

## EXPRESSION OF INTEREST FOR ECO SMART FOR EARLY CHILDHOOD 2011

Service name \_\_\_\_\_

LGA \_\_\_\_\_

Is the service a: Long Day care Centre      a Preschool      other

Licensed capacity \_\_\_\_\_ Age range of children \_\_\_\_\_

Approximately how many Families may be enrolled for 2011 \_\_\_\_\_

Approximately how many Children may be enrolled for 2011 \_\_\_\_\_

Approximately how many Staff may be employed for 2011 \_\_\_\_\_

Management Structure \_\_\_\_\_

Do you have a parent reference committee? \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact Name \_\_\_\_\_ Position in centre \_\_\_\_\_

Best contact details \_\_\_\_\_

### **Agreement: Expectations of the services and participants**

As this project will extend for several months from October 2011 into early 2012, we ask that each service agrees to commit to this period of the project.

There are 3 levels of commitment please select the option which will suit your service community.

Group 1: Trial Eco Smart; receive email support and a final survey

Group 2: Receive a Pre and post audit; email support and final survey

Group 3: Receive Pre and post audit; email support; mentoring visit monthly until April 2012 and final survey. Group 3 of the trial will involve the staff team working in co-operation with the ECEEN mentor to trial Eco Smart.

In order to participate we ask that all services are willing to have their service details used in the evaluation of the project. (no individual names will be used). Photo permission will be requested if suitable.

Should you wish to be considered for Group 3, please answer the questions and provide further details at the end of the EOI .

The selection of participants will be made by 3<sup>rd</sup> October, 2011, and notification will be made in that week. Pre audits will occur during October. Evaluation of Eco Smart for Early Childhood will be completed by 30<sup>th</sup> September 2012.

We ask for a willingness to follow through with the project within your service community. We also seek support and encouragement from your staff team.

Our service is a member of NSW ECEEN

**By signing below we the participants agree to the expectations listed**

Director Name \_\_\_\_\_ Sign \_\_\_\_\_  
Date: \_\_\_\_\_

Contact (if different person)  
Name \_\_\_\_\_ Sign \_\_\_\_\_ Date: \_\_\_\_\_

**Questions for Group 3.Selection**

1. How many staff, currently employed within this service, have worked there for more than 5 years? \_\_\_\_\_
2. How many staff, currently employed within this service, have worked there for between 2 and 5 years? \_\_\_\_\_
3. How much release time do staff have for programming and planning per week? \_\_\_\_\_
4. What action will you put in place to communicate with families and the staff team around this project? \_\_\_\_\_
5. What time and day of week would suit your service best for a monthly mentoring visit? Day of week \_\_\_\_\_ Time \_\_\_\_\_
6. Will someone be available at this time to discuss the service plans with the ECEEN mentor? \_\_\_\_\_
7. In 50 words or less please tell us about your service vision for sustainability. You may use the back of the sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return your Expression Of Interest By Friday 30<sup>th</sup> September 2011 to**  
**NSW ECEEN**  
**PO Box 3209, St Pauls NSW, 2031**  
**[info@eceen.org.au](mailto:info@eceen.org.au) - PH: 0423 080 886**