

Staff Record

Nominated Supervisor			
Name		Date of birth	
Address			
Relevant qualifications/s, or course enrolled in			<input type="checkbox"/> Copies attached
Other approved training completed			<input type="checkbox"/> Copies attached
Identification number of relevant working with children check or working with vulnerable people check		Supervisor Certificate number	
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			
Name		Date of birth	
Address			
Relevant qualifications/s, or course enrolled in			<input type="checkbox"/> Copies attached
Other approved training completed			<input type="checkbox"/> Copies attached
Identification number of relevant working with children check or working with vulnerable people check		Certified Supervisor number, if applicable	
Students and volunteers			
Name		Date of birth	
Address			