

# How to Submit RA-Requested Information regarding the Use of Personal Devices

RI01 Form:  
Submitting information requested by the Regulatory Authority

## STEP 1

Log in into [NQAITS Portal](#)

Click on the top ribbon My Service, verify that the service by default is the one against which you want to create the notification. If needed, change to the relevant service.


[Home](#)
[My Service](#)
[My Provider](#)
[Contact us](#)
[Help](#)
[Logout](#)

## National Quality Agenda IT System

The NQA ITS allows you to submit online application and notifications for providers and services that are approved (or seeking approval) under the National Quality Framework.

## STEP 2

On my service page, click on “New Forms”.

## My Service

UAT 02 CBG Second SK

100-00000001

[Change](#)


[View Service information](#)

View details about your service including approval, address and contact information



[New Forms](#)

Begin a new application or notification for this Service

## STEP 3

From the list of new forms, select RI01-RA Requested Information.



### NS02-Notification of change to nominated supervisor

- Notify the Regulatory Authority about adding a new nominated supervisor
- Notify the Regulatory Authority about ceasing, removing or withdrawing a nominated supervisor
- Notify the Regulatory Authority about changes to names or contact details of nominated supervisor

Apply



### RI01-RA Requested Information

Submit Regulatory Authority requested information example: Quality Improvement Plan, Emergency Management Plan, Response to RA correspondence, FDC Register.

Apply



### SA03-Application for amendment of service approval

Use this form to apply to:

- Change the name of your education and care service
- Increase or decrease the maximum number of children that may be educated and cared for at any one time at a centre-based service
- Change or remove conditions on your service approval

[See more](#)

Apply

## STEP 4

Check that the service is the one intending to send the requested information.

Click Begin.

Instructions

Document Type

Attachments

Contact Info

Summary

Provider Details

Provider Name	Provider Approval Number	Provider Status
Example Provider	PR-12345678	Approved

Service Details

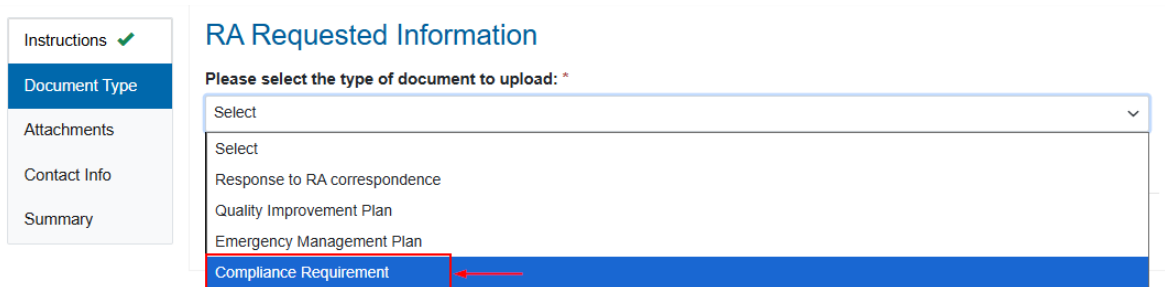
Service Trading Name	Service Approval Number	Service Status
Example Service Trading Name	SA-12345678	Approved

Cancel

Begin

## STEP 5

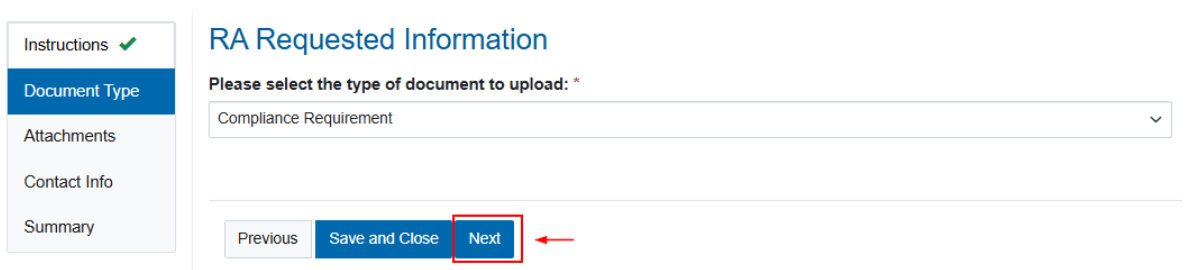
Select the type of requested Information to upload by click the drop-down arrow in the select box and click in “Compliance Requirement”.



The screenshot shows the 'RA Requested Information' form. On the left is a sidebar with navigation links: 'Instructions' (with a green checkmark), 'Document Type' (highlighted in blue), 'Attachments', 'Contact Info', and 'Summary'. The main content area is titled 'RA Requested Information' and contains the instruction 'Please select the type of document to upload: \*'. Below this is a dropdown menu that has been opened, showing a list of options: 'Select', 'Response to RA correspondence', 'Quality Improvement Plan', 'Emergency Management Plan', and 'Compliance Requirement'. The 'Compliance Requirement' option is highlighted in blue, and a red arrow points to it from the right.

## STEP 6



Click Next.



