



Parent/ Guardian Approval for Facebook Documentation.

Parent/ Guardian Name: _____

Parent/ Guardian Address: _____

Child/rens Names: _____

Educator Name: _____

Educator Address: _____

Educator Facebook Page Name: _____

I /We agree to have ourselves and our child/ren on the educators Facebook page so the Educator can meet her documentation requirements under the Education and Care National Regulations in regards to The Educational Program, Documenting of child assessments or evaluations for delivery of educational program and Information about educational program to be kept available.

I/we agree that our Educators Facebook Page is kept Secret and only the family members of the children in care, coordinators and managers are on the page.

I / We agree that when we leaves the Educators service we will be immediately removed from the page and all posts to do with your child will be removed.

I / We understand the Facebook page is available for all current families and for inspection on request by Coordinator/Practice Mentor, Manager (Nominated Supervisor) or Regulatory Authorities only.

I /We agree that the Educators will ensure the Facebook page is only used for their documenting and for the use of sharing with current families.

I/ We agree that our educator will ensure they meet the Schemes Policies and Procedures in particular in regards to Educational Program, Social Media, and Confidentiality for the protection of our information.

I/ We agree that we will not share information for the Educators Facebook page with any third parties.



I/ We agree to respond and have input via the Facebook page for your child/ren's Educational Program

I/We agree to be respectful, and not use inappropriate language to others on the Educators Facebook Page.

I/ We agree that if you have any issues with content on the page we will contact the Educator directly and if unsatisfied will contact the Manager on (07) 3245 4721.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____

Educator Name: _____

Educator Signature: _____

Date: _____

Practice Mentor Name: _____

Practice Mentor Signature: _____

Date: _____

Approved by Manager Name: _____

Manager Name Signature: _____

Date: _____