



Australian Government

Department of Education, Employment and Workplace Relations

Reference week: **XX XXXX XXXX**

Due date: **XXXXXXXX**

Online username: **XXXXXXXXXXXX**

Online password: **XXXXXXXXXXXX**

National Early Childhood Education and Care Workforce Census 2013 Child Care Services – Preschool/Early Learning

The National Workforce Census is being conducted by the Australian Government, and covers all early childhood education and approved child care providers in Australia. Your participation will inform planning for the early childhood education and care sector, helping to ensure that high quality early childhood services are provided to young children and their families.

It is important to complete the National Workforce Census even if you complete similar surveys for your state or territory government, as **nationally consistent** data on the early childhood education and care workforce is needed to inform policy in this area.

Your information is required under **Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000** and section 5.3 of the **Child Care Service Handbook 2012-13**.

The National Workforce Census comprises two surveys. The attached form relates to the Child Care Services Survey, and collects information on service usage, children with additional needs, access to preschool programs and staff details. The **explanatory notes** included in your census pack provide definitions and clarifications to assist with answering the questions.

The survey collects details about your service relating to a seven day period or **reference week** that is printed in the panel in the top right hand corner of this page.

You can complete the survey **online** at www.deewr.gov.au/nationalworkforcecensus using the **username** and **password** in the panel in the top right hand corner of this page. Alternatively, you can complete the attached hard copy survey form and return it in the reply paid envelope provided, by the **due date** in the panel in the top right hand corner of this page.

Your census pack also includes a set of Staff Surveys, which are to be distributed to all staff, so that they can provide information on their roles, qualifications, employment status, training activities, pay and conditions and career intentions. Please refer to the instructions in your census pack for full details.

Information collected as part of the National Workforce Census is **confidential**. No data will be publicly released in a way that enables individuals, services or providers to be identified.

If you have any questions about the National Workforce Census, please contact the Social Research Centre, the organisation contracted to conduct the census, on:

Telephone: **1800 639 098** (free call)

Email: nwc@srcentre.com.au

Frequently asked questions

What will the National Workforce Census data be used for?

Data from the National Workforce Census will be used for policy and planning, data analysis, and statistical and research purposes. Data may also be combined with information from other organisations to improve programs, policies and outcomes for the early childhood workforce and young children.

Is the information collected confidential?

All information collected as part of the National Workforce Census is confidential, in accordance with legislative requirements.

For more information about privacy issues, refer to www.srcentre.com.au/general/privacy

Does this service have to participate?

Your information is required under **Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000** and section 5.3 of the **Child Care Service Handbook 2012-13**.

Organisations that complete the Services Survey on time and achieve an 80 per cent participation rate for the Staff Survey component of the National Workforce Census will be entered into a draw to win a \$750 voucher for educational materials and equipment. Two \$750 vouchers will be provided in each state / territory.

What should I do if I am unsure about how to answer a question, or the question (including any terms used) does not make sense?

In the first instance, please refer to the explanatory notes that accompany all questions marked with this symbol ➡ for definitions and clarifications.

If the question does not have an accompanying explanatory note, or if you are still unsure about how to answer the question, please contact the National Workforce Census Helpline on:

Telephone: **1800 639 098** (free call) or Email: nwc@srcentre.com.au

I notice the form only allows me to record details for 22 workers – what if I have more?

The online version of the survey accepts up to 400 workers, so large services are encouraged to complete online. If you have more than 400 workers, or if you do not wish to provide this information online, please contact the National Workforce Census Helpline on (free call) 1800 639 098.

How to complete this form

- For questions with this symbol ➡ please refer to the explanatory notes for definitions and clarifications.
- Please cross boxes like this: ☒ Yes
- Correct mistakes like this: ☒ No
- (If you make a mistake, simply cross this out and mark the correct answer as shown above).
- Use a ballpoint blue or black pen (do not use a felt tipped pen).
- Some boxes have 'Go to' instructions that look like this ☐ ➡ **Go to A2**
- Please follow the 'Go to' even if you miss out on some questions.
- Where exact information is not known, please give the best answer you can.
- Where a written answer is required, please write clearly in the boxes provided.

D2a	What is this worker's age?	Please write in age to the nearest whole year ➡	38
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- At the end of this collection we will be asking you to estimate how long it took you to complete the form, excluding any breaks taken, so please keep this in mind as you begin.

