



Australian Government

**Department of Education, Employment
and Workplace Relations**

Reference week:

Due date:

Online username:

Online password:

National Early Childhood Education and Care Workforce Census 2010 Child Care Services

The National Workforce Census is being conducted in partnership with state and territory governments, 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 A New Tax System (Family Assistance) (Administration) Act 1999 and section 5.4 of the Child Care Service Handbook 2009-10.

The National Workforce Census comprises two components. This form relates to the **first component**, which collects information on service usage, children with additional needs, access to preschool programs and staff details. The second component, which will take place in July 2010, involves the distribution of census forms to all staff, so that they can provide information on their roles, qualifications, employment status, training activities, pay and conditions and career intentions.

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

This component of the National Workforce Census collects details about your child care service relating to a seven day period or '**reference week**'. The reference week is printed in the panel in the top right hand corner of this letter.

The census collects information for all staff members directly involved in the management, delivery, and/or administration of your child care service. The **explanatory notes** included in this census pack provide definitions and clarifications to assist with answering the questions.

This component of the census can be **completed online** at www.deewr.gov.au/earlychildhood using the **username** and **password** in the panel in the top right hand corner of this letter. Alternatively, you can complete this 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 letter.

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?

The census will provide key, nationally consistent data on the early childhood workforce and service providers in Australia. All Australian Governments have committed to making early childhood education and care an area of national reform. High quality early childhood services improve children's outcomes. The Australian Government recognises that a well trained early childhood workforce is essential for achieving the best outcomes for children.

Is the information collected confidential?

All information collected as part of the census is completely confidential, in accordance with legislative requirements.

For more information about privacy issues, refer www.srcentre.com.au/privacy_policy.html

Which staff members are included in the census?

For full details of staff members to be included in the census, please refer to the Explanatory Notes provided as part of the census pack.

Does this service have to participate?

Your information is required under A New Tax System (Family Assistance) (Administration) Act 1999 and section 5.4 of the Child Care Service Handbook 2009-10.

Child care services that complete the census forms on time and achieve an 80 per cent participation rate for the staff component of the 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.

Where can I get more information about the census?

If you have any queries regarding the arrangements for the census, please email nwc@srcentre.com.au, visit www.srcentre.com.au/ecec_childcare.html or call the census hotline on (free call) 1800 639 098.

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

The online version of the survey accepts up to 90 staff members, so large services are encouraged to complete online. If you have more than 90 staff members, or if you do not wish to provide this information online, please contact the National Workforce Census hotline on (free call) 1800 639 098.

How to complete this form

- Please cross boxes like this: Yes
- Correct mistakes like this:
(If you make a mistake, simply scribble it out and mark the correct answer with a cross).
- 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
- For questions with this symbol ↪ please refer to the explanatory notes for definitions and clarifications.
- Where a written answer is required, please write clearly in the boxes provided.

D2a	What is the worker's age?	Please write in age to the nearest whole year →	3 8
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Section A - Service

A1 Is this service a Family Day Care service?

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

- Yes → **Go to A2**
 No → **Go to A3**

A2 How many carers are registered with this service?

→ **Go to Section B**

A3 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 00 as your answer.

Number of places

A4 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 A3, 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			
		0 to 24 months	25 to 35 months	3 to 5 years	6 years or older
Grid A	Maximum number of children to whom care is offered does not vary by day of week:				
	Record details here →				
Grid B	Maximum number of children to whom care is offered varies by day of week:				
	Record details below				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
Sunday					

A5 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.

Note: if the service opened and closed once a day in 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.

Important: if the service did not offer care during the reference week on a particular day use "-".

		EXAMPLE	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Grid A	Opening time	7 : 00							
	Closing time	10 : 00							
Grid B	Opening time	3 : 00							
	Closing time	6 : 30							

A6 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?

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No

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 are of 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 are of 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 at B3.

	B1	B2	B3
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
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.

Child age in years	Underlying long term health condition or disability type						Total children needing assistance
	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	
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 programs

C1 During the reference week, did this child care service take children (who normally attend your service) to a **preschool program** delivered by a different service?

