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| *Please complete the details below* |
| **Prospective Educator Details:** |
| First Name: |  | Family Name: |  |
| Address: |  |
| Phone: |  | Mobile: |  |
| Email: |  | Date of Birth: |  |

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| Primary Language: |  | Other Language/s: |  |
| Country of Birth: |  | Current Occupation: |  |

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| **Household Members Residing at the Premises:** |
| Partner Name: |  | Date of Birth: |  |
| Phone/Mobile: |  | Occupation: |  |
| Country of Birth: |  | Work Fulltime? | Yes | No |

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| **Child/ren** (under 18 years old)**:** |
| Name | Date of Birth | Detail (at home, childcare, school etc) |
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| **Adult/s** (over 18 years old)**:** |
| Name | Date of Birth | Relationship (Father, mother, brother, sister etc) |
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| **Details about Family Day Care Premises:** |
| Is the premises rented? | Yes | No | If yes, Landlord permission is required. |
| Does the premises have a pool? | Yes | No | If yes, pool compliance is required. |
| Does the premises have a fully fenced backyard? | Yes | No | If no, appropriate fencing will be required. |
| Are there any pets at the premises? | Yes | No | If yes, a separate area for pet/s is required. |
| Please note that a Family Day Care premises must have access to inside & outside play areas, separate sleep area for young children, as well as kitchen, laundry and toilet facilities. |

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| **Availability for Family Day Care:** (*Please indicate days/hours of operation and age of children below*) |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |
|  |
| 0-12 Months | 1-2 Years | 2-3 Years | 3-4 Years | 4-5 Years | School Aged |
|  |  |  |  |  |  |

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| **Prospective Educator Qualifications and Experience** (*please provide copies of qualification certificates*)**:** |
| Do you have an Early Childhood Education and Care qualification? | Yes | No | Cert 3 | Diploma | ECT |
| Do you have a First Aid qualification? (valid 3 years) | Yes | No | Expiry: |  |
| Do you have a CPR qualification? (valid 1 year) | Yes | No | Expiry: |  |
| Do you have an Asthma & Anaphylaxis qualification? (valid 3 years) | Yes | No | Expiry: |  |
| Do you have a paid employment ‘Working With Children Check’? | Yes | No | Expiry: |  |
|  |
| What experience do you have educating and caring for children? |
|  |
| Do you have any other experience relevant to managing your own business? |
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|  |
| Have you ever previously been registered as a Family Day Care Educator? | Yes | No | If yes, complete below |
| Name of provider: |  | Duration as Educator: |  |
| Reason for leaving/stopping: |
|  |
|  |
| *Please provide details of two (2) referees below:* |
| **Referee Name** | **Phone Number** | **Relationship to Applicant** |
|  |  |  |
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| Any additional comments you would like to make regarding your application: |
|  |
| **Declaration:** (by signing below I confirm that the information given in this application is true and correct) |
| I agree to obtain a valid ‘Working With Children Check’ for myself & all adult household members. | Yes | No |
| Have you and/or any household member/s been charged with and/or convicted of an offence? | Yes | No |
| I have read the ‘Prospective Educator Information Pack’. | Yes | No |
| Has the ‘Partner of Educator Questionnaire’ be completed and provided? | Yes | No |
| I have read the Educator Role Description & agree to abide by it. | Yes | No |
| Are you willing to work in accordance with the Education & Care Services National Regulations & Law, the National Quality Standards and Baulkham Hills Family Day Care policies & procedures? | Yes | No |

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| **Applicant Signature:** |  | **Date:** |  |

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| *Please return this application to:* | fdcadmin@catholiccarewsbm.org.au |

For all enquiries about Family Day Care and/or your application please contact Baulkham Hills Family Day Care at fdcadmin@catholiccarewsbm.org.au or (02) 8843 2650. We look forward to assisting you during your Family Day Care journey.