



Educator assistant approval form

Complete this form to have a new educator assistant approved to work within your service.

Email this completed form to education.familydaycare@sa.gov.au

Educator details

Scheme name: _____

First name: _____ Last name: _____

Assistant details

First name: _____ Last name: _____

Mobile number: _____

Email address: _____

Date of birth: _____

Home address: _____

Certificates and clearances

Attach the following documents:

Training and clearance records	Course code	Date completed	Expiry or renewal date
First aid			
Cardiopulmonary resuscitation (CPR)			
Anaphylaxis & Asthma management			
Responding to risks of harm, abuse and neglect (RRHAN-EC) training			
National Child Safety training (Gekko)			
Working with children check (WWCC)			
Medical clearance (only if a known medical condition)			NA





Vehicle details

Drivers licence number: _____ Expiry date: _____

Vehicle registration number 1: _____

Vehicle registration number 2: _____

Permission details

Educator assistant

I agree the above information to be true and correct.	Yes or no (circle your choice)
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Educator assistant's signature: _____ Date: _____

Educator

Attached are the permission forms from parents agreeing to this educator assistant	Yes or no (circle your choice)
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Educator's signature: _____ Date: _____

Service manager

I approve this educator assistant.	Yes or no (circle your choice)
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Service manager's full name: _____

Service manager's signature: _____ Date: _____

