

Shoalhaven Family Day Care



Educator Application Form

Shoalhaven Family Day Care, 4/80 Park Road, Nowra, 2541 (PO Box 42, Nowra)

Telephone: (02) 4429 5610

Fax: (02) 4421 7968

Email: familydaycare@shoalhaven.nsw.gov.au



Date of application:

Name:

Address:

Postal address (if different from above):

Phone: (home): (mobile):

Email:

Date of Birth: Nationality:

Aboriginal / Torres Strait Islander (please tick as applicable) Yes No

Any language spoken other than English:

Are you a resident of Australia? Yes No

If no, do you have a current working visa? Yes No

Emergency Contact (must be completed):

..... Phone:.....

Partner/spouse (if applicable):

Name: Date of birth:

Occupation: Work hours to

Details of own children:

Name	Date of Birth	Living at home?
.....	Yes / No
.....	Yes / No
.....	Yes / No
.....	Yes / No

For those applying to be an Educator (not applicable for Relief Educators)

Details of other occupants living in your home/on your premises:

Name	Date of birth
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Have you discussed your intentions to operate a family day care service from your home with the residents of your home? Yes No

If yes, please describe the level of family support you have received and any concerns or issues raised by family members:

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Do you have any concerns about your home environment which may affect your ability to provide a safe physical environment for children Yes No If yes please explain:

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Written permission will be required from Landlords of rental properties prior to registering as a Family Day Care Educator. We will provide a letter for your Landlord with information on Family Day Care.

Is your home a rented property? Yes No

If yes, do you yet have verbal/written permission from your landlord to operate a family day care service from the property Yes No



Do you or any household member have any medical condition that may impact on your ability to provide safe, quality care for children? Yes No

If yes please provide details
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Have you been a Family Day Care Educator/Relief Educator previously? If yes, please list all services

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Do you give permission for Shoalhaven Family Day Care to contact this/these service(s)?

Yes No N/A

Previous employment history:

Name of Employer	Position Held	Dates
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Please briefly describe your experience working with or caring for children (other than those mentioned above). This may include unpaid positions and your own children (please include number and ages of children):

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It is an advantage to have some Early Childhood training. Please list any Early Childhood courses you have attended including any formal qualifications you may have relevant to this role:

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If not already held, and you are accepted into our Prospective Educator training, the following will need to be obtained during the training period:

Do you have a current First Aid Certificate? Yes No

Expiry Date:

Is the CPR Component current? Yes No

Do you hold a current Asthma Management Certificate? Yes No

Expiry Date:

Do you hold a current Anaphylaxis Management Certificate? Yes No

Expiry Date:

Do you hold a current NSW Working with Children Check? Yes No

If yes, Number.

Expiry Date:

Do you hold a Criminal History Check which is no more than six months old?

Yes No

Why do you wish to become an Educator with Shoalhaven Family Day Care? What personal and professional qualities do you possess that would contribute to your suitability in the role of a Family Day Care Educator?

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How do you plan to provide an environment for children that supports the philosophy of Shoalhaven Family Day Care?

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Have you or any other household member ever been charged with theft or fraud? Yes No

Have you ever been declared bankrupt? Yes No

Do you have any criminal charges pending before a court? Yes No

Referees:

Please provide the details of one employment and one character referee who is not a relative

Referee 1:

Name:

Address:

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Phone:

Email:

Referee 2:

Name:

Address:

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Phone:

Email:

Please inform your referees that Family Day Care will either telephone or mail a referee form for completion by referees

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 the decision to register or not to register a Prospective Educator will be made by the Coordination Unit.

Prospective Educator's Name:

Signature:..... Date:



**Notification of the Collection
of Personal Educator Information**

You have been requested to supply information of a personal nature in order for our service to process your application to become an Educator with Shoalhaven Family Day Care.

This information that is collected from you is deemed to be personal information under the Privacy and Personal Information Protection Act 1998 (“The Act”).

Please note that the information collected may be used by staff within the service and where required by legislation, to other State and Commonwealth departments and agencies.

Shoalhaven Family Day Care is required to maintain ongoing records for each Educator in the service. Educators are entitled to access any service record held about them at any time.

At any time you may ask staff to amend information held by the Co-ordination Unit about you.

I agree to the collection of Personal Information regarding my role as an Educator with Shoalhaven Family Day Care as outlined above.

Educator’s Name:

Educator’s Signature: Date: