



Nominated supervisor consent

Approved provider nomination

I, _____ [name of approved provider]

nominate _____ [name of supervisor] to be the nominated
supervisor for _____ [name of education and care service]

Signature: _____ Date: _____

Supervisor consent to nomination

I, _____ [name of supervisor]

consent to being the nominated supervisor for _____ [name of education
and care service]

Signature: _____ Date: _____