

EDUCATOR APPLICATION FORM

Name: Gender.....

Address: Home Phone.....

..... Mobile:.....

Email:.....CRN.....

Date of birth:.....Place of birth.....Ethnicity.....

Are you an Australian citizen?If not, do you have a current Visa or work permit?.....

Primary language spoken at home.....Other languages spoken.....

Employment history – please list previous occupation/s, work places and the dates you were employed:

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Family day care history – Please name any Family Day Care service/s that you have previously been registered with and the dates you were registered with them.....

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Do you give us permission to contact the scheme?.....

Qualifications: What qualifications in early childhood and/or previous experience do you have in working with young children?

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Health: Do you have any health/ medical conditions or disability that may affect your work as a registered educator? If so, please detail:.....

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Are you on any prescribed medication ?.....

Have you in the last five years received any treatment for drug or alcohol problems?

Have you in the last five years received any treatment for mental illness?.....

The scheme reserves the right at any time to require an additional medical certificate stating that you are a fit and proper person to educate and care for young children.

Spouse/Partner's name:.....Date of birth.....
 Occupation.....Place of work.....
 Hours of workContact phone number

Own children living at home:

Name	Date of birth	School/Work
.....
.....
.....

Other people living in your household:

Name	Date of birth	School/work/other	Relationship
.....
.....

In the past 10 years have you, or any member of your household, been convicted of an offence or have any charges currently pending?.....
 If so, please detail.....

Have you discussed becoming an educator with your family and do they support your plan?.....

Preferences for the provision of care: Please indicate the days and hours you are prepared to work in the table below.

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Day							
Night							

Your home:

Do you own your home, or are you renting?

If you are renting, written permission to conduct family day care from the premises will be required from the landlord *prior* to registration. Information for landlords is available from the coordination unit.

Briefly describe your home and the areas available for family day care, both inside and outside.....

Are there any **smokers** in your household?.....Family day care is to take place in a smoke-free environment, both in the home and car. Have you discussed this with all members of your household?....

Do you have any **pets**? If yes, please describe.....

What is your understanding of the role of a Family Day Care Educator?

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What do you think you can personally offer children in care?

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Do you have a current driver's licence?.....licence number.....

Will you be using your car in the provision of family day care?.....

If so, a car restraint check will need to be completed prior to using the vehicle for family day care.

Please read through the Scheme information booklet and note any questions you may have. These can be discussed when the Program Administrator contacts you.

Also be aware that you will be required to attend Scheme training sessions and meetings.

Referees: Provide the names and phone numbers for two people (not relatives) who would be willing to provide you with a verbal reference, who have known you for at least two years and who may be familiar with your qualities and skills in working with young children. Please notify them that you are applying to become an Educator and that we may contact them.

Name:..... Name:.....

Relationship to applicant..... Relationship to applicant

Phone no: Phone no:

I certify that the information contained in this application is true and correct.

Signature **Date:**.....
 (*Applicant*)

PERSONAL PRIVACY STATEMENT

The personal information on this form is required by Council for the Family Day Care Scheme under the *Child Care Act 2001*. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and or amend your personal information at any time. How we use this information is explained in our Privacy Policy which is available at www.ccc.tas.gov.au or at the Family Day Care Office.

I consent to the collection and use of this information by Clarence Family Day Care Scheme

SIGNED.....

Please Print Full Name..... Date...../...../.....

Please forward the completed application form to Clarence Family Day Care Scheme, P.O. Box 96, Rosny Park 7018