



48 Webb Street, Narre Warren, VIC, 3805
Phone. 9705 3200
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Early Childhood Education & Care Services

Family Day Care Educator Application Form

1. Personal information

Mrs Ms Miss Mr

Surname

Given names

Address

Postcode

Telephone

Mobile phone no

Date of birth

Email address

Nationality

Language spoken

2. Experience

Have you provided Family Day Care before? Yes No

If yes, what scheme?

Are you happy for us to contact your supervisor? Yes No

Contact name

Phone number

Your current or most recent employer

Name

Address

Position held

From _____ to _____

(Date)

(Date)

Duties, responsibilities, or achievements in this position relevant to child care

Are you happy for us to contact your supervisor? Yes No

Contact name

Phone number

If less than 3 years, your next most recent employer

Name

Address

Position held

From _____ to _____

(Date)

(Date)

Duties, responsibilities, or achievements in this position relevant to child care

3. Education

Please provide details of any Child Care qualifications you have? (Include a copy of any certificates)

(If you are due to complete a course in the near future, please indicate the name of the course and expected completion date)

Have you done any other training or courses that may be relevant?

4. Interests and other skills

What hobbies or interests do you have?

Do you have any community or volunteer experience?

5. What qualities do you feel you have that would make you a good FDC educator?

6. Other people residing in your house

Spouse/ Partner & Other Adults?

(All adults/adult children over the age of 18 will be required to complete a police check & Working With Children Volunteer Assessment Notice).

Name	Date of birth	Relationship

Children up to 17 years of age residing in your house

Name	Date of birth	School/Kinder

7. Availability

Please indicate what type(s) of care you would like to be available for

- Full time
(7 - 10 hrs per day)
- Emergency
- School holidays
- Weekends
- Part time
(a minimum of 24 hours over
3 days a week is required)
- Overnight care
- Before/After school

Date available to start work: _____

8. Family Day Care requirements

	Yes	No
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
All care is to be provided in a smoke free environment. This means that you and other members of your family may not smoke in the home or in view of children during educator and care times. Are all members of your family prepared to do this?	<input type="checkbox"/>	<input type="checkbox"/>
Police checks need to be conducted on all persons over the age of 18 residing in your house. Are you to meet this requirement?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold a current Victorian Working With Children Card? N. B. A current card needs to be obtained for you prior to commencement of providing care, and a volunteer card for any adults residing in your home. This may take up to 6-weeks.	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold Certificate III in Children's Services or a Diploma in Children's Services?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold a current level 2 First Aid certificate ?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma Management Training?	<input type="checkbox"/>	<input type="checkbox"/>
Anaphylaxis & EpiPen Training?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach a photocopy of your certificates.		
If no, are you prepared to complete First Aid training before commencing as a FDC Educator?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to provide a medical certificate verifying that you are in good physical and mental health?	<input type="checkbox"/>	<input type="checkbox"/>
Access to your house and to an outside playing area for children free of pets is required. Are you prepared to appropriately enclose all pets to exclude them from areas children are using?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a swimming pool or outdoor spa?	<input type="checkbox"/>	<input type="checkbox"/>
It is contained within regulation fencing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you renting your home?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is there a clause in your rental agreement precluding you from operating a home based business?	<input type="checkbox"/>	<input type="checkbox"/>
Professional Development activities are offered throughout the year on weeknights and Saturdays. FDC Educators are required to attend a minimum of 3 sessions per year.	<input type="checkbox"/>	<input type="checkbox"/>
Will you be able to attend Professional Development activities on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Do you have an enclosed backyard suitable for children to play in?	<input type="checkbox"/>	<input type="checkbox"/>
With adequate shade available?	<input type="checkbox"/>	<input type="checkbox"/>
Have you made yourself aware of the start-up costs as detailed in the FDC Educators Information Booklet?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to meet these costs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have access to a computer and printer at your home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have access to e-mail?	<input type="checkbox"/>	<input type="checkbox"/>

9. Referees

List name and relationship of **three persons not related to you** who know your ability to work with children.

Suitable referees may include for example a previous or current employer (including those previously listed on this application), a maternal and child health nurse, a volunteer's coordinator from an organisation you have helped out, a playgroup leader, a children's social or sporting group leader, someone for whom you have done regular babysitting, a family doctor, a teacher or kindergarten teacher. References may also be attached to this application.

Name	Phone	Relationship

10. Declaration

I hereby certify that all answers are true and complete, and I agree and understand that any falsification of information may cause deregistration. I understand that all information on this application is subject to verification. I understand that a police check is mandatory and that my registration will be conditional upon the scheme receiving no inappropriate information on my or other members of my family's background.

Signed: _____

Date: _____