



FAMILY DAY CARE EDUCATOR APPLICATION FORM

(Caring for children from a place of permanent residence or approved venue as an Independent Contractor)

Section 1 – Your Details

| | | | |
|---|--|---|-------------------------------|
| Surname | | | |
| First name | | | |
| Former name (if applicable) | | | |
| Date of birth | | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Residential Address | | | Postcode: |
| | | | |
| Are you the owner or renting this property? | | | |
| Postal Address | | | |
| Phone number | | Mobile: | |
| Email address | | | |
| Town & country of birth | | | |
| Aboriginal: Torres Strait Islander? | | | |
| Ethnicity? | | Immunised? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 2 – Your Partner's Details

| | | | |
|--|--|------------|--|
| Surname | | | |
| First name | | | |
| Date of birth | | Ethnicity? | |
| Work/ Study place & location | | | |
| Occupation | | Hours home | |
| Phone number | | Mobile | |
| Town & country of birth | | | |
| Are there any health issues relating to your partner? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Details: | | | |

Section 3 – Details Of Children Living At Home

| Full name | Sex | DOB | Hours home | School attending | Immunised? |
|-----------|-----|-----|------------|------------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are there any health issues relating to your children? Yes No

Details:

Educators cannot work on the same day that their child is receiving a session of FDC elsewhere.

Section 4 – Details Of Other Adults In The Home

| Full Name | Age | Relationship to you | Hours at home |
|-----------|-----|---------------------|---------------|
| | | | |
| | | | |

Section 5 – Employment History (leave blank if Resume provided)

| Position | Employer | Dates employed |
|----------|----------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

How many Years experience do you have in the childcare sector?

Section 6 – Qualifications (leave blank if Resume provided)

Please list your qualifications relevant to childcare/ education. *(N.B. A completed Certificate III in Children's Services or enrolment in this course and actively working towards completion is an essential requirement.)*

Please list any other training courses/qualifications that you are currently undertaking.

| Do you hold any of the following certificates? | Please Tick | Expiry Date: |
|---|--|--------------|
| First Aid: HLTAID003 <input type="checkbox"/> or HLTAID004 <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Emergency Asthma Management: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Emergency Anaphylaxis Management: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HLTAID001 Cardiopulmonary Resuscitation (CPR) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 7 – Your Health Details

Do you have, or have you ever suffered from any of the following conditions which are likely to impact on your ability to care for children?

| | Please Tick | Details: |
|--------------------------------------|--|----------|
| Diabetes: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Heart disease: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Migraines: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Epilepsy: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Back Pain: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Depression or anxiety: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Severe asthma: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Severe allergies: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High/low Blood Pressure: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you take any regular Medications? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Do you know of any other medical condition that may affect how you care for children? Yes No
Details:

Section 8 – Other Information

Are you currently providing any other childcare? (Fostering, respite, relatives, baby sitting) Yes No
Details:

Are there any other businesses conducted in your home? Yes No
Details:

Are you involved in your local community?

Yes No

Details:

Have you ever been charged with theft or fraud, or been declared bankrupt?

Yes No

Details:

Does anyone in your household smoke (including yourself)?

Yes No

Details:

How did you find out about Family Day Care?

Have children in care

Letterbox flier

Website

Newspaper

Friend is an Educator

Radio

Banner

Other

Section 9 - Questions

Please explain why you wish to become a Family Day Care Educator.

What do the members of your household think about you becoming a Family Day Care Educator?

What major changes do you think you will have to make to your home environment?

What personal qualities & skills do you feel you have that is relevant to Family Day Care?

What experience have you had in caring for other people's children?

How do you communicate with children in a positive way which aids their development?

Please explain what you know about how children learn and develop?

Briefly list the types of activities & experiences you would provide to children in care.

What behaviour guidance strategies would you use in childcare?

Section 10 - Availability

What days of the week and hours each day would you prefer to work in Family Day Care?

| <i>Min 4 days x 9 hrs p/d required</i> | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|--|-----|------|-----|-------|-----|-----|-----|
| Start | | | | | | | |
| Finish | | | | | | | |

Please indicate the ages of children you are willing to provide care for. N.B. The majority of children requiring care are 2 yrs & under.

0 -12 months 1 - 2 years 2 - 3 years 4 – 5years 6 – 13 years

Section 11 - Referee Details

Please list the details of three referees who can be contacted to provide either employment or character references. (Not a relative)

| Name | Phone | Occupation | Relationship to you |
|------|-------|------------|---------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Section 12 - Declaration

I (name) _____ declare that the above information is correct.

Signature _____ Date _____

Please attach a copy of your resume and any current certificates (e.g. First Aid, CPR). The information you have submitted on this application is strictly confidential. Only staff involved in the recruitment process has access to this form. Unsuccessful applications will be destroyed.

Office Use Only

Date Received: _____ By: _____ Date Contacted: _____

By: _____ Comments: _____