

Education and Early Childhood Services Registration and Standards Board of South Australia

Residual Service Nominated Supervisor Consent Form

Education and Early Childhood Services (Registration and Standards) Act 2011
Part 3 and Schedule 2

1. Name of Approved Provider:	<input type="text"/>			
2. Name of early childhood service:	<input type="text"/>			
3. Service Approval number:	<input type="text"/>			
4. Nominated Supervisor details:	Title:	<input type="text"/>	First Name:	<input type="text"/>
	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>
5. Certified Supervisor number:	<input type="text"/>			
6. After hours emergency phone number:	<input type="text"/>			
7. The date of commencement as Nominated Supervisor:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declarations

Provider Declaration

I, _____ (name of Approved Provider)
nominate _____ (name of Certified Supervisor)
to be the Nominated Supervisor for _____ (name of early childhood service)

Signature: _____ Date: _____

Supervisor Declaration

I, _____ (name of Certified Supervisor)
consent to being the Nominated Supervisor for _____ (name of early childhood service)

Signature: _____ Date: _____

Privacy Statement

The EECSRSB is committed to ensuring that all actions taken in the administration of the *Education & Early Childhood Services (Registration and Standards) Act 2011* are in compliance with the *Information Privacy Principles of the Privacy Act 1988 (Cth)*. The EECSRSB is collecting the information on this form for the purpose of assessing an application under the *Education & Early Childhood Services (Registration and Standards) Act 2011*.