**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..........…………..……..…………….. ……../……../……. |