



Love & Mercy Family Day Care

# Love and Mercy FDC

Suite 2 159-165 Northumberland Street, Liverpool NSW 2170

Email: [loveandmercy.fdc.nsw01@gmail.com](mailto:loveandmercy.fdc.nsw01@gmail.com)

Tel: 02 9601 7594

ABN - 41 165 380 085

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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)

## Educator

1- <input type="checkbox"/> Application / Registration	2- <input type="checkbox"/> Educator Drivers Licence, Medicare, Passport
3- <input type="checkbox"/> Qualifications in Children’s Services if any (or working towards) with transcripts	4- <input type="checkbox"/> Educator Qualification Transcript
5- <input type="checkbox"/> Educator Valid Working with Children Check	6- <input type="checkbox"/> WWCC for Household members with IDs
7- <input type="checkbox"/> Police Check (no more than 6 months)	8- <input type="checkbox"/> Educator First Aid HLTAID004
9- <input type="checkbox"/> Educator Current CPR	10- <input type="checkbox"/> Educator Signed Agreement with L&M
11- <input type="checkbox"/> Medical Assessment	12- <input type="checkbox"/> Current Insurance (Minimum \$10 000 000)
13- <input type="checkbox"/> Child Protection Certificate	14- <input type="checkbox"/> Statutory Declaration
15- <input type="checkbox"/> Fee Schedule	12- <input type="checkbox"/> Glass Certificate and/or <input type="checkbox"/> Pool Certificate
13- <input type="checkbox"/> Vehicle RMS Check	14- <input type="checkbox"/> Enrolment Forms
15 - <input type="checkbox"/> Excursion Permission Forms	16-- <input type="checkbox"/> Risk Management Plans
17- <input type="checkbox"/> Transportation Permission & Risk Assessment	18 - <input type="checkbox"/> P&P and MRG App on Phone Home screen

## Educator Assistant

1- <input type="checkbox"/> Registration Form	<b>2.</b> Assistant Agreement
3- <input type="checkbox"/> Assistant ID	4- <input type="checkbox"/> WWCC
5- <input type="checkbox"/> Police check	6- <input type="checkbox"/> First Aid <input type="checkbox"/> CPR
7- <input type="checkbox"/> Parent Agreement Forms	7- <input type="checkbox"/> Vehicle Insurance

## Office use only

Registration Date		Officer Name:	
Interview Date		Position: _____	
First Inspection Date		Signature: _____ Date: ___/___/___	
Second Inspection Date			
Started Date		Exit Date	



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## 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 \_\_\_/\_\_\_/\_\_\_