Please exclude children who go to preschool independently with their families outside of booked hours.

- Yes → Continue
- No → Go to C4

C2 During the reference week, how many children were taken to a preschool program delivered by a **different service**?
Please count each child only once.

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C3 What mode of transport was used to take these children to the preschool program delivered by a different service?

Please cross all that apply

- Walking
- Public transport (e.g. train, bus)
- Service-owned vehicle (e.g. car, bus)
- Privately hired vehicle (e.g. taxi, minibus)
- Other

C4 Did any of the workers in this service, including yourself, deliver or assist in delivering an in-house preschool program during the reference week?

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

C5 During the reference week, was the in-house preschool program delivered based on a specific curriculum or framework?

Please cross all that apply

- Yes (State / Territory curriculum or framework)
- Yes (National Early Years Learning Framework)
- Yes (Other)
- No

C6 How many children of preschool age participated in the in-house preschool program offered by your service during the reference week?

Please count each child only once.

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C7 Of the children who participated in the in-house preschool program provided by your service, how many were also taken out to a preschool program provided by a different service?

Please provide your best estimate.

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C8 During the reference week, was the in-house preschool program delivered by a teacher with university qualifications in a relevant early childhood education and care field?

- Yes
- No

C9 What was the maximum number of hours that a child could participate in your in-house preschool program during the reference week?

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Section D – Individual workers (staff members and carers)

		Worker number →	EXAMPLE	1	2
D1 ↻	What is the worker's name?	<i>Please write in first name / surname / or other reference →</i>	<i>Mary H.</i>		
D2a	What is the worker's age?	<i>Please write in age to the nearest whole year →</i>	<i>38</i>		
D2b	Is the worker male or female?	Male Female	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D2c ↻	What is the worker's Indigenous status?	Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander origin Neither Aboriginal nor Torres Strait Islander origin Not stated	<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"/>
D3 ↻	Is the work of this worker paid or unpaid ?	Paid Unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D4 ↻	What was the main type of work performed by the worker during the reference week?	Primary contact Other contact Management/Administration only Other work	<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"/>
D5 ↻	What was the main role performed by the worker during the reference week?	Principal/Director/coordinator/teacher in charge Group leader/teacher Family Day Care or In-Home Care carer Assistant/aide Other contact worker Non contact worker	<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"/>
D6	Did this service provide an in-house preschool program during the reference week?	<i>Refers to the in-house program at C4</i>	Yes → Continue to D7 No → Go to D8	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D7 ↻	How many hours did the worker spend in face-to-face delivery of the in-house preschool program?	<i>Hours spent in face-to-face delivery of in-house preschool program in reference week</i>	<i>16</i>		
D8 ↻	What was the employment status of the worker in your service during the reference week?	Employee of this service Employee of a government body/agency (other than this service) Employee of a private or independent body Employee of an agency contracted to provide staff Employee of another organization Owner manager / Self employed Volunteer / student or other unpaid worker Not stated	<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"/>
D9 ↻	What were the employment arrangements for the worker during the reference week? <i>Please select one option per worker</i>	Permanent – full time Permanent – part time Fixed term contract Casual – full time Casual – part time Not an employee	<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"/>
D10 ↻	How many actual hours did the worker work for this service during the reference week?	Hours worked <i>Please round to the nearest hour</i>	<i>20</i>		
D11 ↻	How many years of experience does the worker have in the early childhood and care sector ?	Years of experience – sector <i>Please round down to the nearest whole year and put '0' if less than one year</i>			

Section D – Individual workers (staff members and carers)

