



Alice Springs
Family Day Care

Shop 8, Cinema Complex, Leichhardt Terrace, 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

EDUCATOR UPDATE FORM

Educators update any sections where details or information has changed.

Name			
Residential Address			
Postal Address			
Landline Number		Mobile	
Email			

Do you currently use your car for Family Day Care purposes?: Yes No

Copy of Car Registration Certificate attached: Yes No

What animals/pet do you have on the premises?: _____

Compulsory Certifications (Expiry Dates)

Please write dates these certifications are due for renewal

Public Liability Insurance:	First Aid:
Fire Awareness:	Drivers Licence:
Ochre Card:	Criminal History Check:
Food Handling:	Asthma Training:
Anaphylaxis Training:	Mandatory Reporting:

Educator Banking Details (for CCB payments)

BSB:	
Account Number:	
Account Name:	

Document Site: O:\Form\Educator Update Form	Administered: Administration Officer	Next Reviewed: 6 February 2016
Approved: Scheme Manager	Date Printed: 1 February 2012	Page 1 of 3

Elective Professional Development

(Details of inservice/workshops attended)

Title of Inservice/Workshop		
Dated attended		
Participation Certificate issues	Yes	No

Title of Inservice/Workshop		
Dated attended		
Participation Certificate issues	Yes	No

Title of Inservice/Workshop		
Dated attended		
Participation Certificate issues	Yes	No

Title of Inservice/Workshop		
Dated attended		
Participation Certificate issues	Yes	No

Partner's Details:

Name:			
Place of Employment			
Work Phone		Mobile	

Is your partner your Educator Assistant: Yes No

Educator Assistant Compulsory Certifications (Expiry Dates)

Please write dates these certifications are due for renewal

Criminal History Check:	Ochre Card:
First Aid:	Anaphylaxis Training:
Asthma Training:	Fire Safety:
Mandatory Reporting:	Drivers Licence:

Document Site: O:\Form\Educator Update Form	Administered: Administration Officer	Next Reviewed: 6 February 2016
Approved: Scheme Manager	Date Printed: 1 February 2012	Page 2 of 3

Children:

Name			
Date of Birth		Male	Female
School attending			

Name			
Date of Birth		Male	Female
School attending			

Name			
Date of Birth		Male	Female
School attending			

Name			
Date of Birth		Male	Female
School attending			

Persons over the age of 18 living on premises:

Name	
Date of birth	
Criminal History Expiry Date	
WWC Expiry Date	

Name	
Date of birth	
Criminal History Expiry Date	
WWC Expiry Date	

Name	
Date of birth	
Criminal History Expiry Date	
WWC Expiry Date	

Educator signature: _____ Date: _____

Document Site: O:\Form\Educator Update Form	Administered: Administration Officer	Next Reviewed: 6 February 2016
Approved: Scheme Manager	Date Printed: 1 February 2012	Page 3 of 3