Section A – Service

A1 Is this a Family Day Care service?

Note: Includes Family Day Care, In Venue Care, where the FDC is delivered in a facility other than a family home (e.g. school or community hall).

- ☐ Yes → **Go to A5**
☐ No → **Go to A2**

A2 How **many places** is this service licensed to provide at any **one** time?



Note: These are places that are licensed or regulated by your State/Territory Government.

If your service is not licensed, please record 000 as your answer.

Number of places

A3 What is the **maximum** number of children to whom care is offered AT ANY ONE TIME?



Note: This number may be the same as in A2, however, places may not be available for use due to operational factors such as staffing levels or available space.

Please use grid A if the maximum number of children does not vary by day of the week. Please use grid B if the maximum number of children varies by day of the week.

Important: if this service does not offer care to a child of a particular age range or on a particular day, use “-”.

Age ranges of children				
Maximum number of children	0 to 24 months	25 to 36 months	3 to 5 years	6 years or older
Maximum number of children to whom care is offered does not vary by day of week				
Record details here →				
Maximum number of children to whom care is offered varies by day of week: Record details below				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

- A4** For each day of the reference week on which child care was provided, please indicate the earliest time of day and the latest time of day that child care was available to children.



The reference week is printed in the top right hand corner of the front page.

Note: if the service opened and closed once a day during the reference week, please complete grid A only. If the service had multiple opening and closing times within a day, please complete grids A and B.

Child Care provided on this day during the reference week?		First Session		Second Session	
		Grid A		Grid B	
		Opening time	Closing time	Opening time	Closing time
EXAMPLE 1 Yes <input type="checkbox"/> No <input type="checkbox"/>		7:00 am	10:00 am	3:00 pm	6:30 pm
EXAMPLE 2 Yes <input type="checkbox"/> No <input type="checkbox"/>		7:00 am	6:30 pm		
Monday	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				
Tuesday	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				
Wednesday	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				
Thursday	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				
Friday	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				
Saturday	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				
Sunday	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				

- A5** During the reference week, did this service have approval(s), exemption(s), or other form(s) of formal permission that enabled a position to be occupied by a worker without holding the required early childhood education and care qualification(s)?



☐ Yes → How many positions had an approval/exemption/other form of formal permission?



Now Go to A5a

☐ No → Go to A6

☐ Not applicable → Go to A6

A5a Did any of the positions with an approval, exemption, or other form of permission require early childhood teaching qualifications?

☐ Yes

☐ No

A6 How many **contact staff** have left this service in the past 12 months?

Number of contact staff left service

SAMPLE

Section B – Child details

Please record the **number of children by age group** for each of the following in the table below.

B1 The number of children who attended this service during the reference week, at any time of day.

Note: Each child should be counted only once throughout the week, even if they attended multiple times.

Important: if no children of a particular age group attended this service during the reference week use “-”.

B2 The number of children who attended this service during the reference week who identify as Aboriginal or Torres Strait Islander origin.

Important: if one or more children of a particular age group attended the service during reference week, but no children in this age group identify as Aboriginal or Torres Strait Islander origin, enter “0” for this age group at B2.

B3 The number of children who attended this service in the reference week who speak (or have parent(s)/guardian(s) who speak) a language other than English at home.

Important: if one or more children of a particular age group attended the service during reference week, but no children in this age group speak (or have parent(s)/guardian(s) who speak) a language other than English at home, enter “0” for this age group in B3.

	B1a	B2a	B3a
Child age in years	Number of children attending during reference week	Number of children of Aboriginal or Torres Strait Islander origin	Number of children who speak, or have parents/guardians who speak a language other than English at home
Example 1 0 to less than 1 year	-		
Example 2 1 to less than 2 years	3	0	1
0 to less than 1 year			
1 to less than 2 years			
2 to less than 3 years			
3 to less than 4 years			
4 to less than 5 years			
5 to less than 6 years			
6 to less than 7 years			
7 to less than 8 years			
8 to less than 9 years			
9 to less than 10 years			
10 to less than 11 years			
11 to less than 12 years			
12 years or over			

B4
➡

Please record the number of children by age group who need **additional assistance** that is related to an **underlying long-term health condition or disability** in each of the following areas?

Note: long-term means lasting for 6 months or more. Please also include any children less than 6 months of age with a health condition or disability affecting everyday life, if it is expected to last 6 months or more.

