2024 will be reconciled when the regular payment cycle commences in January 2025. It is not an additional payment.*

### ECEC Worker Retention Payment Privacy Statement

The Department of Education (the department) is bound by the *Privacy Act 1988 (the Act)*, including the *Australian Privacy Principles (APPs)* contained in Schedule 1 of the *Privacy Act*. The APPs govern the way the department and its service providers handle personal information.

This privacy statement explains how the department and its third-party service provider, Our Community Pty Ltd, contracted to provide SmartyGrants (the Provider) will handle personal information when this form is submitted in relation to the Early Childhood Education and Care (ECEC) Worker Retention Payment Grant Program (the Grant Program).

The Grant Program provides Australian Government funding to support a wage increase for eligible ECEC workers as specified in the Early Childhood Education and Care ECEC Worker Retention Payment [Grant Opportunity Guidelines \(Guidelines\)](#).

For more information on the Grant Program, see the [department's webpage](#).

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### Purpose of collecting your information

Any personal information collected on this form, or otherwise in connection with the application, is collected by the department and its Provider for the purposes of administering the Grant Program, including:

- assessing eligibility
- determining grant amounts payable and making those payments
- developing grant agreements with successful applicants and managing and monitoring those agreements
- preventing, detecting, investigating or dealing with corruption, misconduct, fraud, or other unlawful activity relating to the Commonwealth
- evaluating the Grant Program, including contacting applicants in relation to evaluation activities, and
- research and program and policy development relevant to the ECEC sector.

Your personal information may also be used for other purposes as described in the department's [Privacy Policy](#), where you consent, or where it is otherwise permitted under the *Privacy Act*.

If you do not provide some or all of the personal information requested, the department may not be able to assess the application.

The department or Services Australia, on the department's behalf, will also use information provided on the form to:

- find other information about you/the applicant and relevant employees, which has previously been provided to the department or Services Australia, including wage and employment data and other information which may be protected information under the family assistance law, and
- use that other information to check information provided in relation to the Grant Program is accurate, up to date and complete and to undertake the activities outlined above connected to administering the Grant Program.

### Collection of personal information about others

We need consent to collect personal information from someone other than the individual concerned unless certain exceptions apply. If you provide personal information about another individual, you need to check with them first that they agree to the information being provided and to being handled by the department in accordance with this privacy statement.

Please do not provide personal information about any other individual unless you have their consent.

### Disclosure of your personal information

The department may share your personal information with third parties, including:

- the Provider for the purposes of receiving software delivery services related to SmartyGrants, including IT support
- Services Australia for the purposes of payment delivery

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- the Department of Employment and Workplace Relations (DEWR) so they can provide the department with a range of ICT and other corporate services
- where relevant, the Department of Finance (DoF) for the purposes of publishing certain information about grants awarded on [GrantConnect](#).

Your personal information may also be disclosed to other parties as described in the department's [Privacy Policy](#), where you have agreed, or where it is otherwise permitted under the *Privacy Act*.

The personal information is unlikely to be disclosed to overseas recipients. However, the department is required by law to publish on [GrantConnect](#) certain information about grants awarded under the Grant Program, including the name of the grant recipient and amount of the grant. If that information contains personal information, publishing the information on the [GrantConnect](#) website may, by its nature, involve disclosure to overseas recipients in any country.

## Privacy policy

The department's [Privacy Policy](#) contains more information about how the department will manage your personal information, including information about how to make a complaint and seek access to and correction of your personal information.

To contact the department about your personal information, email [privacy@education.gov.au](mailto:privacy@education.gov.au).

Information about SmartyGrants privacy policy can be found on its [website](#).

To contact the department about the ECEC Worker Retention Payment, email [ccshelpdesk@education.gov.au](mailto:ccshelpdesk@education.gov.au). The Child Care Subsidy (CCS) Provider Helpdesk is our frontline support centre for child care providers and services seeking answers.

