



Allied Health Professional Orientation Form

Organisation managing the Session

Organisations Name: _____

Contact Mobile Number: _____

Name and Contact details of Allied Health Professional

Name: _____

Contact Mobile Number: _____

Child's Name I will be working with: _____

Coordinator to set up in OWNA – Visitor Register, before Allied Health Professional starts

- Visitor's Name
 - Address and/or Phone Number
 - DOB
 - Company/Organisation
 - Reason for Visit
 - WWCC Number
 - WWCC Expiry
 - WWCC Verified (by Manager before they start)
- I have provided Activity Centres with a current and valid Working With Children Check.
- I acknowledge that each time I arrive/depart the Service I will sign the Visitors Register, providing the following details -
- Full Name
 - Contact Details
 - Organisation Name
 - Reason for Visit
 - Date
 - Arrival Time/Departure Time
- I acknowledge that the Coordinator/Responsible Person of the Service has explained to me the Evacuation and Lockdown Procedures. I have been shown the Service's Evacuation Plan - Primary and Secondary Points.
- I understand that while I am working at the Service, I will remain within the boundaries and play areas that have been set by the Coordinator/Responsible Person.
- I understand that the child I am working with will remain under the direct supervision of the OOSH Staff at all times - remain in sight and hearing of the OOSH Staff.
- I have read and understand my obligations and responsibilities in regard to ACIs Safe Use of Digital Technologies and Online Environments Policy.
- I acknowledge that I understand and accept all the information and points discussed with me as outlined in the Allied Health Professional Orientation Form.

Allied Health Professional's Name: _____

Allied Health Professional's Signature: _____

Date: _____



Allied Health Professional Visit – Safe Use of Digital Technologies and Online Environments

Organisation managing the Session

Organisations Name: _____

Contact Mobile Number: _____

Name and Contact details of Allied Health Professional

Name: _____

Contact Mobile Number: _____

Child's Name I will be working with: _____

- I understand that I cannot take photos/videos of the child I am working with throughout their Session.
- I understand that I cannot take photos/videos of any other child/ren at the Service.
- I understand that I will not wear a Smart Watch while at the Service (unless I have obtained a Waiver from the Manager).
- I understand that I can use different forms of Digital Technology, if it pertains directly to the learning and development of the child I am working with.
- I accept that I have been provided with ACI's Safe Use of Digital Technologies and Online Environments Policy.
- I have read and understand my obligations and responsibilities regarding ACI's Safe Use of Digital Technologies and Online Environments Policy.

Allied Health Professional's Name: _____

Allied Health Professional's Signature: _____

Date: _____

Office Use:

Allied Health Professional has been supplied with Policy: Date: _____

I have added regular Allied Health Professionals details in OWSA Date: _____

Coordinator/ Responsible Person Name: _____

Coordinator/ Responsible Person Signature: _____