

IN-HOME EDUCATOR

APPLICATION FORM

Windermere In Home Care Service
48 Station Street
Pakenham VIC 3810

Telephone: 5945 5000
Fax: 5945 5099

SURNAME **FIRST NAMES**

MRS **MS** **MISS** **MR** **DATE OF BIRTH** / /

ADDRESS

TELEPHONE **COUNTRY OF BIRTH**

MOBILE PH NO.

EMAIL ADDRESS

PREVIOUS OCCUPATION

List any skills relevant to child care
Please feel free to attach your resume

Language spoken at home Other

MARITAL STATUS	SPOUSE/PARTNER'S NAME	SPOUSE/PARTNER'S WORKPLACE	PHONE NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NEXT OF KIN *(if different than spouse/partner)*

DRIVERS LICENCE NUMBER: Expiry Date / /

CAR REGISTRATION NUMBER: Expiry Date / /

Educators are expected to commit to a minimum of twelve months. Can you do this? YES NO

Where did you hear about the Windermere In Home Care Service?

Have you worked as an Educator with Family Day Care/ In-Home Care before? YES NO

If Yes, what Scheme?

Please list the ages of your children if you have any:-

Please supply the names and contact numbers of at least three referees - if you have worked with an In Home Care Service previously we will need one of the referees to be from that service:

1. Name		Phone	
2. Name		Phone	
3. Name		Phone	

Please list your availability below.

	MON	TUES	WED	THURS	FRI	SAT	SUN
START time							
FINISH time							

Please tick the type of care you are able to provide

Full time (7-10hrs per day)	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Before/After School	<input type="checkbox"/>	24 hour care	<input type="checkbox"/>
Part time (2-3 hours per day)	<input type="checkbox"/>	Weekends	<input type="checkbox"/>	School Holidays	<input type="checkbox"/>	Overnight	<input type="checkbox"/>
Evening Care 6pm – 10pm	<input type="checkbox"/>	All of the previous		<input type="checkbox"/>			

Please remember the more flexible and available you are the more chance you have of getting children to care for.
If your application is successful please indicate whether you are prepared to do the following:

Are you prepared to provide a medical certificate verifying that you are emotionally and physically able to care for In Home Care Service children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold a current First Aid certificate? (Photocopy required.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, are you prepared to complete First Aid training before commencement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
All care is to be provided in a smoke free environment. Are you prepared to do this?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
All care is to be provided in an environment free of pets, pet hair, etc. Are you prepared to keep all pets separate from the children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
All care is to be provided in a safe environment. Are you prepared to ensure that all aspects of the Parents' In-Home Safety Check are adhered to at all times?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you prepared to have a check done on all seat belts and child restraints in your car?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
You will be responsible for providing a First Aid Kit. Are you prepared to do this?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you prepared to attend Inservice training night at on a regular basis? We encourage you to attend at least 5 sessions per year, however, a minimum of 3 must be attended to maintain registration.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you prepared to take out the Insurance required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold Cert III Children' Services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no are you prepared to study Cert III Children's Services? Study cost and time will be the sole responsibility of the IHC educator.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Windermere In Home Care Service provides childcare throughout the Cardinia Shire and neighbouring areas.

Please tick areas below

What areas are you prepared to travel to provide In-Home care?

Bunyip	Garfield	Pakenham	Koo Wee Rup
Lang Lang	Officer	Upper Beaconsfield	Beaconsfield
Cockatoo	Emerald	Nar Nar Goon	Gembrook
Narre Warren	Endeavour Hills	Hallam	Hampton Park

Other:

I CERTIFY THAT MY ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT

SIGNED		DATE	/ /
---------------	--	-------------	-----