



EUROBODALLA FAMILY DAY CARE

Educator Application

Family Name

First Name

Address Postcode

Email address:

D.O.B

(Regulations state you must be 18yrs and over)

Telephone:

Mobile:

Country of Birth:

Home Language:

Other languages:

Driver's Licence Number

Expiry Date

Motor Vehicle Registration Number

Expiry Date

Seating Capacity of your Motor Vehicle

Number of Child restraints?

Make and Model of your vehicle

Car Insurance 3rd party details.

Expiry Date

Please provide Current copy

Name of person to contact for emergency purposes:

Relationship:

Telephone Numbers:

Please give details of all other adults over 18 years of age living in your home.

(Each person aged 18 years or older residing at the Family Day Care home will need to consent to a police check.)

Name	Relationship	Contact phone

Which of these people, if any, would be at home during the provision of Family Day Care:

If your home is rented, do you have the owner's permission to operate Family Day Care?
(form)

Yes No (attach permission form)

Is your home a smoke free environment?

Yes No

Is any other business operated from your home?

Yes No

If yes, give details: _____

Please provide details of your own children:

Name	Date of Birth	School/Pre School attending

Please give details of your previous work experience:

From	To	Employer	Job description

Please provide details of your qualifications, and attach copies of certificates.

Briefly outline the reasons for wanting to work with children.

Please state your experiences in caring for children (CL:51)

What challenges did you find?

What are some activities you like doing with children?

Do you have any experience other than listed above in caring for children with special needs?

- Yes No

If yes, please give details:

What strategies do you have for caring for children from Culturally And Linguistically Diverse backgrounds? (eg. Aboriginal, migrant, single parent etc) CL 65; QA4, 1)

Are you prepared to transport children to Playgroups, Pre School or School?

Yes No

Are you currently caring for children privately? Yes No

Where do you keep such things as: _____ (CL. 68 &70)

Poison, detergents, pressure packs? _____

Medication? _____

Paints and Petrol? _____

Firearms, home brew, collections, and tools? _____

Do you or any other members of your household smoke?

Do you take regular medication? If so please provide details of the medical condition, medication required and how often it is taken.

If you require regular medication you are required to have a medical certificate stating your capacity to provide care for children. (CL 68)

Are your immunizations up to date? (CL 5.4)

How will you manage stress?

Do you have a current First Aid Certificate? Yes No

(please provide certificate)

What pets do you have? _____

Do you have an ABN? Yes No

Can you commit to a minimum of 12 months with Eurobodalla Family Day Care? Yes No

Are there any specific areas that you would like training?

Please provide details of two referees - (please do not include family members)

All applications to be accompanied by a recent resume

Professional:

Name	Phone
Relationship	

Personal:

Name	Phone
Relationship	

Declaration:

I _____ declare the above information is true and correct to the best of my knowledge. I consent to referee checks that may be necessary to support this application.

I understand that the decision NOT TO REGISTER a prospective Carer will be made by the Licensee, who acts on advice from the Coordinator and /or officers of the Department of Community Services who act in accordance with the Children's Services Regulations 2004.

Signature

Date

.Privacy Notification

The personal/health information requested on this form is being collected by Council for application to become a Family Day Carer. This information will be used solely by Council for that primary or directly related purposes. The applicant understands that the personal information provided is for application to become a Family Day Carer and that they may apply to Council for access and/or amendment of the information.

SELF CHECKLIST.

- Attached two written refernces
- Copy of Drivers licence
- Completed working with children check form
- Completed 100 point identity check (original documents must be sighted)
- Copy of ABN
- Copy of current First Aid Certificate
- Copy of Resume
- Completed Co-carer forms (if required)
- Signed landlord letter (if required)