**SCHEDULE B**

**EDUCATOR’S SCHEDULE Commencing:**  / /2019

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| Name: …………………………….…….…………………… Ph: ……………………………….. Mobile: ……..…………………….......  Address: ………………………………………………............................................................... ......... Registered since: …..../…..../……. Email: ……………………………………………………..……………......……  Emergency Contact Person:................................................ Relationship:.............................................. Contact Number:.......................... |
| Educator Assistant: …………………………………………………………………………………….. Ph: ………………........…………………….  Address: ……………………………………………………………………………………………. Relationship: ……….….…........…………..  Blue Card Number:........................................ Expiry Date:....................... |

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| Qualifications: …………………………………………...….......... Educator’s ABN No: .……………………………......………..........  Cultural Background: ………………………...…………….......... Primary Language: ……………………………...……………........  Low Set/High Set/ Split Level House: (Please circle) Pool: YES NO Safety Certificate Due:...........................  Pets: …………………..………….…….............................................................................................................................................  If Car is used to Transport Children in Care: Car Rego: ………………… Valid Till : …….. Car Safety Check: Due..............  No of Seats: …... Car Restraint Check: Due ......... Driver’s Licence Number:.............................. Valid Till:.............  Educator Assistant (Where Applicable): Driver’s Licence Number:.............................. Valid Till:.............  Transport & other Commitments impacting FDC: …………..........................................................................................................  Educator’s Availability & Preferred age of Children:………...…………………............................................................................... |  |

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| ***Educator’s Professional Development Needs:*** USI (Unique Student Identifier) Number:………………………………………  First Aid: Due: …………… CPR: Due: ……………… Asthma Training: Due.................. Anaphylaxis Training: Due .................  Child protection Training: Due.................... Food Safety: Due ………….…. PDP Due: …………… .................. .................  ***Educator Assistant’s Professional Development Needs:*** USI (Unique Student Identifier) Number :……………………  First Aid: Due: …………… CPR: Due: …………........ Asthma Training: Due.............. Anaphylaxis Training: Due ............  Child protection Training: Due.................... Hygiene & Safety Audit Due: …………………….. Food Safety: Due .......................  **Blue Cards of Adult Occupants:**  Name:………………………............. Expiry Date:................... Name:……………………….............Expiry Date:...................  Name:………………………............. Expiry Date:................... Name:……………………….............Expiry Date:...................  Name:………………………............. Expiry Date:................... Name:……………………….............Expiry Date:...................  Public/Liability Insurance Proof of Currency Provided: Yes No |

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| Others in household  ...............................................................  ...............................................................  ...............................................................  ...............................................................  ............................................................... | DOB  ......./......../.......  ......./......../.......  ......./......../.......  ......./......../.......  ......./......../....... | Place of Sch/Work  ...............................................  ............................................... ............................................... ............................................... ............................................... | Contact Number  ............................................  ............................................ ............................................ ............................................ ............................................ |
| Other business/service conducted on premises: .........................................................................................................................  .................................................................................................................................................................................................... | | | |

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| Training Attended (2019)  1..…………..……..……………............... ……../……../……. 2..…………..……..……........……….. ……../……../…….  3..…………..……..……………............... ……../……../……. 4..........…………..……..…………….. ……../……../…….  5.…………..……..……………................. ……../……../……. 6..........…………..……..…………….. ……../……../……. |