



# THE ZIG ZAG EARLY YEARS PARTNERSHIP

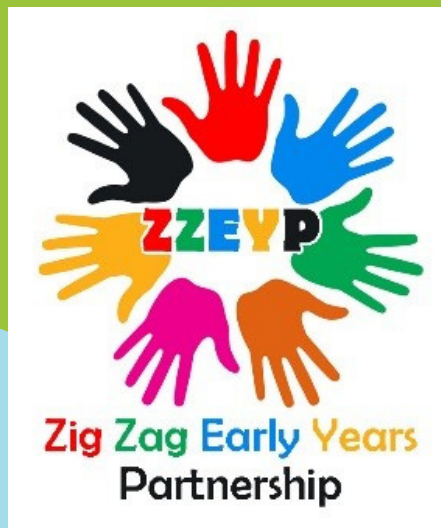
## Member Induction Pack



Supported by

City of  
**Kalamunda**





## *ABOUT THE PARTNERSHIP*

### **Mission Statement**

Zig Zag Early Years Partnership (ZZEYP) exists within the City of Kalamunda to support families, early years' service providers and early childhood practitioners through the formulation and delivery of early years' strategies.

### **Objectives**

Our mission will be achieved by:

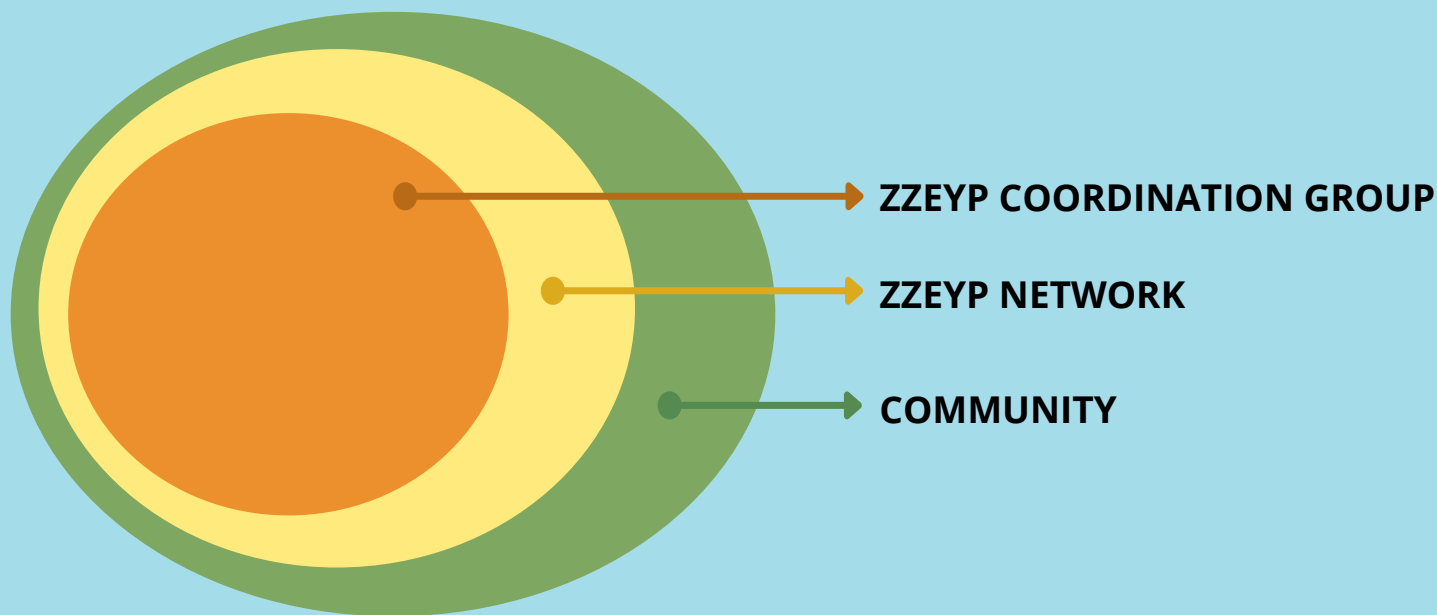
- Being actively involved in advocacy for early years services
- Providing opportunity for support and networking for people involved with early years service provision
- Providing relevant information to families
- Maintaining a database of early years services and service providers
- Monitoring Australian Early Development Census (AEDC) data and taking appropriate action as a result of this information.

