

# BERMAGUI PRESCHOOL



## 2.08 Responsible Person

### Written By

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### Aim

A Responsible Person will be on the premises at all times, and the details of the Responsible Person at any time will be clearly displayed and documented for educators, staff and families. The process for determining the Responsible Person will be clear to all educators and staff, and followed at all times.

### Responsible Person

The Preschool must always have a Responsible Person physically present at all times. A Responsible Person can be:

- The APPROVED PROVIDER – This is a person with management and control of the Preschool.
- The NOMINATED SUPERVISOR – This is a person designated by the Preschool as the Nominated Supervisor.
- A RESPONSIBLE PERSON– This is a person who has been placed in day-to-day charge of the service.

The Approved Provider will:

- Ensure Nominated Supervisors and Responsible Persons have a clear understanding of the role of the Responsible Person;
- Ensure the Responsible Person is appropriately skilled and qualified;
- Ensure a Responsible Person is physically present at the centre; and
- A substitute for the Responsible Person will be in present where a Waiver is in place.

The Nominated Supervisor or delegated authority will:

- Arrange for the keeping of a “**Responsible Person Record**”. This record will document the current Responsible Person.
- Display the name of the Responsible Person at the main entrance of the service.
- Develop rosters in accordance with the availability of Responsible Persons, centre operation and attendance patterns of children.
- A Responsible Person must complete a 7.14 Responsible Person Consent Form and Staff Record to demonstrate understanding an acceptance of this role.

### Relevant Legislation

Education and Care Services National Regulations 2011  
National Quality Standard 2010

### Resources & References

Children (Education and Care Services National Law Application) Act 2010  
Education and Care Services National Regulations 2011

**Relevant Documentation**

7.14 Responsible Person Consent Form and Staff Record  
7.13 Confidentiality Agreement

**Date Adopted:**

September 2020

**Review Date:**

September 2023

**Staff Record: Responsible Person**

**Full Name**

<b>Date of Birth</b>	
<b>Address</b>	
Does this staff member have approval to be a Responsible Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Qualifications currently held by this staff member:</b> <i>(please tick and specify name of qualification)</i>	<input type="checkbox"/> Degree: ..... <input type="checkbox"/> Diploma: ..... <input type="checkbox"/> Certificate III: ..... <input type="checkbox"/> First Aid Certificate: ..... Expiry date: ..... <input type="checkbox"/> Anaphylaxis Management Training: ..... Expiry date: ..... <input type="checkbox"/> Asthma Management Training: ..... Expiry date: ..... <input type="checkbox"/> Child Protection Qualification: ..... <input type="checkbox"/> Other..... Expiry date: ..... Evidence/certified copies attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this staff member actively working towards an approved qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is the staff member enrolled in the course for the qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please attach evidence)</i>
• Has the staff member commenced the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please attach evidence)</i>
• Is the staff member making satisfactory progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please attach evidence)</i>
• Is the staff member meeting the requirements for maintaining enrolment?	
<b>Working with children check</b>	
Applicant declaration and Working with Child Check consent provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please attach evidence)</i>
Employer request for background check completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please attach evidence)</i>
<b>Written Consent from Responsible Person</b> I understand and accept my responsibilities under the Education and Care Services National Law and National Regulations.	
Signature	
Date:	/   /
Witness	
Date:	/   /

**RESPONSIBLE PERSON CONSENT FORM**

I, \_\_\_\_\_ (name of Responsible Person)



- the *Education and Care Services National Law*, including the Education and Care Services National Regulations, and
- any of the laws listed at Table 1. below, in any Australian state or territory.


Have you ever had a supervisor certificate that was suspended or cancelled by the regulatory authority?

- Yes – please provide details below                       No


I, (insert full name) \_\_\_\_\_  
of, (insert address) \_\_\_\_\_  
\_\_\_\_\_

and born on (insert date of birth) \_\_\_\_\_ declare that:

- the information provided in this statement is true and complete, and
- I am aware that I may be subject to penalties under a Commonwealth or State or Territory Act if I provide false or misleading information.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Table 1</b>	
<b>Other relevant laws, including children’s services laws, education laws and former education and care services laws in any Australian state or territory</b>	
Australian Capital Territory	<i>Children and Young People Act 2008</i> <i>Education Act 2004</i>
New South Wales	<i>Children and Young Persons (Care and Protection) Act 1998</i> <i>Education Act 1990</i> <i>Institute of Teachers Act 2004</i> <i>Teaching Service Act 1980</i>

## Bermagui Preschool Cooperative Society Ltd

## Confidentiality Agreement

You are required to keep sensitive information relating to children, families, staff, management and the operation of the service confidential at all times.

I hereby agree to respect the rights of all individuals involved with the Preschool and will maintain privacy of children, families and staff, by not disclosing personal information to third parties, unless there is a legislative requirement to do so.

I \_\_\_\_\_ have read and fully understand the details of this induction and agree to perform the duties expected of me.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_