Underlying long term health condition or disability type (i.e. lasting 6 months or more)							
Child age in years	Learning and applying knowledge	Communication	Mobility	Self care	Inter-personal interactions and relationships	Other areas (including general tasks, domestic life and community, and social life)	Total children needing assistance
0 to less than 1 year							
1 to less than 2 years							
2 to less than 3 years							
3 to less than 4 years							
4 to less than 5 years							
5 to less than 6 years							
6 to less than 7 years							
7 to less than 8 years							
8 to less than 9 years							
9 to less than 10 years							
10 to less than 11 years							
11 to less than 12 years							
12 years or over							

Section C – Preschool/Early Learning Programs

- C1** During the reference week, how many children were taken to a preschool/early learning program delivered by a **different service**?

The reference week is printed in the top right hand corner of the front page.
Please count each child only once.

- C2** During the reference week, did any of the workers in this service, including yourself, deliver or assist in delivering an in-house preschool/early learning program?

- ☐ Yes → **Continue**
☐ No → **Go to Section D**

- C3** During the reference week, was the in-house preschool/early learning program delivered based on a specific curriculum or framework?

Select all that apply

- ☐ Yes (Early Years Learning Framework)
☐ Yes (State/Territory curriculum or framework)
☐ Yes (other curriculum or framework)
☐ No
☐ Don't know

- C4** During the reference week, was the in-house preschool/early learning program delivered by a teacher with university qualifications in a **relevant** early childhood education and care field?

- ☐ Yes
☐ No

C5 Please record the number of children by age group **for each of the following.**

Note: for C5d long-term means lasting for 6 months or more.

	C5a	C5b	C5c	C5d
Child age in years	How many children are currently enrolled in the in-house preschool/early learning program at this service?	During the reference week, how many children attended the in-house preschool/early learning program?	Of the children enrolled in the in-house program, how many do you anticipate will go to school the following year?	How many children enrolled in the in-house preschool/early learning program need additional assistance that is related to an underlying long-term health condition or disability (i.e. lasting 6 months or more)?
3 to less than 4 years				
4 to less than 5 years				
5 to less than 6 years				
6 years or over				

