Attachment 6: Authorised Use of Personal Device Form

Section 1: Personal Details

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| Staff Member Name: | Position: |
| Personal Device Type (e.g., Smartphone, Tablet): | |
| Date/s of use:  Reason for use of personal device while working with children: | |

Section 2: Purpose

This form grants permission for the above-named staff member to have their personal device for the reason/s and date/stated above while working with children [Company]

Section 3: Guidelines

Usage:

* Personal devices may only be used for the purpose/s stated above during scheduled activities and must be put away when not in use.
* Personal devices must not be used to capture or store images of children

Professional Conduct:

* Staff must maintain a professional demeanour while using personal devices.
* Authorised use of personal device forms must be on file and accessible at all times.
* Devices should not be used for personal matters during work hours, unless authorised.
* Access to personal device for the purpose/s stated above must not prevent the staff member from fulfilling all responsibilities including supervision and engagement with children.

Section 5: Acknowledgement and Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Staff Member Name), acknowledge that I have read, understood, and agree to comply with the guidelines outlined in this form. I understand the importance of protecting the privacy and security of the children in my care and the potential repercussions of failing to adhere to these guidelines.

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| Staff Member Signature: | Date: |
| Approved Provide/Nominated Supervisor Name: | |
| Approved Provide/Nominated Supervisor Signature: | Date |