2/90 Tamar St Ballina NSW 2478 Ph: 6686 7799
www.fdcfarnorthcoast.com.au After Hrs: 0429 932 485
admin@fdcfarnorthcoast.com.au ABN: 85 676 459 681

EDUCATOR APPLICATION FORM

It is an offence under the NSW Child Protection (Prohibited Employment) Act 2012 and Child Protection (Working With Children) Regulation 2013 for a person convicted of a serious offence to apply for this role.

FULL NAME:		
Preferred to be known as:		
PREVIOUS NAMES (Maiden, Previous Marriages)		
DATE OF BIRTH: / /	**MARITAL STATUS**:	
GENDER: Female ☐ Male ☐	**PRIMARY LANGUAGE**:	OTHER SPOKEN LANGUAGES:
COUNTRY OF BIRTH:	**ETHNIC GROUP**:	
Mobile:	Home Phone:	
ADDRESS (if not same as above): Post Code:		
EMAIL:		
CRN NUMBER:	**ABN:**	**PRODA:**
SERVICE NAME:		

DO YOU HAVE A CURRENT FIRST AID CERTIFICATE? ☐ YES ☐ NO Attached? ☐

DO YOU HAVE A CURRENT ASTHMA & ANAPHYLAXIS CERTIFICATE? ☐ YES ☐ NO Attached? ☐

Police Check attached: ☐ YES ☐ NO WWCC certificate attached: ☐ YES ☐ NO

A medical certificate stating your present condition of health is required (cost to be incurred by the applicant). A BBFDC medical form will be supplied.

APPLICANTS HEALTH STATUS:_____

ANY CHRONIC HEALTH CONDITIONS OR DISABILITIES: ☐ YES ☐ NO
Detail:

ANY MEDICATIONS TAKEN ON A REGULAR BASIS: ☐ YES ☐ NO

Detail:

Do you Smoke? ☐ YES ☐ NO / Does anyone on the premises Smoke? ☐ YES ☐ NO

IF YES HOW WILL YOU PROVIDE A SMOKE FREE ENVIRONMENT?

HOW LONG HAVE YOU LIVED IN THE AREA:

TYPE OF HOME: (Tick appropriate) ☐ House ☐ Town House / Villa ☐ Duplex ☐ Unit

☐ Owned ☐ Rented (A permission form must be signed by the landlord).

DO YOU HAVE:

Own Transport: ☐ YES ☐ NO

Pool/Spa (fenced): ☐ YES ☐ NO

Fenced Outdoor Play Area: ☐ YES ☐ NO

Indoor Play Area: ☐ YES ☐ NO

Pets: ☐ Dog ☐ Cat ☐ Other (specify) ……

Can animals be isolated from children? ☐ YES ☐ NO

TYPE OF CARE OFFERED: (Tick appropriate)

☐ Full Time
☐ Part Time
☐ Casual
☐ Before/After School
☐ Babies
☐ Toddlers
☐ Pre-schooler's
☐ Additional Needs

DAYS AVAILABLE: (Tick appropriate)

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday

HOURS AVAILABLE:

_____
_____
_____
_____
_____
_____
_____

Service Location: (If different to educators address)

QUALIFICATIONS

Minimum qualification required is Certificate III in Children's services.

RELEVANT EARLY CHILDHOOD QUALIFICATIONS: _____Date Completed: _____ _____Date Completed: _____ Date Completed:
RELEVANT CHILD CARE EXPERIENCE: _____Date Completed: _____ _____Date Completed: _____ Date Completed:
OTHER PREVIOUS OCCUPATIONS:

FAMILY INFORMATION

PARTNER

FULL NAME:		
Is this person your NEXT OF KIN? ☐ YES ☐ No		
OCCUPANT TYPE: Child ☐ Other ☐ Partner ☐		
DATE OF BIRTH: / /	Relationship:	
GENDER: Female ☐ Male ☐	Mobile:	
ADDRESS (if not same as above): Post Code:		
PLACE OF WORK:	Occupation:	
DAYS & HOURS OF WORK:	TELEPHONE: Work	
CO EDUCATOR: Yes ☐ No☐	LIVES AT EDUCATORS HOME: Yes ☐ No ☐	SMOKER: Yes ☐ No ☐
WWCC NUMBER	EXPIRY DATE	
Police Check attached: ☐ YES ☐ No	WWCC certificate attached: ☐ YES ☐ NO	