Section D – Individual workers (staff members and educators)					
		Worker number	EXAMPLE	1	2
D1 ➡	What is this worker's name?	Please write in first name / surname / or other reference	Mary H.		
D2a	What is this worker's age?	Please write in age to the nearest whole year	38		
D2b	What is this workers gender?	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Intersex or indeterminate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2c ➡	What is this worker's Indigenous status?	Aboriginal but not Torres Strait Islander origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Torres Strait Islander but not Aboriginal origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Both Aboriginal and Torres Strait Islander origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Neither Aboriginal nor Torres Strait Islander origin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3 ➡	Is the work of this worker paid or unpaid?	Paid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Unpaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4 ➡	During the reference week, what was the main type of work performed by this worker?	Primary contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Management/Administration only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5 ➡	During the reference week, what was the main role performed by this worker?	Principal/Director/coordinator/educational leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Group leader/teacher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Family Day Care or In-Home Care educator/assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Assistant/aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other contact worker (e.g. dance teacher , music therapist, disability support worker, librarian or speech therapist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Non contact worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6	During the reference week, did this worker deliver or assist in delivering an in-house preschool/early learning program?	Yes → Continue to D7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No → Go to D8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7 ➡	During the reference week how many hours per day did this worker spend in face-to-face delivery of the in-house preschool/early learning program?	Hours spent delivering preschool/early learning program in reference week does not include preparatory time	Monday	6	
			Tuesday	0	
			Wednesday	6	
		Refers to preschool/early learning program from C2	Thursday	6	
			Friday	0	
			Saturday	0	
			Sunday	0	
		If worker did not deliver face-to-face preschool/early learning program, mark as 'not applicable'	Not applicable	<input type="checkbox"/>	<input type="checkbox"/>
D8 ➡	During the reference week, what was the employment status of this worker in your service?	Employee of this service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employee of a government body/agency (other than this service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employee of a private or independent body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employee of an agency contracted to provide staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employee of another organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Owner manager/self employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Volunteer/student or other unpaid worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9 ➡	During the reference week, what were the employment arrangements for this worker? Please select one option per worker	Permanent – full time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Permanent – part time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Fixed term contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Casual – full time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Casual – part time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not an employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D – Individual workers (staff members and educators)						
		Worker number	EXAMPLE	1	2	
		Please transcribe the first name/surname/ or other reference of the worker from the previous sheet	Mary H.			
D10 ➡	During the reference week, how many actual hours in total did this worker work for this service?	Please round to the nearest hour	20			
D11 ➡	How many years of experience does this worker have in the early childhood education and care sector ?	Please answer to the nearest whole year and put '0' if less than one year	12			
D12 ➡	How many years of experience does this worker have with this service?	Please round down to the nearest whole year and put '0' if less than one year	3			
D13	How many years has this worker been employed as a CONTACT worker with this service ?	Please round down to the nearest whole year, put '0' if less than one year and '-' if not applicable	3			
D14	In which of the following early childhood education and care related fields does this worker hold their highest completed qualification? Please select the one option per worker that is most relevant to their work in this service.	Teaching (early childhood related)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Teaching (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Teaching (other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Nursing (including mothercraft nursing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Other human welfare studies and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Behavioural science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Other early childhood education and care related qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Other qualification not in relevant field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		No qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualification unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D15	What is the highest level of relevant qualification that this worker has completed that is related to their early childhood education and care employment? Please select one option per worker.	Highest qualification	Post graduate degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Graduate diploma or graduate certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Bachelor degree honours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Bachelor degree pass (4 yrs or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Bachelor degree pass (3 yrs or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Advanced diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Certificate level IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Certificate level III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Certificate level I or II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Other certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lowest qualification	No qualifications in relevant field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualification unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D16 ➡	Is this worker currently enrolled and studying for a qualification in an early childhood education and care related field ?	Note: exclude anyone who has completed their course, has deferred their training , or who is currently enrolled in a course that is not in the area of early childhood services	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D17	In which areas did this worker undertake professional development training in the previous 12 months? Note: 'Professional Development' involves formal training only. This may have been structured training sessions conducted in-house or externally, and may be in work time or own time. Please exclude any training undertaken towards a qualification.	Management or financial training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Training for additional needs (e.g. disability, Aboriginal or Torres Strait Islander)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Other child care related training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Other relevant training courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		No professional development training undertaken by this worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D – Individual workers (staff members and educators)

3	4	5	6	7	8	9	10	11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Section D – Individual workers (staff members and educators)					
		Worker number	EXAMPLE	12	13
D1	What is this worker's name?	Please write in first name / surname / or other reference	Mary H.		
D2a	What is this worker's age?	Please write in age to the nearest whole year	38		
D2b	What is this workers gender?	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Intersex or indeterminate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2c	What is this worker's Indigenous status?	Aboriginal but not Torres Strait Islander origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Torres Strait Islander but not Aboriginal origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Both Aboriginal and Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Neither Aboriginal nor Torres Strait Islander origin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3	Is the work of this worker paid or unpaid?	Paid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Unpaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4	During the reference week, what was the main type of work performed by this worker?	Primary contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Management/Administration only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5	During the reference week, what was the main role performed by this worker?	Principal/Director/coordinator/educational leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Group leader/teacher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Family Day Care or In-Home Care educator/assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Assistant/aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other contact worker (e.g. dance teacher , music therapist, disability support worker, librarian or speech therapist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Non contact worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6	During the reference week, did this service provide an in-house preschool/early learning program?	Yes → Continue to D7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No → Go to D8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7	During the reference week how many hours per day did the worker spend in face-to-face delivery of the in-house preschool/early learning program?	Hours spent delivering preschool/early learning program in reference week does not include preparatory time	Monday	6	
			Tuesday	0	
			Wednesday	6	
			Thursday	6	
			Friday	0	
			Saturday	0	
			Sunday	0	
		Refers to preschool/early learning program from C2			
		If worker did not deliver face-to-face preschool/early learning program, mark as 'not applicable'	Not applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D8	During the reference week, what was the employment status of this worker in your service?	Employee of this service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employee of a government body/agency (other than this service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employee of a private or independent body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employee of an agency contracted to provide staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employee of another organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Owner manager/self employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Volunteer/student or other unpaid worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9	During the reference week, what were the employment arrangements for this worker? Please select one option per worker	Permanent – full time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Permanent – part time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Fixed term contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Casual – full time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Casual – part time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not an employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

