



**PROPOSED REMUNERATION AGREEMENT:**

**NB ALL QUESTIONS ARE TO BE ANSWERED.**

Educator's Name: ..... Effective from: .....

**Proposed Hourly Fees**

	Payment to Educator (includes educator fee of 50c)	Admin Levy (paid by parent)	Payment made by parent
Standard Hours of Care Core Hours 8am – 6pm		1.35	
Non-standard hours of care (between 6pm – 8am)		1.35	
Casual		1.35	
Weekend/Overnight Care		1.35	
Public Holiday Care		1.35	
Late Payment (when payment is not made on agreed day (as per placement contract))		N/A	
Penalty Rate (times over contracted hours where the educator has not received prior notification).		N/A	
Incidentals (separate charges, such as food, travel)		N/A	
Other Charges/Conditions (e.g., holding deposit, 2 weeks notice)			

The following comments will be used in approving/not approving the proposed remuneration agreement.



**What professional development opportunities have you undertaken during the last 12 months (this includes training offered by the scheme, and other organisations)? – name recent training attended.**

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**How are you using the information gained from professional development in your practices? -**

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**Educational Program and Practice – How do you consider ways in which children’s interests and ideas can be scaffolded to enhance their learning and development?**

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**Children’s Health and Safety - How do you maintain adequate supervision and promote children’s agency throughout the day?**

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**Physical Environment – How do you create environments that are inclusive, promotes competence, independent exploration and learning through play?.**

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**Staffing Arrangements – What support (or additional support) would you like to receive from the Co-ordination Unit?**

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**Relationships with Children** – How is each child supported to feel secure, confident and included?

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**Social Environment** – The scheme has introduced a number of new initiatives in relation to communicating with the community, what activities are you undertaking to do this? What other parts of the community would you like to engage with and can the Co-ordination unit assist in this?

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**What have you achieved as part of your Quality Improvement Plan in the last 12 months?**

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**What are you doing well?**

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**What are some of the challenges that you encounter?**

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**What training would support your professional development in the next 12 month?**

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**Any other comments?**

Signed: .....

Date:.....

Comments by Child Development Officer:

Fees recommended:            YES/NO

Date

Signed

Name of Child Development Officer: .....

Comments by Nominated Supervisor:

Fees approved:                            YES/NO

Name of Nominated Supervisor: .....

Signed

Date

