# 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

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| 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.
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| Date/Time  | Details  | Co-ordinators name |
|  | Refer to Scheduled / Unscheduled Visit Notes – saved in Educator file – Content Manager |  |
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