NEXT OF KIN (If not stated as Partner)

FULL NAME:		
DATE OF BIRTH: / /	GENDER: Female ☐ Male ☐	
Relationship:	Mobile:	
CO EDUCATOR: Yes ☐ No ☐	LIVES AT EDUCATORS HOME: Yes ☐ No ☐	SMOKER: Yes ☐ No ☐

<u>CHILDREN IN THE FAMILY</u> (Living on the premises – Including adult children of educator)

CHILD'S FULL NAME:		
GENDER: Female ☐ Male ☐ Unborn ☐	DATE OF BIRTH: / /	
Relationship to Educator:	Occupant Type: Child ☐ Other ☐ Partner ☐	
CO EDUCATOR: Yes ☐ No ☐	LIVES AT EDUCATORS HOME: Yes ☐ No ☐	SMOKER: Yes ☐ No ☐
IMMUNISED: ☐ YES ☐ NO (Current ACIR Statement Required)		
Occupation	LIVES AT HOME? ☐ YES ☐ NO	
ADDRESS (if different from educator)		
PRE-SCHOOL / SCHOOL ATTENDING:	Days and times attending:	
WWCC NUMBER	EXPIRY DATE	
Police Check attached: ☐ YES ☐ No	WWCC certificate attached: ☐ YES ☐ NO	

CHILD'S FULL NAME:		
GENDER: Female ☐ Male ☐ Unborn ☐	DATE OF BIRTH: / /	
Relationship to Educator:	Occupant Type: Child ☐ Other ☐ Partner ☐	
CO EDUCATOR: Yes ☐ No ☐	LIVES AT EDUCATORS HOME: Yes ☐ No ☐	SMOKER: Yes ☐ No ☐
IMMUNISED: ☐ YES ☐ NO (Current ACIR Statement Required)		
RELATIONSHIP:	LIVES AT HOME? ☐ YES ☐ NO	
ADDRESS (if different from educator)		
PRE-SCHOOL / SCHOOL ATTENDING:	Days and times attending:	
WWCC NUMBER	EXPIRY DATE	
Police Check attached: ☐ YES ☐ No	WWCC certificate attached: ☐ YES ☐ NO	

CHILD'S FULL NAME:

GENDER: Female ☐ Male ☐ Unborn ☐		DATE OF BIRTH: / /
Relationship:		Occupant Type: Child ☐ Other ☐ Partner ☐
CO EDUCATOR: Yes ☐ No ☐	LIVES AT EDUCATORS HOME: Yes ☐ No ☐	SMOKER: Yes ☐ No ☐
IMMUNISED: ☐ YES ☐ NO (Current ACIR Statement Required)		
RELATIONSHIP:		LIVES AT HOME? ☐ YES ☐ NO
ADDRESS (if different from educator)		
PRE-SCHOOL / SCHOOL ATTENDING:		Days and times attending:
WWCC NUMBER		EXPIRY DATE
Police Check attached: ☐ YES ☐ No		WWCC certificate attached: ☐ YES ☐ NO

CHILD'S FULL NAME:		
GENDER: Female ☐ Male ☐ Unborn ☐		DATE OF BIRTH: / /
Relationship:		Occupant Type: Child ☐ Other ☐ Partner ☐
CO EDUCATOR: Yes ☐ No ☐	LIVES AT EDUCATORS HOME: Yes ☐ No ☐	SMOKER: Yes ☐ No ☐
IMMUNISED: ☐ YES ☐ NO (Current ACIR Statement Required)		
RELATIONSHIP:		LIVES AT HOME? ☐ YES ☐ NO
ADDRESS (if different from educator)		
PRE-SCHOOL / SCHOOL ATTENDING:		Days and times attending:
WWCC NUMBER		EXPIRY DATE
Police Check attached: ☐ YES ☐ No		WWCC certificate attached: ☐ YES ☐ NO

OTHER OCCUPANTS (Living at the premises)

