

# Staff acknowledgement of consent

## Long Day Care, Kindergarten, Limited Hours Care and State Delivered Kindergarten programs

Please complete this consent form if you are employed in the provision of education and care for children or provide administrative support in the day to day management of a service.

Through the 2024 Early Childhood Education and Care Services Census (the Census) the Department of Education (the department) asks your service to provide information on your employment status, qualifications and experience as well as some of your *personal information* such as name, Aboriginal and Torres Strait Islander status and age. The provision of your *personal information* is voluntary.

This service is seeking your consent to provide your ***personal information in Section one of the Staff Details Census form*** to the department through the Census.

Information collected in the Census will be used for planning and program development, research and monitoring outcomes of early childhood initiatives such as the Preschool Reform Agreement and the implementation of the Education and Care Services National Law.

Data collected will be managed in accordance with the requirements imposed on the department under legislation, including the *Information Privacy Act 2009*. The information will be stored securely, only accessed by authorised staff and will only be used and disclosed where authorised or required by law. Identifying information about you will not be publicly accessible.



Only de-identified information obtained from the survey may be published publicly by the department, or shared with other government agencies such as the Australian Bureau of Statistics.

**By signing below, you indicate that you agree to the terms of use of your personal information as set out above.**

I AGREE/ DO NOT AGREE TO PROVIDE PERSONAL INFORMATION AS INDICATED ABOVE

*NAME*.....

*SIGNATURE*.....

*DATE* .....

**Note:** This form is for use by the service. Completion of these forms assists accurate data entry into the Census by your service.

Please complete this acknowledgement of consent form and return it to the Director of the service to assist in completion of the Census. You may also wish to fill out your personal and other details in the attached form to assist your service with accurate data entry into the Census collection.
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# Staff details Census form

**Section 1 of this form collects defined as “Personal Information”. It is extremely important to the department for planning purposes. However, if you do not wish for this information to be sent to the department then a response of “Not stated” will be recorded. Also, your initials will be recorded instead of your name.**

<b>SECTION 1 - PERSONAL INFORMATION</b>	
<p><b>1.1</b> Please enter the staff member's name. <i>(For quality assurance purposes only).</i></p>	<p>First Name _____</p> <p>Last Name _____</p>
<p><b>1.2</b> Please indicate the gender of the staff member.</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> I use a different term</p> <p><input type="checkbox"/> Not stated</p>
<p><b>1.3</b> Is this staff member of <b>Aboriginal and/or Torres Strait Islander</b> origin?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Aboriginal</p> <p><input type="checkbox"/> Torres Strait Islander</p> <p><input type="checkbox"/> Aboriginal and Torres Strait Islander</p> <p><input type="checkbox"/> Not stated</p>
<p><b>1.4</b> Is this staff member from a <b>non-English speaking background</b>?</p> <p><i>If a staff member speaks a language other than English at home on a regular basis select yes</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not stated</p>
<p><b>1.5</b> What is the staff member's age group?</p>	<p><input type="checkbox"/> 15-24</p> <p><input type="checkbox"/> 25-34</p> <p><input type="checkbox"/> 35-44</p> <p><input type="checkbox"/> 45-54</p> <p><input type="checkbox"/> 55+</p> <p><input type="checkbox"/> Not stated</p>
<p><b>1.6</b> During the week beginning <b>Monday 29 July 2024</b>, what was the main role performed by this staff member?</p> <p><i>If this person worked in more than one position, please record the position in which they worked the most hours</i></p>	<p><input type="checkbox"/> Administration Assistant</p> <p><input type="checkbox"/> Assistant / Aide / Educator – Certificate level</p> <p><input type="checkbox"/> Director (not the Early Childhood Teacher)</p> <p><input type="checkbox"/> Director and the Early Childhood Teacher</p> <p><input type="checkbox"/> Early Childhood Teacher (not the director)</p> <p><input type="checkbox"/> Group Leader / Educator – Diploma level</p> <p><input type="checkbox"/> Other worker</p> <p><input type="checkbox"/> Not stated</p>