		Worker number →	EXAMPLE	1	2
		<i>Please transcribe the first name / surname / or other reference of the worker from the previous sheet →</i>	<i>Mary</i>		
D12 ☺	How many years of experience does the worker have with this service ?	Years of experience – this service <i>Please round down to the nearest whole year and put '0' if less than one year</i>	3		
D13	How many years has the worker been employed as a CONTACT worker with this service ?	Years of experience – contact worker in this service. <i>Please round down to the nearest whole year, put '0' if less than one year and '-' if not applicable.</i>	3		
D14 ☺	At the reference week, was the worker registered with a state and/or territory specific teacher's registration board (e.g. Queensland College of Teachers or the Teachers Registration Board of Tasmania)?	<i>Note that in some states and / or territories, registration is not required by regulation or under legislation</i>	Registered <input checked="" type="checkbox"/> Provisional / Partial registration <input type="checkbox"/> Not registered <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D15	In which of the following early childhood education and care related fields does the worker hold their highest completed qualification? <i>Please select the one option per worker that is most relevant to their work in this service.</i>	Teaching (early childhood related) <input type="checkbox"/> Teaching (primary) <input checked="" type="checkbox"/> Teaching (other) <input type="checkbox"/> Child care <input type="checkbox"/> Nursing (including mothercraft nursing) <input type="checkbox"/> Other human welfare studies and services <input type="checkbox"/> Behavioural science <input type="checkbox"/> Other early childhood education and care related qualification <input type="checkbox"/> Other qualification not related to early childhood education and care <input type="checkbox"/> No qualification <input type="checkbox"/> Qualification unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D16	What is the highest level of relevant qualification that the worker has completed that is related to their early childhood education and care employment? <i>Please select one option per worker.</i>	Highest qualification Post graduate degree <input type="checkbox"/> ↑ Graduate diploma or graduate certificate <input type="checkbox"/> ↑ Bachelor degree honours <input checked="" type="checkbox"/> ↑ Bachelor degree pass (4 yrs or equivalent) <input type="checkbox"/> ↑ Bachelor degree pass (3 yrs or equivalent) <input type="checkbox"/> ↑ Advanced diploma <input type="checkbox"/> ↑ Diploma <input type="checkbox"/> ↑ Certificate level III or IV <input type="checkbox"/> ↑ Certificate level I or II <input type="checkbox"/> Lowest qualification Other certificate <input type="checkbox"/> No qualifications in an early childhood education and care –related field <input type="checkbox"/> Qualification unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D17	Is the 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 children's services Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D18	In which areas did the worker undertake professional development training in the previous 12 months? <i>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.</i>	Management or financial training <input type="checkbox"/> Training for additional needs (e.g. disability, Aboriginal or Torres Strait Islander etc) <input type="checkbox"/> Other child care related training <input type="checkbox"/> Other relevant training courses <input type="checkbox"/> No training courses undertaken by this worker <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D – Individual workers (staff members and carers)

		Worker number →	EXAMPLE	12	13
D1 ↻	What is the worker's name?	<i>Please write in first name / surname / or other reference →</i>	<i>Mary H.</i>		
D2a	What is the worker's age?	<i>Please write in age to the nearest whole year →</i>	<i>38</i>		
D2b	Is the worker male or female?	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2c ↻	What is the worker's Indigenous status?	Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Torres Strait Islander	<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 ↻	What was the main type of work performed by the worker during the reference week?	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 ↻	What was the main role performed by the worker during the reference week?	Principal/Director/coordinator/teacher in charge	<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 carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Assistant/aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other contact worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Non contact worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6	Did this service provide an in-house preschool program during the reference week?	<i>Refers to the in-house program at C4</i>	Yes → Continue to D7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			No → Go to D8	<input type="checkbox"/>	<input type="checkbox"/>
D7 ↻	How many hours did the worker spend in face-to-face delivery of the in-house preschool program?	<i>Hours spent in face-to-face delivery of in-house preschool program in reference week</i>	<i>16</i>		
D8 ↻	What was the employment status of the worker in your service during the reference week?	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 ↻	What were the employment arrangements for the worker during the reference week? <i>Please select one option per worker</i>	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"/>
D10 ↻	How many actual hours did the worker work for this service during the reference week?	Hours worked <i>Please round to the nearest hour</i>	<i>20</i>		
D11 ↻	How many years of experience does the worker have in the early childhood and care sector ?	Years of experience – sector <i>Please round down to the nearest whole year and put '0' if less than one year</i>			

Section D – Individual workers (staff members and carers)

