Macedon Ranges Shire Council

Early Years – Safe Use of Digital Technologies and Online Environments Policy - Attachment 1

Personal Device Exemptions

Council staff are required to seek written permission to use personal devices in the kindergarten classroom.

National Mode Code requirements

1. Usage:

The National Model Code lists the following essential purposes for which the use or possession of a personal devices may be authorised where access does not impede the active supervision of children:

- communication in an emergency situation to ensure safety involving a lost child, injury to child or staff member, or other serious incident in the case of a lockdown or evacuation of the service premises
- personal health requirements for example, heart or blood sugar level monitoring
- disability; for example, where a personal electronic device is an essential means of communication for an educator or other staff member
- family necessity; for example, an early childhood staff member with an ill family member
- technology failure; for example, when a temporary outage of service-issued electronic devices has occurred
- during a local emergency event to receive emergency notifications. This could include government warning systems, such as a bushfire evacuation text notification.

2. Professional Conduct:

- Authorisation must be provided in writing in advance.
- In an emergency situation, retrospective written authorisation may be granted.
- Staff must maintain a professional demeanour while using personal devices.
- Authorised essential purpose authorisations form must always be on file and accessible on Humanforce software. This documentation needs to be available for authorised officers to inspect.
- This form is required to be filled out if personal circumstances change, or new devices have been purchased.

ABN 42 686 389 537
PO Box 151 Kyneton Victoria 3444
T 03 5422 0333 F 03 5422 3623 E mrsc@mrsc.vic.gov.au
www.mrsc.vic.gov.au

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Date	
Employee Name **(Full name)**	
Kindergarten	
Type of Device	☐ Phone ☐ Smartwatch ☐ Tablet ☐ Other
Device Make/Model:	
Does this device have the function to take or store photos or videos?	☐ Yes ☐ No
Reason for Exemption	☐ Emergency situation to ensure safety (e.g involving a lost child, injury to a child or staff member, or other serious incident) ☐ In case of a lockdown or evacuation of the service premises ☐ Personal health requirement (e.g. heart or blood sugar monitoring). ***Attach medical documentation with this application.*** ☐ Disability-related communication needs (essential means of communication) ☐ Family necessity (e.g. seriously ill immediate family member) ☐ Technology failure (e.g. outage of service-issued devices) ☐ Local emergency event (e.g. bushfire notification) *Additional essential purposes* ☐ Emergency communication during excursions and regular outings (e.g. if a group is split up and you do not have two kindergarten devices) ☐ Emergency communication when children are transported or travel on transport arranged by the service.

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If the exemption is not listed above; Details of the reason:	
Duration and Intended Use	
Requested duration of exemption	
Describe how the device will be used and how supervision of children will be maintained	
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. **Staff Member Signature:**	

Authorisation - Approved PrAuovider (office use only)	
Staff member name	Exemption date range From: To:
	☐ Approved
	☐ Not approved
Approved Provider Name:	
Approved Provider Signature:	
Date	

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