## Your consent

**I agree to the collection and handling of my personal information (including sensitive information if any), as described in the ECEC Worker Retention Payment privacy statement. \***

I agree

**I declare that if this form contains personal information about any other person, I have advised that person about the matters in the ECEC Worker Retention Payment privacy statement, and obtained their consent to provide their personal information, including sensitive information if any, and to the handling of their personal information as described in the ECEC Worker Retention Payment privacy statement. \***

I declare

## Applicant details

\* indicates a required field

## Provider details

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### Name of Provider \*

Organisation Name

Enter the full legal name of your organisation

### Trading or business name of Provider

If different to above

### Provider primary address \*

Address

  

Address line 1, suburb/town, state/territory, postcode, and country are required.

### Provider postal address \*

Address

  

Address line 1, suburb/town, state/territory, postcode, and country are required. Complete if different from above.

### Provider ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Please provide your Provider Customer Reference Number (CRN):

Click the 'add more' button to add additional Provider CRNs.

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### Provider Customer Reference Number \*

Must be 10 characters

### Provider Australian Company Number (ACN) or other entity identifier

### Are you a Provider approved by the Department of Education to administer CCS payments as evidenced by a valid and current CCS approval number \*

Yes  No

*If your answer is no, you are not eligible to receive the ECEC Worker Retention Payment.*

**You have indicated that you do not have a valid and current CCS approval number. You are not eligible to receive the ECEC Worker Retention Payment. Please refer to the Guidelines for more information.**

## Representative contact details

### Name of representative completing this application \*

First Name

Last Name

### Title of representative completing this application \*

This must be a [person with management and control](#) of the Provider, and who has the authority to enter into a binding agreement with the Commonwealth.

### I confirm I am the person with management and control of the Provider \*

I confirm

### I confirm I have the authority to enter into a binding agreement with the Commonwealth \*

I confirm

### Contact phone number \*

Must be an Australian phone number.

At least one phone number must be provided.

### Mobile phone number

Must be an Australian phone number.

### Contact email address \*

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Must be an email address.

Recommend this is a corporate/business mailbox to ensure requests for information like messages are not missed if a staff member is away.

### Authorisation to complete application \*

I am a Person with Management and Control of the Provider to complete this application

### Alternative contact details

Please provide contact details for an alternative contact within your organisation.

#### Alternative contact name \*

First Name Last Name

 

#### Title of alternative contact \*

#### Alternative contact phone number \*

Must be an Australian phone number.

#### Alternative contact email address \*

Must be an email address.

### Previous applications

#### Have you submitted any previous applications for this grant? \*

Yes  No

#### Please enter the application number for any previous applications \*

Application numbers can be found in your application.

*Click 'Add more' to add additional application numbers.*

## Eligibility requirements

\* indicates a required field



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**I am a legal entity that provides Centre-Based Day Care (CBDC) and/or Outside School Hours Care (OSHC) services \***

I confirm

**Please select the type of services that you provide \***

- Centre-Based Day Care (CBDC)
- Outside School Hours Care (OSHC)

**Please tick all the boxes that apply to your organisation type: \***

- An organisation recognised by the law in Australia as a separate legal entity (company incorporated in Australia)
- An organisation recognised by the law in Australia as a separate legal entity but with strict prohibitions regarding issuing of shares and paying dividends (company incorporated by guarantee)
- An entity incorporated under state or territory law, that is usually not-for-profit (incorporated association)
- A legal entity set up solely for charitable or not-for-profit activities (unincorporated body or entity)
- A self-employed person who owns and runs my own business (sole trader)
- A partnership
- A private company
- A registered ACNC charity or not-for-profit organisation
- An Aboriginal and/or Torres Strait Islander Community Controlled Organisation
- Another Aboriginal and/or Torres Strait Islander Organisation
- Part of the Local Government
- Part of the Australian Federal Government
- Part of the State or Territory Government

**Please provide the State or Territory under which you are incorporated \***

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

**Please provide the name of your charity or not-for-profit organisation \***

Organisation Name

**Please provide your ACNC registration number \***

Must be a number.