<b>SECTION 2: WORKFORCE DETAILS</b>	
<b>2.1</b> What is this staff member's employment status?	<input type="checkbox"/> Paid full-time <input type="checkbox"/> Paid part-time <input type="checkbox"/> Paid casual <input type="checkbox"/> Volunteer / unpaid worker
<b>2.2</b> How many hours did this staff member work during the week beginning <b>Monday 29 July 2024</b> ?	_____ Hours
<b>2.3</b> What type of work did the staff member perform during the week beginning <b>Monday 29 July 2024</b> ?	<input type="checkbox"/> Primary contact with children <input type="checkbox"/> Other child contact <input type="checkbox"/> Management / admin work with no child contact <input type="checkbox"/> Other work with no child contact
<b>2.4</b> Did this staff member deliver a kindergarten program?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <b>go to 2.6</b> )
<b>2.5</b> Of the total hours above how many were spent in face-to face delivery of a kindergarten program?	_____ Hours
<b>2.6</b> How many years has this staff member worked in the Early Childhood Education and Care sector?	_____ Years
<b>2.7</b> How many years has this staff member worked at this service?	_____ Years
<b>3. Qualifications</b>	
<b>3.1</b> Does this staff member hold an <b>Early Childhood Education and Care (ECEC)</b> related qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <b>go to 3.6</b> )
<b>3.2</b> What is the field of <b>highest ECEC related qualification held</b> by this staff member?	<input type="checkbox"/> Teaching (early childhood related) <input type="checkbox"/> Teaching (primary) <input type="checkbox"/> Teaching (secondary) <input type="checkbox"/> Teaching (other) <input type="checkbox"/> Other early childhood related, including child care and children's services
<b>3.3</b> What is this staff member's <b>highest level of completed ECEC</b> related qualification?	<input type="checkbox"/> Postgraduate degree <input type="checkbox"/> Graduate diploma or graduate certificate level <input type="checkbox"/> Bachelor degree (Honours) <input type="checkbox"/> Bachelor degree pass (4 years or equivalent) <input type="checkbox"/> Bachelor degree pass (3 years or equivalent) <input type="checkbox"/> Diploma (3 year equivalent obtained prior to 1995) <input type="checkbox"/> Advanced diploma <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate level 3 or 4 <input type="checkbox"/> Certificate level 1 or 2 <input type="checkbox"/> Other certificate

<p><b>3.4</b> Is this staff member currently registered with the Queensland College of Teachers (QCT)?</p>	<p> <input type="checkbox"/> Yes – full QCT registration  <input type="checkbox"/> Yes - provisional QCT registration  <input type="checkbox"/> No </p>
<p>If the field of highest ECEC related qualification held by this staff member is “Teaching (Primary)”, “Teaching (secondary)” or Teaching (other) → <b>GO TO 3.5</b>  <b>Otherwise GO TO 3.6</b></p>	
<p><b>3.5</b> Does this staff member also hold an ECEC related Certificate III or higher?</p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not applicable </p>
<p><b>3.6</b> Is this staff member currently studying an <b>Early Childhood Education and Care</b> related qualification?</p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No (<b>go to 3.10</b>) </p>
<p><b>3.7</b> What <b>field of ECEC</b> is this staff member <b>currently studying</b>? <i>If more than one, please select the field of study closest to the top of the list.</i></p>	<p> <input type="checkbox"/> Teaching (early childhood related)  <input type="checkbox"/> Other early childhood related, including child care and children’s services </p>
<p><b>3.8</b> What level of <b>ECEC qualification</b> is this staff member currently studying to attain?</p>	<p> <input type="checkbox"/> Postgraduate degree  <input type="checkbox"/> Graduate diploma or graduate certificate level  <input type="checkbox"/> Bachelor degree (Honours)  <input type="checkbox"/> Bachelor degree pass (4 years or equivalent)  <input type="checkbox"/> Bachelor degree pass (3 years or equivalent)  <input type="checkbox"/> Advanced diploma  <input type="checkbox"/> Diploma  <input type="checkbox"/> Certificate level 3 or 4  <input type="checkbox"/> Certificate level 1 or 2  <input type="checkbox"/> Other certificate </p>
<p><b>3.9</b> For the qualification this staff member is currently studying, what is the expected <b>year</b> of completion for their final unit of study?</p>	<p>_____</p>
<p><b>3.10</b> Has this staff member undertaken any <b>in-service training or professional development</b> within the previous 12 months? <i>Other than any qualifications they may currently be studying.</i></p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No </p>
<p><b>3.11</b> What was the focus of any <b>in-service training or professional development</b> completed within the previous 12 months? ( select multiple focus areas if applicable) <b>Do not include First Aid as part of the in-service training</b></p>	<p> <input type="checkbox"/> National Quality Framework/National Quality Standards  <input type="checkbox"/> Educational program and practice  <input type="checkbox"/> Children’s physical health and safety  <input type="checkbox"/> Children’s social, emotional development and well-being  <input type="checkbox"/> Family and community partnerships  <input type="checkbox"/> Leadership/management  <input type="checkbox"/> Pedagogical leadership  <input type="checkbox"/> Supporting children with disability  <input type="checkbox"/> Cultural capability - Aboriginal and Torres Strait Islander families  <input type="checkbox"/> Other, please specify </p>