



Shop 8, Cinema Complex, Leichhardt Terrace, Alice Springs NT 0870  
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## TERMINATION OF EDUCATOR SERVICES

Date of notice:        /        /

Educators Name: .....

Last day I will be providing care is:        /        /

### *Details of children requiring care:*

Child's Name	Care Required Y/N ?	Days & hours required	Other details eg preschool runs	New Placement Educator

..... (Educator's signature)