Section D – Individual workers (staff members and educators)					
		Worker number	EXAMPLE	12	13
		Please transcribe the first name/surname/ or other reference of the worker from the previous sheet	Mary H.		
D10 ➡	During the reference week, how many actual hours in total did this worker work for this service?	Please round to the nearest hour	20		
D11 ➡	How many years of experience does this worker have in the early childhood education and care sector ?	Please answer to the nearest whole year and put '0' if less than one year	12		
D12 ➡	How many years of experience does this worker have with this service?	Please round down to the nearest whole year and put '0' if less than one year	3		
D13	How many years has this worker been employed as a CONTACT worker with this service ?	Please round down to the nearest whole year, put '0' if less than one year and '-' if not applicable	3		
D14	In which of the following early childhood education and care related fields does this worker hold their highest completed qualification? Please select the one option per worker that is most relevant to their work in this service.	Teaching (early childhood related) Teaching (primary) Teaching (other) Child care Nursing (including mothercraft nursing) Other human welfare studies and services Behavioural science Other early childhood education and care related qualification Other qualification not in relevant field No qualification Qualification unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D15	What is the highest level of relevant qualification that this worker has completed that is related to their early childhood education and care employment? Please select one option per worker.	Highest qualification Post graduate degree Graduate diploma or graduate certificate Bachelor degree honours Bachelor degree pass (4 yrs or equivalent) Bachelor degree pass (3 yrs or equivalent) Advanced diploma Diploma Certificate level IV Certificate level III Certificate level I or II Lowest qualification Other certificate No qualifications in relevant field Qualification unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D16 ➡	Is this worker currently enrolled and studying for a qualification in an early childhood education and care related field ?	Note: exclude anyone who has completed their course, has deferred their training, or who is currently enrolled in a course that is not in the area of early childhood services Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D17	In which areas did this worker undertake professional development training in the previous 12 months? Note: 'Professional Development' involves formal training only. This may have been structured training sessions conducted in-house or externally, and may be in work time or own time. Please exclude any training undertaken towards a qualification.	Management or financial training Training for additional needs (e.g. disability, Aboriginal or Torres Strait Islander) Other child care related training Other relevant training courses No professional development training undertaken by this worker	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section D – Individual workers (staff members and educators)

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Section E – Time to complete

E1 About how long did it take to complete this questionnaire? Please indicate the time in hours and minutes.

Include any time spent searching for information in your records, and asking others for information. Exclude any breaks you took that did not relate to completing the questionnaire.

Hours		Minutes	

Thank you very much for your time

National Workforce Census prize draw terms and conditions of entry

Method of entry: Entry open to organisations where an organisation level response is received and 80% of eligible staff respond to the National Workforce Census. To enter, services and staff must complete the survey online at www.deewr.gov.au/nationalworkforcecensus or return completed paper form to Reply Paid 77106 HAWTHORN VIC 3122.

Duration of entry period: The entry period for inclusion in the prize draw is from 20 May 2013 until 6pm AEST, 9 August 2013.

Details of prizes and prize values: The first two entries drawn in the prize draw for each state and territory will receive a \$750 voucher for educational materials and equipment. In total, 16 x \$750 vouchers will be drawn. The total value of prizes to be awarded in each state / territory is \$1,500. The total national prize pool is valued at \$12,000.

Date, time and place of draw: The draw will be conducted at 12 pm AEST on 16 August 2013 at The Social Research Centre, Level 1, 262 Victoria St North Melbourne, Victoria, 3051.

Publication of winner details: Winning organisations will be notified by telephone or email and in writing. The names and state or territory of operation of all winning organisations will be published in 'The Australian' newspaper on 23 August 2013.

Traders name and address: The trader is The Social Research Centre, Level 1, 262 Victoria St North Melbourne, Victoria, 3051. ABN: 91096153212.

Unclaimed prize draw: If the prizes are unclaimed by 14 November 2013 unclaimed prize draws will take place at 12pm on 15 November 2013 at the above address. The winning organisations will be notified by telephone or email and in writing. The names and state or territory of operation of all winning organisations will be published in 'The Australian' newspaper on 22 November 2013.

Permit numbers: ACT TP13/01109 SA T13/548 NSW LTPS/13/02138

**National Workforce Census
Reply Paid 77106
HAWTHORN VIC 3122**

Barcode id panel