

# Your Place



**ATTACHMENT 2**  
**Staffing Policy**  
**Staffing Procedure - Sample Staff Record**

**Staff Record**

Nominated Supervisor			
Full name		Date of birth	
Address			
Relevant qualification/s, or course enrolled in			o Copies attached
Other approved training completed (including first aid training)			o Copies attached
Identification number and expiry date of relevant working with children check or working with vulnerable people check			
I ..... accept the designation of Nominated Supervisor of ..... (insert name) (insert name of education and care service)			
and understand and accept my responsibilities under the Education and Care Services National Law and National Regulations			
Signature of Approved Provider:			Date:
Signature of Nominated Supervisor:			Date:
Designated educational leader			
Name			





Educators and other staff			
Full name		Date of birth	
Address			
Relevant qualification/s, or course enrolled in			o Copies attached
Other approved training completed (including first aid training)			o Copies attached
Identification number and expiry date of relevant working with children check or working with vulnerable people check			
Students and volunteers			
Name		Date of birth	
Address			
Date and hours of participation			

