STAFF RECORD

GRPSA
GOULBURN REGION PRESCHOOL ASSOCIATION

Play, laugh...
...learn, grow!

☐ Permanent ☐ Relief

Certain information received in this form is required as part of our annual reporting processes to the Department of Education, such as Date of birth, Gender, Name of qualification, Name of University (Bachelor qualifications), Year qualification awarded, Aboriginal/Torres Strait Islander origin.

Personal Details			
Name			
DOB		**Gender**	
Address			
Mobile		**Email**	
Are you Aboriginal and/or Torres Strait Islander origin?			

Availability *(Please select the days of the week available to work, including relief if applicable)*				
☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
Relief Staff - Please select the services you can work at *(For days of operation of each service, please check our website grpsa.com.au)*				
☐ Avenel	☐ Barmah	☐ Cobram (Punt Road and Eilleen Taylor)	☐ Colbinabbin	☐ Euroa
☐ Katamatite	☐ Katandra West	☐ Merrigum	☐ Murchison	☐ Nagambie – Gaambi Djinang
☐ Nagambie – Vale Street campus	☐ Nathalia	☐ Rushworth	☐ Strathmerton	☐ Toolamba
☐ Tungamah	☐ Undera	☐ Violet Town	☐ Yarrawonga – Orr Street	☐ Yarrawonga – McLean St Kinder

Staff acknowledgement: *(Please tick the boxes below to verify your understanding and acknowledgement of each statement)*	
☐	I understand and accept my responsibilities under the Education and Care Services National Law and National Regulations.
☐	I understand that I may be required to be a Responsible Person and may be appointed as the Person in Day-to-Day charge as required under the National law: sections 5, 44, 56, 161, 162 and National regulations 35, 54, 117A, 117B, 146.
☐	I have completed the compliance history and consent statement (PIDTDC).
☐	I have received a copy of the staff handbook.
☐	I understand the policies are available for me to access as a hard copy at all services, and on the GRPSA website. www.grpsa.com.au
☐	I have received a copy of the Code of Conduct Policy and agree to abide by the principles, practices and consequences set out within the policy.
☐	I have received a copy of the Privacy and Confidentiality Policy which outlines how the service will meet the requirements of the Victorian Health Records Act 2001 and the Victorian Privacy Act 2000 (or where applicable, the Privacy Act 1988) in relation to both personal and health information.
☐	I agree to comply with the requirements of the privacy legislation and understand that I must implement the Goulburn Region Preschool Assoc. Inc Privacy and Confidentiality Policy and Code of Conduct at all times.

Signed:		**Date:**	

Please ensure you provide a copy of the training listed below and maintain its currency			
☐ Mandatory Reporting	☐ Safe Sleep Training	☐ GRPSA OHS Training	☐ First Aid Training
☐ Child Safety Training - Foundations	☐ Child Safety Training - Advanced	☐ Food Safety Training	☐ WWC Connect

Educational Leader – Reg 148	
Name of Educational Leader	

Early Childhood Qualifications *(Please provide copy of Certificates)*		
Name of Institution/RTO:	**Qualification:**	**Date Awarded or started if WT:**

Details of Working With Children Check/VIT Registration			
Reference No:		**Expiry Date:**	
OFFICE USE ONLY			
Sign to verify the assessment notice:		Date:	
Print full name of person verifying:		Title:	
Updates/Re-Check are carried out 3 monthly for WWCC. VIT is monitored through the VIT employer portal.			

Criminal History Notification Police Check *(new staff only)*			
OFFICE USE ONLY			
Reference number:		**Date of issue (within six months):**	
Sign to verify the police check result:		Date:	
Print full name of person verifying:		Title:	
Register of Prohibited Persons & Suspended Educators – NQAITS Register search			
Sign to verify the NQAITS Register search result:		Date:	
Print full name of person verifying:		Title:	

Emergency Contacts:	
Name	
Address	
Phone Number	
Mobile	
Relationship	
Secondary Contact:	
Name	
Address	
Phone Number	
Mobile	
Relationship	
Medical Information:	
Doctor:	
Address:	
Ph No:	
Ambulance:	
Allergies:	
Other medical conditions:	