The activities of the ZZEYP will be managed by a Coordination Group which will meet bi-monthly to plan, development and implement initiatives aligned to ZZEYP objectives.



## Roles of the group

There are flexible levels of membership involvement with the ZZEYP:



### ZZEYP COORDINATION GROUP

Membership of the ZZEYP Coordination Group is open to individuals and organisations who support and contribute to the objectives of the ZZEYP. Organisations may provide more than one representative.

The Coordination Group will generally meet on the 3rd Tuesday of every second month alternating between member facilities. Additional meetings will be hosted for subcommittee meetings when required prior to upcoming community events.

## DUTIES

### • MEETING ATTENDANCE

Members of the Coordination Group must attend a **minimum** of 3 meetings each year (half of the year's standard meetings).

### • EVENT SUPPORT

Members of the coordination group are expected to attend the ZZEYP's staple annual events, including

- hosting an interactive stall at the Pop Up Play sessions (**2 per year**)
- joining a subcommittee to assist in the set up and pack down at Parent Information Workshops (**1 per year**)

Administrative support for the Coordination Group will be provided by the City of Kalamunda's Youth and Community Development Officer.

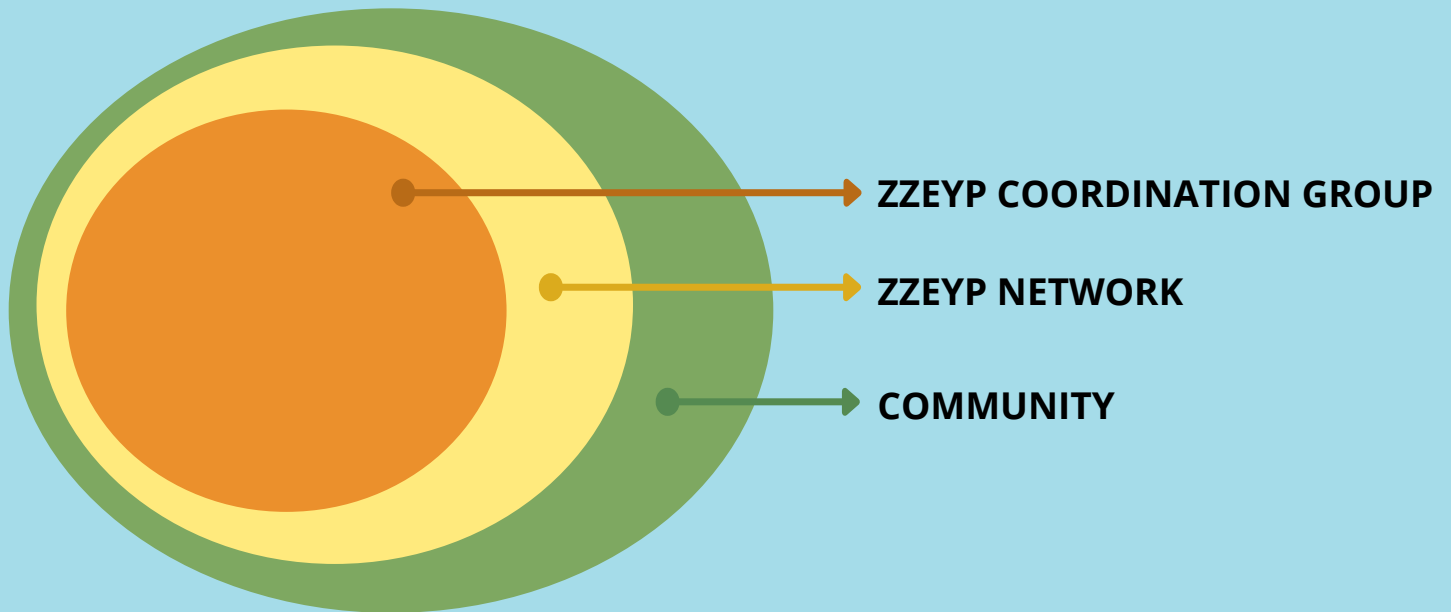
## BENEFITS

Being a member of the Coordination group is the most intensive level of involvement. As a result, these members will receive:

- Annual certificate of membership for display at your centre/include in your portfolio
- specific centre/school/organisation promotion on the @ZZEYP Facebook Page and Parent Directory
- Networking opportunity with other Early Years providers and access to data including the Australian Early Years Development Census

## Roles of the group

There are flexible levels of membership involvement with the ZZEYP:



### *ZZEYP NETWORK*

The Network is a broader group and comprises providers and advocates for early years who wish to be connected to the ZZEYP for information sharing, event participation or other purposes, but who not able to commit to membership of the Coordination Group.

The Network therefore automatically includes members of the Coordination Group.

### **DUTIES**

As a member of the network, you will be added to a mailing list and asked to:

- Share information to your connections for upcoming events or sector information sent through, and
- Provide feedback on any consultation undertaken

### *COMMUNITY*

ZZEYP seeks to reach out to all members of the community and will invite this group to participate in events, activities and information sharing as appropriate. This group is likely to participate on an ad-hoc/as needs basis and are welcome to do so.



# FUNDS

The funds of ZZEYP will generally be sourced from grants, donations, sponsorship and event/activity fees charged.

For the purpose of seeking and managing grants, sponsorship and donations, ZZEYP may enter into a memorandum of understanding with another duly constituted, incorporated body for the purposes of auspicing. FIRS currently acts as in this role for the Group.

# GOVERNANCE

The ZZEYP Coordination Group may alter or rescind these guiding principles, or make additions as required.

# DISSOLUTION

In the event of the group dissolving, any surplus property must be transferred to another incorporated association with similar objectives and which is not for profit or gain to individual members.





# THE ZIG ZAG EARLY YEARS PARTNERSHIP

## Coordination Group Member Application Form:

### Parent/Community Member

If you would like to be added to the mailing list to join the Zig Zag Early Years Network rather than the coordination group, please send an email to [youth@kalamunda.wa.gov.au](mailto:youth@kalamunda.wa.gov.au) with your name, preferred contact information and identify if you are representing an organisation.

**Name:**

**Email Address:**

**Contact Number:**

**What are you passionate about in the early years space that you want to focus on as a member of the ZZEYP?**

#### **Availability to Volunteer**

Preferred Days:

Preferred Times:

#### **By applying to be a member of the Coordination Group, I am agreeing to:**

- Attend the scheduled meetings, with the expectation of hosting at least one at your facility (if based out of a suitable centre).
- Participate in the Pop Up Play Events by hosting an interactive stall.
- Assist in the set up and pack down of parent workshops (commitment to a subcommittee).

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*

#### **Please return this form to:**

[youth@kalamunda.wa.gov.au](mailto:youth@kalamunda.wa.gov.au)

2 Railway Road, Kalamunda

Western Australia 6076

PO Box 42, Kalamunda WA 6926





# THE ZIG ZAG EARLY YEARS PARTNERSHIP

## Coordination Group Member Application Form: Service Provider

If you would like to be added to the mailing list to join the Zig Zag Early Years Network rather than the coordination group, please send an email to [youth@kalamunda.wa.gov.au](mailto:youth@kalamunda.wa.gov.au) with your name, preferred contact information and identify if you are representing an organisation.

**Name:**

**Representing:**    School            Community Group            Organisation            (circle)

**School/Organisation Name:**

**Preferred Contact Email:**

**Preferred Contact Number:**

**How will being a member of the ZZEYP align with your organisation?**

### Availability to Volunteer

Preferred Days:

Preferred Times:

### By applying to be a member of the Coordination Group, I am agreeing to:

- Attend the scheduled meetings, with the expectation of hosting at least one at your facility (if based out of a suitable centre).
- Participate in the Pop Up Play Events by hosting an interactive stall.
- Assist in the set up and pack down of parent workshops (commitment to a subcommittee).

### Please attach the following supporting documentation to your application:

- Public Liability Insurance (for coverage at ZZEYP events)

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*

### Please return this form to:

youth@kalamunda.wa.gov.au  
2 Railway Road, Kalamunda  
Western Australia 6076  
PO Box 42, Kalamunda WA 6926

