# Staff Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nominated Supervisor | | | | | |
| Full name |  | | Date of birth |  | |
| Address |  | | | | |
| Relevant qualification/s, or  course enrolled in |  | | | | Copies attached |
| Other approved training completed (including first aid training) |  | | | | Copies attached |
| Identification number and expiry date of relevant working with children check or working with vulnerable people check |  | | |  | |
| I ................................................................................. accept the designation of Nominated Supervisor of ...................................................................................  (insert name) (insert name of education and care service) | | | | | |
| and understand and accept my responsibilities under the Education and Care Services National Law and National Regulations | | | | | |
| Signature of Approved Provider: |  |  | | Date: | |
| Signature of Nominated Supervisor: |  |  | | Date: | |
| Designated educational leader | | | | | |
| Name |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Educators and other staff | | | | |
| Full name |  | Date of birth |  | |
| Address |  | | | |
| Relevant qualification/s, or  course enrolled in |  | | | Copies attached |
| Other approved training completed (including first aid training) |  | | | Copies attached |
| Identification number and expiry date of relevant working with children check or working with vulnerable people check |  | |  | |
| Students and volunteers | | | | |
| Name |  | Date of birth |  | |
| Address |  | | | |
| Date and hours of participation |  | | | |