|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Family Name: |  |
| Address: |  |
| Phone: |  | Email: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Qualification: | Cert 3 |  | Diploma |  | ECT |  | Studying |  |  |  |
| Do you have children of your own? | Yes |  | No |  | Ages: |  |
| What type of service? | Under School Age Only (0-5 years) |  | School Age Only |  | Both |  |
| How many days per week do you want to operate? |  |
| What experience do you have working with children? |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you applied previously? | No |  | Yes |  | If yes, details: |  |
| Are you registered with a different FDC Provider? Details |  |
| Have you previously operated FDC? | No |  | Yes |  | If yes, details |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the premises rented? | Yes |  | No |  | If yes, Landlord permission required |
| Does the premises have a pool or spa? | Yes |  | No |  | If yes, compliance certificate required |
| Does the premises have a fully fenced yard? | Yes |  | No |  | If no, appropriate fencing is required |
| Are there any pets at the premises? | Yes |  | No |  | Type? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FDC Educators are self-employed. Do you understand this? | Yes |  | No |  |
| Premises located in Bush Fire Zone require Council permission. Do you understand this? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enquiry Date: |  |  | Staff Name: |  |
|  |  |  |  | *Send Prospective Educator email* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Office use only* – Has the Prospective Educator email and application been sent | Yes |  | No |  |

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| Notes: |  |
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