

Family Day Care Prospective Educator Application



All Fields are mandatory

D22/576332 - Updated December 2022

Contact Details

Name: _____ Surname: _____ DOB: _____ / ____ / ____

Email: _____ Mobile: _____ Home Phone: _____

Country of Birth: _____ PRODA Registration Number: _____

Primary Language Spoken: _____ Other Languages Spoken: _____

-Home Address: _____

Type of Dwelling: ☐ House ☐ Flat ☐ Unit Single Storey ☐ Multi Storey House ☐ Other: _____

Is your home: ☐ Owner Occupied ☐ Rental

If you rent your home, please provide evidence from your landlord or agent stating that you have permission to conduct Family Day Care from this property. Your application will not proceed without this.

Does anyone in your home smoke: ☐ Yes ☐ No

Please note you must provide a smoke free environment

Postal Address: _____

If different from Home Address

Qualifications

The minimum required qualification for a Family Day Care Educator is a Certificate 3 in Children's Services or higher.

Qualification Name	Training Institute	Date Awarded
		/ /
		/ /
		/ /

Current first aid qualifications including anaphylaxis and asthma management and Child Protection Training are also required. Please state which certificates you have below.

Certificate	Qualified (please tick Yes/No)		Expiry Date
First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /
CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /
Anaphylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /
Child Protection Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /

*Please attach a copy of your qualifications and certificates to the application.
Originals will need to be sighted by a member of the Coordination Unit prior to registration.*

Date Created: 20/12/2022

Date Modified:

Date Approved:

Date Printed:

Employment History

Please attach a copy of your resume outlining your employment history.

Briefly describe your experience in planning and providing programs for children:

Please add any further relevant details regarding your professional experience and skills below:

Household Occupants

All people living in the home aged 18 years and over must have a current working with children clearance at all times and a criminal history check.

Partner/Spouse (if applicable)

Name: _____ Surname: _____ DOB: ____ / ____ / ____

Mobile _____ Workplace: _____ Work Phone: _____

Country of Birth: _____ Occupation: _____

Will this person be home during FDC hours? ☐ Yes ☐ No

Please specify the days and times at work/study in the table below:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start time							
End time							

Is this person to be listed as your emergency contact? ☐ Yes ☐ No

Children (if applicable)

Name: _____	Surname: _____	DOB: ____ / ____ / ____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Country of Birth _____	
Will this person be home during FDC hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this person attend a Pre-school, School or Tertiary Institute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify the name of the venue: _____		

Name: _____	Surname: _____	DOB: ____ / ____ / ____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Country of Birth _____	
Will this person be home during FDC hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this person attend a Pre-school, School or Tertiary Institute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify the name of the venue: _____		

Other People Living in your home (if applicable)

Name: _____	Surname: _____	DOB: ____ / ____ / ____					
Mobile _____	Relationship to Educator: _____						
Will this person be home during FDC hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this person work/study? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please specify the days and times in the table below:							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start time							
End time							

Name: _____	Surname: _____	DOB: ____ / ____ / ____					
Mobile _____	Relationship to Educator: _____						
Will this person be home during FDC hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this person work/study? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please specify the days and times in the table below:							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start time							
End time							

Criminal History Check

You and all household members aged 18 years of age and over will need to provide a Criminal History Check prior to registration. These are repeated every three years, and you will be required to cover the cost.

Have you, or any members of your household, in the past 10 years, served any part of a sentence of imprisonment or been convicted of an offence or have any charges currently pending? ☐ Yes ☐ No

Working with Children Clearance

You and all household members aged 18 years of age and over will need to provide a Working with Children Clearance prior to registration. This must be kept current at all times and you will be required to cover the cost.

Please attach a copy of your Working with Children Clearance to this application.

Compliance History Statement

The [Compliance History Statement form](#) determines a person's suitability to be a nominated supervisor or to be placed in day-to-day charge of a service.

Please complete all questions on the [form](#) and attach a copy to this application.

Successful Applicant Criteria

If you are successful, are you prepared to make a minimum of a 12-month commitment to being an Educator? ☐ Yes ☐ No

Please outline the days and times you are available to work (minimum of 4 days per week and a maximum of 6 days):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start time							
End time							

What Types of Care are you available to provide?

☐ Permanent Care
Includes part-time and full-time care

☐ School Aged Care – Before and After School
Morning and/or afternoon care involves collecting and picking up children from school

☐ Casual Care

☐ School Aged Care – School Holidays

☐ Emergency Care

Minimum child age preferred: _____ Maximum child age preferred: _____

Environment

Please list the indoor and outdoor areas of your home and garden that will be available for the provision of Family Day Care:

Pets

Dogs must be kept separate from Family Day Care children at all times. Other domestic pets can interact with the children as part of an educational program under the close and direct supervision of the Educator only.

Do you have pets? ☐ Yes ☐ No

If yes, please specify what type: _____

APPLICATION CHECKLIST

Please enclose with your application copies of the following documents and information (if available).

(Please note originals will need to be sighted by Council staff):

- ☐ Landlord permission letter (If renting)
- ☐ Early Childhood qualifications
- ☐ First Aid certificate
- ☐ Anaphylaxis certificate
- ☐ Asthma certificate
- ☐ CPR certificate
- ☐ Child Protection Training certificate
- ☐ Resume
- ☐ Compliance History Statement
- ☐ Working with Children Clearance (for all household members aged 18 years and over)
- ☐ National Criminal History Checks (for all household members aged 18 years and over)
- ☐ Compliance History Statement form

VERIFICATION OF INFORMATION

☐ By checking this box, I certify that the information contained in this application form is true and correct.

Educator Full Name _____

Educator Signature _____ **Date:** ____ / ____ / ____