Educator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Steps**

1-🗖 Interview 2-🗖 House inspection (OH & S)

3-🗖 Second House inspection (only if the applicable) 4-🗖 Orientation (Introduction Love & Mercy FDC and general Regulation FDC)

**Documents**

**Educator**

|  |  |
| --- | --- |
| 1-🗖 Application / Registration  | 2-🗖 Educator Drivers Licence, Medicare, Passport |
| 3-🗖 Qualifications in Children’s Services if any (or working towards) with transcripts | 4-🗖 Educator Qualification Transcript |
| 5-🗖Educator Valid Working with Children Check | 6-🗖 WWCC for Household members with IDs |
| 7-🗖 Police Check (no more than 6 months) | 8-🗖 Educator First Aid HLTAID004 |
| 9-🗖 Educator Current CPR | 10-🗖 Educator Signed Agreement with L&M |
| 11-🗖 Medical Assessment | 12-🗖 Current Insurance (Minimum $10 000 000) |
| 13-🗖 Residential Risk Assessment  | 14-🗖 Enrolment Forms |
| 15-🗖 Excursion Permission Forms | 12-🗖 Excursion Rik Assessments |
| 13-🗖 Statutory Declaration | 14-🗖 Fee Schedule |

**Educator Assistant**

|  |  |
| --- | --- |
| 1-🗖 Registration Form  | **2.** Assistant Agreement |
| 3-🗖 Assistant ID  | 4-🗖 WWCC  |
| 5-🗖 Police check | 6-🗖 First Aid  |
| 7-🗖 CPR  |   |

|  |
| --- |
| **Office use only** |
| Registration Date |  | Officer Name: Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_\_ |
| Interview Date  |  |
| First Inspection Date |  |
| Second Inspection Date |  |
| Started Date |  | Exit Date |  |

**Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PRODA NUMBER** |  | **ABN** |  |
| **CRN** |  | **USI** |  |
| **Vehicle Number Plate**  |  |  |  |

**Bank Account Details:**

**Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BSB Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payslips:**

Will be provided via email fortnightly?

**Please provide email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that the above details are true and correct.

 **Educator Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature**

 **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_\_