		Worker number →	EXAMPLE	12	13
		<i>Please transcribe the first name / surname / or other reference of the worker from the previous sheet →</i>	<i>Mary</i>		
D12 ☺	How many years of experience does the worker have with this service ?	Years of experience – this service <i>Please round down to the nearest whole year and put '0' if less than one year</i>	3		
D13	How many years has the worker been employed as a CONTACT worker with this service ?	Years of experience – contact worker in this service. <i>Please round down to the nearest whole year, put '0' if less than one year and '-' if not applicable.</i>	3		
D14 ☺	At the reference week, was the worker registered with a state and/or territory specific teacher's registration board (e.g. Queensland College of Teachers or the Teachers Registration Board of Tasmania)?	<i>Note that in some states and / or territories, registration is not required by regulation or under legislation</i>	Registered <input checked="" type="checkbox"/> Provisional / Partial registration <input type="checkbox"/> Not registered <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D15	In which of the following early childhood education and care related fields does the worker hold their highest completed qualification? <i>Please select the one option per worker that is most relevant to their work in this service.</i>		Teaching (early childhood related) <input type="checkbox"/> Teaching (primary) <input checked="" type="checkbox"/> Teaching (other) <input type="checkbox"/> Child care <input type="checkbox"/> Nursing (including mothercraft nursing) <input type="checkbox"/> Other human welfare studies and services <input type="checkbox"/> Behavioural science <input type="checkbox"/> Other early childhood education and care related qualification <input type="checkbox"/> Other qualification not related to early childhood education and care <input type="checkbox"/> No qualification <input type="checkbox"/> Qualification unknown <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	What is the highest level of relevant qualification that the worker has completed that is related to their early childhood education and care employment? <i>Please select one option per worker.</i>	Highest qualification ↑ ↓ Lowest qualification	Post graduate degree <input type="checkbox"/> Graduate diploma or graduate certificate <input type="checkbox"/> Bachelor degree honours <input checked="" type="checkbox"/> Bachelor degree pass (4 yrs or equivalent) <input type="checkbox"/> Bachelor degree pass (3 yrs or equivalent) <input type="checkbox"/> Advanced diploma <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate level III or IV <input type="checkbox"/> Certificate level I or II <input type="checkbox"/> Other certificate <input type="checkbox"/> No qualifications in an early childhood education and care –related field <input type="checkbox"/> Qualification unknown <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"/>
D17	Is the worker currently enrolled and studying for a qualification in an early childhood education and care related field ?	<i>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 children's services</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D18	In which areas did the worker undertake professional development training in the previous 12 months? <i>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.</i>		Management or financial training <input type="checkbox"/> Training for additional needs (e.g. disability, Aboriginal or Torres Strait Islander etc) <input type="checkbox"/> Other child care related training <input type="checkbox"/> Other relevant training courses <input type="checkbox"/> No training courses undertaken by this worker <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 C – Time to complete census

- E1** About how long did it take to complete this questionnaire? Please indicate the total 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 didn't relate to completing the questionnaire.

Hours	Minutes
<input type="text"/>	<input type="text"/>

- E2** Would you like a copy of your responses to the census for your records and/or for state/territory-based collection/s?
- Yes
- No

Thank you very much for your time.

NATIONAL WORKFORCE CENSUS PRIZE DRAW TERMS AND CONDITIONS OF ENTRY

Method of entry: Entry open to organizations for whom an organization level response and 80% eligible staff response to the National Workforce Census is received. To enter, invited sample members must complete the survey online at www.deewr.gov.au/earlychildhood or return it to Reply Paid 84564 HAWTHORN VIC 3122.

Duration of entry period: The entry period for inclusion in the prize draw is from 25 May 2010 until 6pm AEST, 30 July 2010.

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 4 August 2010 at The Social Research Centre, Level 1, 262 Victoria St, Nth 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 10 August 2010.

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

Unclaimed prize draw: If the prizes are unclaimed by 4 November 2010 unclaimed prize draws will take place at 12pm on 8 November 2010 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 10 November 2010.

Permit numbers: ACT TP 10/01846.1 SA T10/989 NSW LTPS/10/04162

**National Workforce Census
Reply Paid 84564
HAWTHORN VIC 3122**