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EDUCATOR LEAVING FORM.

Name of Educator: Date:

Address of Educator:

Date started Care: Date finished Care:

Reason for leaving:

.....

Comments:

.....

Educator Signature: Date:

Service Manager Signature: Date:

Returned To Office: Policy Folder Form Folder (black) Certificate of Registration

Co-ordinator ID Card Code of Ethic USB

OFFICE USE ONLY (Initial and Date when action taken)

1. Outstanding Monies (leasing / craft / equipment Finalised:

2. Equipment returned:

3. File Removed:

4. Alternative Educator found for children as required:

5. Supply letter for length of time working as a educator for Ballina Byron Family Day Care:

6. Ensure understands Responsibility of keeping records:

7. Educator leaving survey has been email.