Services information

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**How many CCS approved Services will be covered under this application? \***

\*\* Max 100.

**Where are the services included in this application located? \***

- ACT
- NSW
- NT
- QLD
- SA
- TAS
- VIC
- WA

Please select all that apply

## Fee Constraint Condition

In order to be eligible for the grant, **all services included in this application must either:**

- have NOT increased their Service fees by more than 4.4 per cent in the 12 months from 8 August 2024 to 7 August 2025 and for each subsequent 12 month period, by more than the amount equivalent to the growth rate as specified in the new ABS input cost index which will be developed specifically for the ECEC sector or such other fee growth percentage caps as determined by the Department; or
- have received approval for an alternative fee growth percentage cap.

Submitted applications which include services that do NOT meet these requirements will be declined as ineligible.

**Has each of the services included in this application met the eligibility condition of NOT increasing service fees by more than 4.4 per cent since 8 August 2024? \***

- Yes
- No

**Have all services, included in this application, which do NOT meet the fee constraint condition, received approval for an alternative fee growth percentage cap? \***

- Yes
- No

You will be required to enter the Application Number for approved services in the section below

*If your answer is no, you are not eligible to receive the ECEC Worker Retention Payment.*

**You have indicated that one or more services included in this application do not meet the fee constraint condition.**

**Please either:**

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- Go back, remove any services which don't meet the fee constraint condition, and then continue with this application (you can submit a separate application for these services if/when your request for an alternative fee growth percentage cap is approved); or
- Save this application, submit a request for an [alternative fee growth percentage cap](#), and then return to complete this application once you've received approval.

### Service details

**List the approved Services you will be applying for in the table below:**

If applicable, provide the application number for all services which have received approval for an alternative fee growth percentage cap.

Click 'Add More' to add additional rows.

Click 'Maximise' to view the table in full screen.

Click 'Minimise' to exit full screen

Name of Service	Full Address of Service	Service CRN	Type of Service	Number of eligible ECEC workers as part Section 2 of the Guidelines	Application number for your alternative fee growth percentage cap approval
	Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.	Must be 10 characters	CBDC or OHSC.	If workers work across multiple services, please allocate them against the service where they spend the most hours. Must be a number. Must be a number.	If applicable.

**To be eligible for the grant, the provider must engage eligible ECEC workers under a legally enforceable workplace instrument that:**

- includes an obligation to pay workers either at or above the relevant minimum rates set out at Schedule A of the Grant Opportunity Guidelines and in accordance with section 4.3 of [the Guidelines](#);
- is in effect for the full duration of the grant period.

The workplace instrument must allow for the Annual Wage Review increase.

Please refer to the [Grant Opportunity Guidelines](#) for more information.

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**Please tick the box/es which are applicable: \***

- Each listed Service has a current legally enforceable workplace instrument (s) that is not registered with the Fair Work Commission
- Each Service has a current legally enforceable workplace instrument(s) that is registered with the Fair Work Commission
- Each listed Service has a workplace instrument pending approval by the Fair Work Commission and/or not in-force and that will be compliant with the Grant Opportunity Guidelines once in-force.

**Has each of the listed services met or will meet the eligibility condition of engaging all of their eligible ECEC workers under a legally enforceable workplace instrument as outlined in the Grant Opportunity Guidelines? \***

- Yes  No

**Please provide the number of employees excluded \***

Must be a number.

**Please provide reasons why these employees have been excluded. \***

**Attach a copy of your workplace instrument(s) or a link to your workplace instrument(s) on the Fair Work Commission website if registered with the Fair Work Commission.**

**Note: To meet eligibility requirements, you must either attach a copy of your current legally enforceable workplace instrument(s) that meets the requirements of Section 4.3 of the Grant Opportunity Guidelines, or a link to the workplace instrument(s) on the Fair Work Commission website if registered with the Fair Work Commission.**

**A copy of all Individual Flexibly Arrangements (IFAs) and/or a copy of the current in-force workplace instrument(s) must be provided with your application if not registered with the Fair Work Commission.**

**Please indicate how you will be providing evidence of your current in-force or draft workplace instrument? \***

- Attach document(s)
- Provide link

**Please attach a copy of your current or draft workplace instrument(s) \***

Attach a file:

Zip files can be added if required. Maximum size for individual attachments is 25MB.

