



Shop 8, Cinema Complex, Leichhardt Tce, Alice Springs NT 0870
PO Box 1764, Alice Springs NT 0871 ABN 17 545 918 172
Provider No: 555001695s
telephone (08) 8952 3406 facsimile (08) 8952 3010
email: office@asfdc.org.au
website: www.asfdc.org.au

Dear

RE: Educator Assistant Notification to Parent/Guardians

This is to notify you that has been approved as the
(Educator Assistant's name)

Educator Assistant for your child..... in the
(Child's name)

Event that the primary educator.....
(Educator's Name)

is not available to provide care for up to 3 hours.

An Educator Assistant is approved to provide care either in emergencies or for short periods of time, to the children in care with the Primary Educator. This care is covered under the Educators insurance. Care with the Educator Assistant will at no time extend beyond three hours. The Family Day Care office must be notified at the start and end of the relief care period.

The Educator Assistant has applied for and successfully met the following criteria:

- Has obtained a current National Criminal History check
- Holds a current Working with Children - Ochre Card
- Has a current Apply First Aid Certificate
- Has undertaken Anaphylaxis, Asthma and Fire Safety training.
- Attended an interview with Co-ordination Unit
- Signed both the Confidentiality Agreement and the Educator Assistant Contract
- Has provided copy of Motor Vehicle License and Anchorage Point inspection of the vehicle being used by Educator Assistant

It is important that you are aware of all details regarding the care being provided to your child/ren. Please take the time to complete the attached form and return it to either your Educator or direct to the Co-ordination Unit.

Should you have any questions or concerns regarding this issue, please do not hesitate to contact the Co-ordination Unit.

Yours sincerely

Alice Springs Family Day Care

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Alice Springs
Family Day Care

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TO: Co-Ordination Unit

RE: Educator Assistant Status

I have received notification
(Parent/guardians name)

that
(Educator Assistant name)

has undertaken an Educator Assistant interview by the Coordination Unit and has successfully met the following criteria:

- Holds a current National Criminal History check
- Holds a current Working with Children - Ochre Card
- Holds current Apply First Aid Certificate
- Has attended the Anaphylaxis and Asthma training
- Has provided a copy of their motor vehicle Driver's License
- Has signed a Confidentiality Agreement
- Has provided a copy of the Anchorage Point and inspection for the vehicle being used by the Educator Assistant.
- Advised all parents of children in care with the Primary Educator

I agree to providing relief care for our child/ren.
(Educator Assistant's name)

I am aware that if I have any concerns the Co-ordination Unit can be contacted and direction will be sought.

..... (parent/guardian signature)/...../.....

OFFICE USE ONLY:

Received from:

Date:/...../.....

Signature:

Information sourced from

- ASFDC policies
- the Education and Care National Regulations and The National Law

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