# Staff Record

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| 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 |  |

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| 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 |  |