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| **EDUCATOR REGISTRATION and RE REGISTRATION CHECKLIST**: Version: 14 January, 2020 |

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| **Educator’s full name:** | | | **D.O.B:** | |
| **Educator’s contact numbers:**  **(H)**  **(M)** | | | **Email address:** | |
| **Educator Business Name:** | | | **Educator ABN:** | |
| **Educator Next Of Kin:** | | | **Next of Kin phone number:** | |
| **Postal address:** | | | | |
| **Physical address:**   * **Residence** * **Venue** | | | | |
| **Registration renewal / start date:** | | | **Educator PRODA Number:** | |
| **Consultant’s Name:**  **Consultant’s Signature: Date Completed:** | | | | |
| **Registration Fee**   * **There is no Registration fee for HAFDc Educators – Hubworks is however a compulsory component for HAFDC Educators yearly – in line with upcoming Government Requirements** | | | | |
| **Administration Name / Signature:**  **Date:** | | | | |
| **FDC Service Comments:** (eg enter side gate, care area in garage etc) | | | | |
| **Item required:** | **Copy attached**  **(tick)** | **Update next due:** | | **How often is it required for documentation to be updated** | |
| **DOCUMENTS REQUIRED TO ISSUE REGISTRATION CERTIFICATE** | | | | | |
| 1. **Educator Application form completed** |  |  | | **One Off** | |
| 1. **PRODA Documentation** |  |  | | **One Off** | |
| 1. **Referee Checks completed** |  |  | | **One Off** | |
| 1. **Compliance History Statement completed and signed** |  |  | | **Once Off** | |
| 1. **Interview questions completed** |  |  | | **One Off** | |
| 1. **Register of Educators Form completed** |  |  | | **Annual** | |
| 1. **Admin induction training completed** |  |  | | **One Off** | |
| 1. **HAFDC Educator Agreement signed** |  |  | | **Annual** | |
| 1. **Code of Conduct signed** |  |  | | **Annual** | |
| 1. **Family Memebers in Care form Completed** |  |  | | **Once Off** | |
| 1. **Relevant ECE qualifications** |  |  | | **One Off** | |
| 1. **Proof of enrolment in approved ECE course (minimum Certificate 111) and Current Transcripts** |  |  | | **Once Off** | |
| 1. **Assessment of residence/ venue completed and signed** |  |  | | **Annual** | |
| 1. **Fit and Proper Medical** |  |  | | **Annual** | |
| 1. **Approved first aid qualifications** |  |  | | **3 Years** | |
| 1. **Anaphylaxis /Asthma management training** |  |  | | **3 Years** | |
| 1. **CPR training** |  |  | | **Annual** | |
| 1. **Child Protection Training** |  |  | | **2 Years** | |
| 1. **Fire equipment check evidence provided** |  | **Fire Extinguisher Date tested/purchased:**  **Fire Blanket Date tested/purchased:** | | **Annual** | |
| 1. **Copy of Driver’s License provided** |  |  | | **Expiry** | |
| 1. **Working with children check Educator**   **(QLD – Blue card)** |  | **NSW – online check / verification**  **QLD – authorisation/ verification**  **VIC – WWC card / criminal record check**  **TAS –verification online** | | **Card Expiry & Verification Annual** | |
| 1. **Working with children check Partner (QLD Blue Card )** |  |  | | **Card Expiry & Verification Annual** | |
| 1. **Drivers License – Partner** |  |  | | **Expiry** | |
| 1. **Working with children check Other (QLD Blue Card)** |  |  | | **Card Expiry & Verification Annual** | |
| 1. **National Police Check Educator (All states)** |  |  | | **3 Years** | |
| 1. **National Police Check Partner (VIC only)** |  |  | | **3 Year** | |
| 1. **National Police Check Other (VIC only)** |  |  | | **3 Years** | |
| 1. **Food Handling Certificate** |  |  | | **3 Years** | |
| 1. **Providing Food Certificate**   **(if applicable)** |  |  | | **3 Years** | |
| 1. **Educator’s Public Liability insurance evidence provided** |  |  | | **Expiry** | |
| 1. **Car insurance papers provided**   **(if applicable)** |  |  | | **Expiry** | |
| 1. **Car registration papers**   **(if applicable)** |  |  | | **Expiry** | |
| 1. **QLD and VIC road worthy -provide either;**    1. Annual QLD Road Safety Certificate (Approved inspection stations (AIS) offer vehicle inspections, and are the only businesses in Queensland that can issue safety certificates. An AIS will give you either a handwritten certificate or an electronically issued certificate) ***or***    2. Annual vehicle service log issued by a licensed mechanic and containing the name and authorised licence number of such mechanic   **NOTE: a. VIC can have a roadworthy or a car**  **safety service**  **b. QLD must have a roadworthy** |  |  | | **Annual** | |
| 1. **Car seat compliance provided**   (if applicable) |  |  | | **Annual** | |
| 1. **Swimming Pool / spa compliance / Certification** |  |  | | **3 years** | |
| 1. **Other training qualifications**   **(if applicable)** |  |  | | **One Off** | |
| 1. **Educator induction training completed** |  |  | | **One Off** | |
| 1. **Fee Schedule completed** |  |  | | **When Needed** | |
| 1. **Letter from landlord (if renting) or**   **Copy of rates notice if owner** |  |  | | **One Off** | |
| 1. **Electrical safety switch evidence provided** |  | **Photo / Documentation provided:** | | **One Off** | |
| 1. **Glass compliance provided for glass in registered area 1metre or below, including shower screen** |  | **Photo / Document provided or**  **Stamped & Sighted** | | **One Off** | |
| 1. **Emergency Fire Evacuation plan and procedure** |  |  | | **One Off** | |
| 1. **Emergency Evacuation Kit Check List** |  |  | | **Annual** | |
| 1. **Bank Details Provided** |  |  | | **One Off** | |
| 1. **First Aid Kit – checklist complete** |  |  | | **Annual** | |
| 1. **Cot Australian standards documentation**   **(if applicable)** |  |  | | **One Off** | |
| 1. **Cot checklist completed**   **(if applicable)** |  |  | | **Annual** | |
| 1. **Menu**   **(if applicable)** |  |  | | **Annual** | |
| 1. **Copy of gun license**   **(if applicable)** |  |  | | **Expiry** | |
| 1. **Overnight Care documentation**   **(if applicable)** |  |  | | **As Required** | |
| 1. **Electrical Tagging**   **(if applicable)** |  |  | | **As Required** | |
| 1. **Pet Management Plan**   **(if applicable)** |  |  | | **Annual** | |
| 1. **Trampoline Checklist**   **(if applicable)** |  |  | | **Annual** | |
| 1. **Swing Checklist**   **(if applicable)** |  |  | | **Annual** | |
| 1. **Swimming Pool / Spa Checklist** |  |  | | **Annual** | |
| 1. **Excursions (if applicable)** |  | **Cover Sheet**  **Risk Assessments**  **Permission** | | **As Required** | |
| 1. **Emergency contacts for children /families**   **(if applicable)** |  | **Hard copy sighted** | | **As Required** | |
| 1. **Registration Certificate Issued:** |  |  | | **Annual** | |