

Residual early childhood services

Nominated supervisor consent form

Residual Early Childhood Services NOMINATED SUPERVISOR CONSENT FORM

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

1. Approved provider number

PR-

Approved provider name

2. Service approval number

SE-

Service approval name

3. Nominated Supervisor contact details:

Title:	First Name:
Middle Name:	Last Name:
Email:	
After hours emergency phone number:	
Phone number (day time):	
Date of Birth:	
Date commenced as Nominated Supervisor:	

Providers Declarations

I, _____ (name of Approved Provider)

nominate _____ (name of Nominated 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: _____

Please submit this form along with any required documentation to the regulatory authority.

Education Standards Board
GPO Box 1811
ADELAIDE SA 5001

Enquiries to:

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Phone: 1800 882 413(toll free)
Fax: (08) 8226 1815
Website: <http://www.esb.sa.gov.au>

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