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**Please provide a link to your registered workplace instrument(s) on the Fair Work Commission or relevant state industrial relations website \***

Must be a URL.

*Note for applicants that provide a workplace instrument(s) which does not meet Section 4.3 of the Grant Opportunity Guidelines. You will need to provide a copy of a workplace instrument(s) that meets Section 4.3 of the Grant Opportunity Guidelines, or a link to a registered workplace instrument(s) on the Fair Work Commission website that meets Section 4.3 of the Grant Opportunity Guidelines, to [ccshelpdesk@education.gov.au](mailto:ccshelpdesk@education.gov.au) when available. This is required for your application to meet eligibility requirements.*

**Do any of the listed services pay wages for eligible ECEC workers above award wage rates? \***

Yes  No

**Do you have any other services, which are NOT included in this application, which do NOT meet the eligibility condition of NOT increasing service fees by more than 4.4 per cent?**

Yes  No

**Please list the services, NOT included in this application, that do NOT meet the fee constraint eligibility condition**

*Click 'Add More' to add additional rows*

Name of service(s)	CRN
	Must be between 10 and 10 characters.

## Financial and staffing information

\* indicates a required field

### Service financial information

This information will be used for evaluation of the grant program. Please provide data to your best estimate.

For each service listed, please provide:

- total expenditure of eligible ECEC workers' wages and on-costs for the Financial Year 2023-24; and
- total costs paid for eligible ECEC workers for the Financial Year 2023-24

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*HINT: To meet your Privacy obligations, please ensure you do NOT provide any personal details for individuals/workers.*

Click 'Maximise' to view the table in full screen

Click 'Minimise' to exit full screen

Name of Service(s)	Service CRN(s)	Please provide total expenditure of eligible ECEC workers' wages the Financial Year 2023-24.	What were the total on costs (as defined in the Guidelines paid for eligible ECEC workers for the Financial Year 2023-24?
This question is read only.	This question is read only.	Must be a dollar amount.	Must be a dollar amount.

### Staffing information

**At the time of completing this application, how many workers (individuals) across your service(s) will be covered by the grant? \***

Must be a number.

Please count all relevant workers employed by your service, even if they are not working on this day. Do NOT include unfilled staffing positions or projected staff numbers. If exact numbers are not available, an estimate is acceptable.

**Number of contact workers (e.g. educators, early childhood teachers) \***

Must be a number.

**Number of other workers (who do not come into contact with children) \***

Must be a number.

**How many contact staff vacancies do you currently have across your service(s)? \***

Must be a number.

### Historical leave liability

\* indicates a required field

**Do you have historical leave liabilities? \***

Yes

No

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### Assessment for historical leave liabilities

This additional assessment is intended to determine if additional funding is required for any historical leave liabilities at an overall Provider level. This includes:

- Long service leave;
- Annual leave; and/or
- Personal/carer's leave

The Department will only consider providing funding relating to historical leave liabilities where the applicant:

- is approved to receive the worker retention payment;
- can demonstrate they have a historical leave liability; and
- has a compliant workplace instrument which ensures the wage increase is payable when an employee takes long service leave, annual leave, and/or personal/carer's leave.

The grant will fund providers for 70% of the top up cost associated with paying higher leave entitlements for eligible employees. The department will calculate the top up cost amount based on your historical leave balance.

**Closing date/time for the application for historical leave liabilities is 30 June 2025, 5pm (AEST).**

### Financial information required

Please provide details of all eligible historical leave liabilities at an overall Provider level.

Eligible employees are defined in section two of the Grant Opportunity Guidelines.

