# Description: Description: Description: GSCCLogoTransparentLowRes02*Description: C:\Users\angie.spiewak\Desktop\Family Day Care personalised logo.jpg* Register of Family Day Care Educators, Co-ordinators and Assistants

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Educator / Co-ordinator / Assistant details | | | | | | | | | | | |
| Full name | |  | | | | | | | | | |
| Date of birth | |  | | | | | | | | | |
| Contact phone | | (BH) | | | | (AH) | | | (M) | | |
| Email address | |  | | | | | | | | | |
| Postal address | |  | | | | | | | | | |
| Physical address  (for educator/assistant)  Residence  Venue | |  | | | | | | | | | |
| CRN – Customer Reference Number | |  | | | | | | | | | |
| PRODA No. | |  | | | | | | | | | |
| FIRST EMERGENCY CONTACT | | | | | | | | | | | |
| Name | |  | | | | | | | | | |
| Relationship | |  | | | | | | | | | |
| Contact Number | |  | | | | | | | | | |
| SECOND EMERGENCY CONTACT | | | | | | | | | | | |
| Name | |  | | | | | | | | | |
| Relationship | |  | | | | | | | | | |
| Contact Number | |  | | | | | | | | | |
| MEDICAL CONDITIONS | | | | | | | | | | | |
| Allergies or Medical Conditions | | | |  | | | | | | | |
| Treatment | | | |  | | | | | | | |
| Doctor | | | |  | | | | | | | |
| Ambulance Cover No. | | | |  | | | | | | | |
| ***Service Leader to Complete:*** | | | | | | | | | | | |
| Educator / Co-ordinator / Assistant qualifications and study | | | | | | | | | | | |
| Relevant qualification, or name of relevant course enrolled in, including details of progress  *(attach copies)* | |  | | | | | | | | | |
| Mandatory training completed  *(attach copies)* | | Approved first aid training – Date: ......../......../........  Anaphylaxis management training – Date: ......../......../........  Emergency asthma management training – Date: ......../......../........ | | | | | | | | | |
| Any other training completed | |  | | | | | | | | | |
| Operation details | | | | | | | | | | | |
| Date registered with the service | |  | | | | Date registration ceased | | |  | | |
| Provider approval number of educator (if applicable) | |  | | | | Date approval was granted | | |  | | |
| Days and hours of operation | Mon | | Tues | | Wed | | Thurs | Fri | | Sat | Sun |
|  |  | |  | |  | |  |  | |  |  |

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| --- | --- |
| Details of other household members | |
| People who normally reside at the family day care residence (including children under 18 years old): | |
| Full name | Date of birth |
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| --- | --- | --- |
| Working with children check / working with vulnerable people / record of criminal history for co-ordinators/educators/assistants and other household members aged 18 years and over who normally reside at the residence: | | |
| Full name | Type of check, identifying number and expiry date | Date check was sighted by the Approved Provider/Nominated Supervisor |
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| --- | --- | --- | --- |
| Child enrolment details | | | |
| Child’s full name | Date of birth | Days of attendance | Hours of attendance |
|  | Refer to up to date Children in Care Report found on Harmony |  |  |
|  |  |  |  |
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| Monitoring and support | | |
| For use by co-ordinators for each educator – Name of educator: …………………………………………….. | | |
| Evidence that each educator is adequately monitored and supported by a family day care co-ordinator including:   * the dates and times of any visits by the co-ordinator to the family day care residence or family day care venue for the purpose of monitoring or support * the dates and times of any telephone calls between the co-ordinator and the educator for the purpose of monitoring support * details of any correspondence or written materials provided to the educator by the co-ordinator for the purpose of monitoring or support and the dates and times the correspondence or materials were provided to the educator. | | |
| Date/Time | Details | Co-ordinators name |
|  | Refer to Scheduled / Unscheduled Visit Notes – saved in Educator file – Content Manager |  |
|  |  |  |