

2025/2026
MY PLACE FAMILY DAY CARE
EDUCATOR SCHEDULE
38 Sittella Street, Inala QLD 4077
Telephone: (07) 3372 1711
Email: fdcadmin@ich.org.au

EDUCATOR:

Name: _____

Address: _____

Telephone No: _____ Mobile No: _____

Email: _____ Proda No: _____

ABN: _____ CRN: _____

DOB: _____ Country of Birth: _____

What is the primary language spoken in the household: _____

Cultural Background: _____ Smoker: Yes / No

EDUCATOR INFORMATION:

INFORMATION DETAILS				COPY PROVIDED
Blue Card	Reg No:	Expiry Date:		Yes / No
Drivers License	DL No: Expiry Date:	Submitted Police Check: NEW EDUCATORS ONLY Yes / No (Dated within last 6 months)		Yes / No
Public liability Insurance	Policy No:	Expiry Date:	Insurer Name:	Yes / No
Car Restraint Check	Cert No:	Date of Issue:	Training Organisation:	Yes / No
First Aid Certificate	Cert No:	Date of Issue:	Training Organisation:	Yes / No
CPR Certificate	Cert No:	Date of Issue:	Training Organisation:	Yes / No
Anaphylaxis (First Aid)	Cert No:	Date of Issue:	Training Organisation:	Yes / No

My Place Family Day Care
Educator Schedule

Asthma Management (First Aid)	Cert No:	Date of Issue:	Training Organisation:	Yes / No
Formal Qualifications	Course Name:	Completion Date:	Training Organisation:	Yes / No
Home Safety Assessment Risk Management Plans in Place		Current Evacuation Plan		Yes / No
		Glass Audit Form		Yes / No
		Transport Risk Management Plan		Yes / No
		Pool/Spa/Water Feature/Water Hazard Risk Management Plan		Yes / No

Do you have an Educational Assistant?	Yes / No	Name:
		Email:
		Telephone No:

Educator Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							

Overnight Care: Yes / No Before and After School: Yes / No

Preferred ages of children: _____

Which public holiday is your preference – please tick

Ipswich Show Day	Ekka Show Day – Monday (Logan, Lockyer, Moreton)
Ekka Show Day – Wednesday	Caboolture Show Day
Toowoomba Show Day	Gold Coast Show Day

Firearms: Yes / No (if yes, complete table below)

License No:		Expiry Date:	
Are they kept following all Australian Firearm Laws: Yes / No		Is ammunition kept following all Australian Firearm Laws: Yes / No	
Other Weapons: Yes / No	What weapons:	How are they secured:	

ALL WEAPONS, AMMUNITION, PROJECTILES (e.g. ARROWS) MUST BE REGISTERED AND LICENSED AS REQUIRED BY LAW

Details of Other Household Members

Adults (All person 18 years and older who reside at the premises)

	Name	DOB	Blue Card \ Exemption Card No	Expiry Date	Smoker
Partner					Yes / No
Other Adult					Yes / No
Other Adult					Yes / No
Other Adult					Yes / No
Other Adult					Yes / No

Non-Adult Children

Name	DOB	Name of Kindy / School	Transport Used

Domestic Pets

Type:	Breed:	Kept in a separate area: Yes / No	Where:
Type:	Breed:	Kept in a separate area: Yes / No	Where:
Type:	Breed:	Kept in a separate area: Yes / No	Where:

Pool / Spa

Do you have a pool/spa? Yes / No

If yes:

Does your pool/spa have current Pool Safety Certificate Yes / No

Is the pool fencing compliant with the safety certificate Yes / No

Have you provided a copy of certification documents to the service? Yes / No

Have you completed a pool/spa Risk Assessment? Yes / No

Have you completed Service Training on pool policy and procedures? Yes / No

Pool Safety Certificate Expiry Date: _____

YOU ARE RESPONSIBLE FOR MAINTAINING COMPLIANCE OF ANY POOL OR SPA WITH CURRENT COUNCIL LAWS

Motor Vehicles and Transport

Vehicle Make & Model	Vehicle Colour	Rego No.	No. of Seats Available (Including Driver)

Name of anyone who will transport Day Care Children	Driver's License No.	Driver's License Expiry Date

Emergency Contacts

Please list at least one Emergency Contact's name, address and phone number. Please also list place of work and phone number details where applicable.

Name and relationship to Educator	Address	Phone	Mobile
	Home:		
	Work:		

	Home:		
	Work:		

LEGISLATION DECLARATION

1. Have you ever been charged with an indictable offence in Australia or Overseas? Yes / No
If yes, what date did this occur? ____ / ____ / ____
2. Have you ever been made bankrupt or received a Commonwealth debt in Australia or Overseas? Yes / No
If yes, what date did this occur? ____ / ____ / ____
3. Have you ever had a blue card been refused, amended, or cancelled? Yes / No
If yes, what date did this occur? ____ / ____ / ____

EDUCATOR CERTIFICATION

1. I agree to advise the service office of any changes/alterations as they and when they occur.
2. I understand that it's my responsibility to ensure that all documents remain current.
3. I am responsible to be familiar with and keep up to date with the Education and Care Services National Law and Education and Care Services National Regulations 2011, Family Assistance Law, National Quality Standards and Service policy and procedures.
4. I have reviewed, dated and signed my risk management forms in line with the Education and Care Services National Law & Regulations 2011 and a copy has been forwarded to the office. These will be available upon request by Parents, Staff or Office of Early Childhood.
5. I have completed this schedule, and all details are true and correct.

Educator Signature

Date

Coordinator Signature

Date