Family Day Care Relief/Educator Assistant Care Request and Parent Consent - Form

A Qu Ph: (uality Éduca 02 4921 015		Option for	r Our Communit <u>10v.au</u>	у								
RELIEF / EDUCATOR ASSISTANT CARE REQUEST AND PARENT CONSENT (Relief Educator / Educator Assistant care)													
								o Relief Educator / E	ducato	r Assistant	care occurri	ng, in	
accordance with Education and Care Services National Law 164A and Regulation 144. (j) Service approval and consent is required PRIOR to each occasion of Relief education and care in the Primary Educator absence.													
								t every 12 months, a					
EDUCATOR NAME:											Date:	Date:	
Re	quest to	o engage	e: 🗆	Relief Educator D Educator Assistant (including FDC staff Educator As							sistant)		
Name of Educator / Educator Assistant									for the following purpose/s (please tick):				
_													
Ш			ucatio	on and care to a child in the absence of the Educator: until time									
	On date/s			until						until			
	On date/s			until						until			
	On date/s			until					time		until		
	On date/s					until	1	time		until			
	On date/s			until					time	Educator to	until		
	Educator Assistants may only provide care in the absence of the educator on <u>ad-hoc</u> occasions, to enable the Educator to attend an appointmen than a regular appointment) in unforeseen or exceptional circumstances, for <u>up to 4 hours maximum</u> (Reg 144).									pointment (other			
П	Transno	ransport, or escort, a child in the absence of the Primary Educator, between the FDC premises/approved venue and only:											
		O a school; or Address + details/description:										la only.	
	O another children's service; or												
	O the child's home					Transact Dials A	Assessment and separate Parent Authorisation MUST be completed and						
	date	date until			forwarded to the FDC Office PRIOR as per Excursion and				and the second				
							COMBINED TOT	AL number of children	<u>being c</u>	ared for at a	any one time	must not exceed 7.	
		by the general assistance to the Primary Educator while the Educator is educating and caring for children as part of the family											
		y care service (which may involve undertaking incidental care responsibilities under nearby supervision of the Primary Educator)								ducator)			
	date				until								
Educator Signatura											data		
Educator Signature											date		
							v to agree)						
	absent/	l understand that if I choose to not accept offer of alternate care, a charge cannot be applied when the Primary Educator is absent/unavailable to provide booked care.											
	I agree that FDC Staff are authorised to provide general assistance to the educator, and care in emergency situations.												
		I acknowledge that I have had opportunity to meet the Relief Educator / Educator Assistant and discuss the education and care arrangements for my child (including any applicable health care plans or transport arrangements).											
□ I understand that when my Primary Educator is absent, the Relief Educator/Educator													
	Primary Educator responsibilities in accordance with my applicable authorisation/s (including but not necessarily limited to applying lotions and creams, administering authorised medication, water activities, interaction with pets, excursions and transport), unless specifically excluded below*.												
	I understand that any Child Care Subsidy (CCS) entitlements are forwarded directly to the Relief Educator by Lake Macquarie FDC for the care provided, as applicable.												
	 I understand that <u>I must pay my parent gap-fee payment amount to the Relief Educator</u> for any care provided by the Relief Educator as applicable in a timely manner. 												
	lunder	stand tha	at I ma	ay withdrav	v my co	onsent at a	any time in writi	ng.					
□ I consent to the provision of education and care by Relief Educator / Educator Assistant as outlined above.													
Child/ren name *Consent excludes:													
D -	ront No.						Signation				Dete		
Parent Name Date Date													

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