The screenshot shows the 'RA Requested Information' form after the selection. The sidebar remains the same. In the main content area, the dropdown menu now displays 'Compliance Requirement'. At the bottom of the form, there are three buttons: 'Previous', 'Save and Close', and 'Next'. The 'Next' button is highlighted with a red box, and a red arrow points to it from the right.

## STEP 7

Select the type of Compliance Requirement to upload by click the drop-down arrow in the select box and click in “Use of Personal Devices”.

Instructions   
Document Type   
**Compliance Requirement**  
Contact Info  
Summary

### Compliance Requirement

Regulatory Authority compliance requirements relating to child safe practices for the use of electronic devices while providing education and care. Refer to the Regulatory Authority's webpage for details.

**Compliance Requirement Type \***  
Select  
Select  
**Use of Personal Devices**



DD/MM/YYYY

☐ I confirm the service's policies and procedures for providing a child safe environment, staff code of conduct, and other relevant documents have been updated to reflect the requirements for using personal devices in services.

Previous
Save and Close
Next

## STEP 8

Select the Completion Date of this Compliance requirement using the calendar (1) and select the date (2).

Instructions   
Document Type   
**Compliance Requirement**  
Contact Info  
Summary

### Compliance Requirement

Regulatory Authority compliance requirements relating to child safe practices for the use of electronic devices while providing education and care. Refer to the Regulatory Authority's webpage for details.

**Compliance Requirement Type \***  
Use of Personal Devices

**Compliance Requirement Completion Date \***  
DD/MM/YYYY

procedures for providing a child safe environment, staff code of conduct, and other related to reflect the requirements for using personal devices in services.

July 2025

Su	Mo	Tu	We	Th	Fr	Sa
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

1  
2

## STEP 9

Review the information is correct (1), (2) and ticked the confirmation sentence (3); then click Next (4).

Instructions ✓  
Document Type ✓  
**Compliance Requirement**  
Contact Info  
Summary

### Compliance Requirement

Regulatory Authority compliance requirements relating to child safe practices for the use of electronic devices while providing education and care. Refer to the Regulatory Authority's webpage for details.

**Compliance Requirement Type \***

1 Use of Personal Devices

**Compliance Requirement Completion Date \***

2 04/07/2025

3 ☒ I confirm the service's policies and procedures for providing a child safe environment, staff code of conduct, and other relevant documents have been updated to reflect the requirements for using personal devices in services.

4

Previous Save and Close **Next**

## STEP 10

Fill your contact details Name (1) Phone Number (2) Email Address (3) and click Next (4).

Instructions ✓  
Document Type ✓  
Compliance Requirement ✓  
**Contact Info**  
Summary

### Name and Contact Details for this Application

Note: The contact for this Application must be an individual who is authorised by the Applicant to act on their behalf with regards to the details on this form.

**Name \***

1

**Phone Number \***

2

**Email Address \***

3

☐ Save as application/notification default contact

4

Previous Save and Close **Next**

## STEP 11

In the summary page which will show all details entered, the declaration box at the bottom must be ticked before the notification can be summited.

Click in Finalise to submit the form.

### Compliance Requirement

[Full](#)

#### Compliance Requirement Type

Use of Personal Devices

#### Compliance Requirement Completion Date

04/07/2025



- ☒ I confirm the service's policies and procedures for providing a child safe environment, staff code of conduct, and other relevant documents have been updated to reflect the requirements for using personal devices in services.

[Edit](#)

### Contact Details

Name	Phone	Email
John Smith	0300101010	<a href="mailto:testytestvic.ricardo@gmail.com">testytestvic.ricardo@gmail.com</a>

### Declaration

☒ I declare that \*

1. The information provided in this application form (including any attachments) is true, complete and correct;
2. I have read and understood and the Applicant agrees to the conditions and the associated material contained in this form;
3. The Applicant understands that the Regulatory Authority and/or ACECQA will have the right (but will not be obliged) to act in reliance upon the contents of the application form, including its attachments;
4. I have read and understood a Provider's legal obligations under the *Education and Care Services National Law*;
5. The Regulatory Authority is authorised to verify any information provided in this application;
6. Some of the information provided in this application may be disclosed to Commonwealth for the purposes of the *Family Assistance Law* and may be disclosed to other persons/authorities where authorised by the *Education and Care Services National Law* or other legislation; and
7. I am aware that I may be subject to penalties under the *Education and Care Services National Law* if I provide false or misleading information in this form.
8. I agree that the regulatory authority may serve a notice under the National Law using the contact details provided in this application, including the postal, street or email address or fax number (in accordance with section 293 of the National Law).

Previous

Save and Close

Finalise

## STEP 12 (FINAL)

The System supplies a notification number after the submission.

A PDF summarising the notification details is available for download.

Thank you for your submission

Notification Reference Number

NOT- [REDACTED]

Service Number

SE- [REDACTED]

For any enquiries regarding the progress of your notification, please contact VIC Regulatory Authority, Contact details can be found on the [ACECQA](#) website.

Ok Download pdf



If you require further information, please contact the Department of Education via email at [licensed.childrens.services@education.vic.gov.au](mailto:licensed.childrens.services@education.vic.gov.au) or by phone at 1300 307 415.