**STUDENT / VOLUNTEER CHECKLIST**

Student / Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by all STUDENTS / VOLUNTEERS, and forwarded to Holistic Approach Family Day Care (HAFDC) Scheme Manager / Consultant prior to placement at the service.

**Please tick:**

* I have been provided with information about the HAFDC Policies and Procedures and have received copies of the following;
	+ - Philosophy
		- Code of Conduct Policy
		- Child Protection Policy
		- Positive guidance Policy
		- Student/Volunteer Policy
* I have read and understand my responsibility to adhere to the HAFDC Policies and Procedures. I am aware of the following;
	+ - Emergency evacuation plan and procedure
		- Incident and accident procedures
		- First aid arrangements and location of first aid kit
		- Daily Routine
		- Visitors book
		- Positive Guidance Policy
		- Child Protection Policy
		- Grievance Policy
		- Confidentiality Policy
* I am aware that I am expected to participate in general tasks including maintaining a clean, safe and healthy environment.

HAFDC reserves the right to terminate placement of any student / volunteer should any breaches of scheme policies and procedures or requirements of the National Quality Framework occur, or should a person be deemed unsuitable in the designated role.

**Declaration by Student / Volunteer:**

I have read the above expectations for students and volunteers, and agree to abide by them. I understand that the approved service reserves the right to terminate

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_