FIRST NAME:		SURNAME:
GENDER: Female ☐ Male ☐ Unborn ☐		DATE OF BIRTH: / /
Relationship to Educator:		Occupant Type: Child ☐ Other ☐ Partner ☐
CO EDUCATOR: Yes ☐ No ☐	Lives at Educator Premises: Yes ☐ No ☐	SMOKER: Yes ☐ No ☐
Occupation:		Work days/hours:
Work Phone:		Mobile:
WWCC NUMBER		EXPIRY DATE
Police Check attached: ☐ YES ☐ No		WWCC certificate attached: ☐ YES ☐ NO

FIRST NAME:		SURNAME:
GENDER: Female ☐ Male ☐ Unborn ☐		DATE OF BIRTH: / /
Relationship to Educator:		Occupant Type: Child ☐ Other ☐ Partner ☐
CO EDUCATOR: Yes ☐ No ☐	Lives at Educator Premises: Yes ☐ No ☐	SMOKER: Yes ☐ No ☐
Occupation:		Work days/hours:
Work Phone:		Mobile:
WWCC NUMBER		EXPIRY DATE
Police Check attached: ☐ YES ☐ No		WWCC certificate attached: ☐ YES ☐ NO

FIRST NAME:		SURNAME:
GENDER: Female ☐ Male ☐ Unborn ☐		DATE OF BIRTH: / /
Relationship to Educator:		Occupant Type: Child ☐ Other ☐ Partner ☐
CO EDUCATOR: Yes ☐ No ☐	Lives at Educator Premises: Yes ☐ No ☐	SMOKER: Yes ☐ No ☐
Occupation:		Work days/hours:
Work Phone:		Mobile:
WWCC NUMBER		EXPIRY DATE
Police Check attached: ☐ YES ☐ No		WWCC certificate attached: ☐ YES ☐ NO

DETAILS OF CURRENT REFEREES:

Please provide the name and telephone details of two persons, who would be willing to provide you with a verbal reference. These persons should not be family members, should have known you for at least 2 years and should be persons who are familiar with your child caring qualities and skills. You should first gain their permission to use their names as referees.

REFERRENCE 1

FIRST NAME:	SURNAME:	
Relationship to applicant:	Best day to contact:	
Address: Post Code:		
Home Phone:	Mobile:	Work Phone:

REFERRENCE 2

FIRST NAME:	SURNAME:	
Relationship to applicant:	Best day to contact:	
Address: Post Code:		
Home Phone:	Mobile:	Work Phone:

REASONS FOR APPLICATION:	
Applicant's Signature:	**Date**:

HAVE YOU DISCUSSED THE POSSIBILITY OF CHILD CARE IN THE HOME WITH ALL OF YOUR FAMILY?

☐ **YES** ☐ **NO**

PARTNER DECLARATION:

I SUPPORT THE APPLICATION AND AGREE TO THESE PREMISES BEING USED FOR THE PURPOSES OF CONDUCTING A FAMILY DAY CARE SERVICE.

Partner's Signature: **Date**:

Please note you will also need to provide the following documentation with this form:

100 Point System:

Birth Certificate / Current Australian Passport / Citizenship Certificate = 70 points

Drivers Licence = 30 points

'This information is being collected with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose of which it is being collected.'

OFFICE USE ONLY

☐ Start Date	☐ Child Minimum/Maximum age
☐ Registration Date	☐ Car Registration (If Required)
☐ Location of Service	☐ Relief Care Package (If Required)
☐ Educator Hours/Days	☐ Initial risk assessment & Registration form
☐ CRN, ABN, PRODA Numbers	☐ Fee Schedule
☐ Police Check - Educator	☐ Safety Glass
☐ WWCC - Educator	☐ Arrival & Departure Procedures
☐ Driver's licence	☐ Bank account details
☐ First Aid, CPR & Asthma & Anaphylaxis	☐ Children Contracts
☐ Insurance	☐ Police Check – Household members
☐ Medical certificate	☐ WWCC – Household members
☐ Fire equipment check	☐ Household Members forms
☐ Evacuation Plan & Procedure	☐ Registration Certificate
☐ Code of Ethics	☐ Authority to deduct CCS & Educator Levy
☐ 100 points ID	☐ Add Email address to Photocopier
☐ Educator contract - signed	☐ Send Educator Child Enrolments
☐ Child Protection – CHCPRT025 or CHCPRT001	☐ Educators own children (if not on application form)

OFFICE USE ONLY: ☐ Entered into Harmony Date_____ Initial _____