Enter '0' if you don't have a historical leave liability for a particular category.

#### Long service leave liability \*

Must be a dollar amount.

#### Annual leave liability \*

Must be a dollar amount.

#### Personal/carer's leave liability \*

Must be a dollar amount.

#### Total leave liability \*

This number/amount is calculated.

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**Please attach a copy of a financial statement or relevant balance sheet that includes information on your historical leave liabilities \***

Attach a file:

## Attachments

\* indicates a required field

**Have you included the following attachments: \***

- If applying for additional funding for Historical Leave Liabilities, a copy of a financial statement or relevant balance sheet for the Financial Year 2023-24 as evidence
- A copy of your current in-force workplace instrument(s) that meets the requirements of Section 4.3 of the Guidelines, and/or a link to the workplace instrument(s) if registered with the Fair Work Commission (a copy of the current in-force workplace instrument(s) must be provided with your application if not registered with the Fair Work Commission)

If the necessary legally enforceable workplace instrument(s) is pending approval from the relevant Industrial Body (e.g. Fair Work Commission), you may still complete all other parts of your application and submit your application with a copy of your draft workplace instrument. Please note that a decision on your application will NOT be made until you provide evidence by email to [ccshelpdesk@education.gov.au](mailto:ccshelpdesk@education.gov.au) showing that your workplace instrument is registered by the relevant industrial body and in-force (for example by providing a link to the registered instrument on the Fair Work Commission website).

## Declarations

\* indicates a required field

### Conflicts of interest

Any conflicts of interest could affect the performance of the grant opportunity or program. There may be a conflict of interest, or perceived conflict of interest, if the department's staff, any member of a committee or advisor and/or you has a:

- professional, commercial or personal relationship with a party who can influence the application selection process, such as an Australian Government officer;
- relationship with or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; and
- relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program/grant opportunity.

**Do you have any conflicts of interest that may occur related to or from submitting this application? \***

Yes  No

The department must be notified of any changes of circumstance including conflict of interest



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**Please provide detail on the nature of the conflict of interest. \***

## Declaration

Please read and complete the following declaration.

I understand I am required to provide financial information to the Department of Education, as required under the *A New Tax System (Family Assistance) (Administration) Act 1999 (Administration Act)*, to assist the department in determining whether, I, as the representative of an ECEC Provider, are eligible to receive the ECEC Workforce Retention Payment. I understand the department may disclose some of my information to Services Australia for the purposes of service delivery and to the Australian Taxation Office for the purposes of ensuring accurate information.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Grant Opportunity Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding if this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Instructions.
- I understand the information and data provided may be linked to other information sources to enable the department to assess your grant application, improve the grant program, and monitor the effectiveness and impact on the ECEC sector.
- I have read and acknowledged the Privacy Statement in this application form.
- I can comply with the *Privacy Act* and the *Australian Privacy Principles* and impose the same privacy obligations on officers, employees, agents and subcontractors that I engage to assist with the activity, in respect of personal information I collect, use, store, or disclose in connection with the activity. Accordingly, I will not do anything, which if done by the department, would breach an Australian Privacy Principle as defined in the *Privacy Act*.
- Other than information available in the public domain, I agree not to give to any person, other than the department, any confidential information relating to the grant application and/or agreement, without our prior written approval.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondence constitutes a valid and legally binding method for interacting under the grant agreement and the *Electronic Transactions Act 1999 (Cth)*.
- The information I have given on the ECEC Worker Retention Payment application and on any other attachments is true and accurate.
- I am aware financial information provided may be shared to Services Australia and cross-checked against other Commonwealth agency information.
- I am aware that knowingly providing a false or misleading statement is a criminal offence and may carry a penalty of up to 12 months

**I understand and agree to the declaration above. \***

Yes

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**I acknowledge that giving false or misleading information to the Commonwealth Department of Education is a serious offence. \***

Yes

**Full name of Provider's person with management and control \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Person with management and control position \***

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