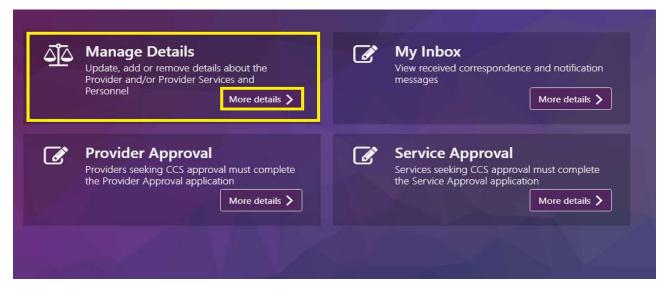




# Task card

How to view and update organisation details in the Provider Entry Point

# 1(a) Updating Details (Provider in context)



If you are a Provider, select 'More details' in the 'Manage Details' box of the Provider Entry Point (PEP).

# 1(b) Updating Details (Service in context)

Ê	Sessions Create, vary/substitute or withdraw session reports More details >	8	Enrolments Create, view and edit child enrolments More details >
<u> </u>	Manage Details Update, add or remove details about the Provider and/or Provider Services and Personnel More details >	C	My Inbox View received correspondence and notification messages More details >
¥	Additional Child Care Subsidy For a child identified as being at risk, create, edit and renew certificates and determinations	\$	Payments View your Child Care Subsidy payment information More details >

If you are a Service, select 'More details' in the 'Manage Details' box of the PEP.

# 1(c) Updating Details (Provider and Service in context)

Provider name	Manage Personnel
I I I I I I I I I I I I I I I I I I I	Detailed a detailed and
Contact details	Add personnel
Financial details	
Address Details	Return Home
Circumstances and Notifications	
Cancellation of approved request	
Notification matters affecting approval	
Bankruptcy, insolvency or liquidation	
Charitable/Not for Profit	



Provider Details: Select the information you wish to update:

- Provider name
- Contact details
- Financial details
- Address details

# 2(a) Update name details

Manage De	fails / Provider Name	
Change of F	Provider Name	
Full Name of Pro	wider:	
Date of event:		
23/05/2018		
Evidence Re	equired	
Required	Evidence of Provider name change	O Upload
		Cancel Submit

- Full name of provider: Insert the new details here.
- **Evidence required:** If evidence is required, it will be displayed here.
- Upload: Select this to upload and attach the required evidence.



# 2(b) Update name details – select your document

elect your docu	ment	
ocument type: E	vidence of Provider name change	
ccepted formats are:	PDF, PNG, TIFF, JPG.	
otal file size cannot e	xceed 10MB.	
lease ensure all page		
Status	Document name	Action
Status	Document name	Action

- Status: The status will update when evidence has been successfully added.
- Choose a file: Select and follow the prompts to attach evidence.

#### 2(c) Update name details – edit evidence

A Manage De	tals / Provider Name	
Change of I	Provider Name	
Full Name of Pro	wider	
Date of event:		
23/05/2018		
Evidence Re	equired	
Done	Evidence of Provider name change	O Edit
		Cancel Submit

- Edit: Select 'Edit' if you need to change the evidence provided.
- **Submit:** Select 'Submit' to confirm changes.



# 2(d) Update name details - receipt

Receipt   Your Provider Name details have been received.   Provider Name:   Date of Event:   Submitted by:   Submitted on:   Time:	Manage Details / Provider Name	
Provider Name: Date of Event: Submitted by: Submitted on:	Receipt	
Date of Event: Submitted by: Submitted on:	Your Provider Name details have been receive	d.
Submitted by: Submitted on:	Provider Name:	
Submitted by: Submitted on:	Date of Event:	
	Submitted by:	
Time:	Submitted on:	
	Time:	
		Beturn Home Continue

Receipt: A receipt will present upon submission.

# 3(a) Update contact details

A Manupe De	tail./ Provider Contact Details	
Select the o	details you want to update	e.
Provider	phone number/s	
C Email ad	idress for general correspondence	
Phone number		
Area code:	Phane number:	
02 ~		
Mobile number		
Date this chang	e is to apply from	
dit/mm/yyyy		60
		10000



- Select the details you want to update: Select the relevant change you want to make and follow prompts to update information. You can choose the following options:
  - Provider phone number/s
  - o Email address for general correspondence
- **Submit:** Select 'submit' to confirm changes. A receipt will be generated confirming the changes have been applied.

# 4(a) Update financial details

😤 Mariage Detail(/ Provider	Financial Details		
Change of Bank Accou	int Details		
858	Account Numbe		
Account Name:			
Date of previous event: 18/06	2018		
Date of current event: 03/07/2	018		
Apply this change to:			
C All Services		Selected Services	
Approved Services			
Select the Services that the char	ge of bank details will be appl	ed:	
Name of approved arrvice		Service ID	Select
			V
			One Al
			Cancol News

- Date of current event: Note that a change of bank account can only apply from the current date.
- Apply this change to: If you are a Provider select where you want the change applied to. Note that the following questions will not display if you are a Service.
- Name of approved service: If you are a Provider and 'Selected Services' is chosen, you will need to confirm which service/s you want to apply the changes to. You can do this by searching for a service individually or by choosing from the list presented and ticking the box on the right.



#### 4(a) Update financial details – Summary

Manage Details / Summary			
Summary			
BSB: Account Number: Account Name: Date of Event: Services change applied to:			
	Back	Cancel	Schmit

**Submit:** Select 'submit' to confirm the change. A receipt will be generated confirming the changes have been applied.

#### 5(a) Update address details

Physical Address of Provider: Street		Postal Address of Provider: Sheet				
Address Line 2.				Address Line 2.		
Soburb/Town/City:		Suborti/Town/City:				
State/Territory		Postcode		State/Terntory:		Postcode
NSW	*	2099		NSW	~	2099
is Postal address the s	iame as	Physical address?				
• Yes		O No				
Date of event:						
dd/mm/yyyy			1			

**Submit:** Select 'submit' to confirm changes. A receipt will be generated confirming the changes have been applied.

