



CLARENCE FAMILY DAY CARE SCHEME

EDUCATOR APPLICATION FORM

Name:Date of birth:.....

Address: Phone no.(H).....

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

Email:.....

Spouse/Partner's name:.....

Own children/others living at home:

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

Do you have a current first aid certificate?.....

Do you have a current drivers licence?.....

How many children can you safely transport in your vehicle?.....

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

Do you have any medical conditions that would affect your work as a registered educator? If so, please detail:.....

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

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

Are there any smokers in your household?.....

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

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

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Clarence City Council
17a Alma Street, Bellerive Tasmania
Mail: P O Box 96, Rosny Park, Tas. 7018

Phone: (03) 6245 8666
Fax: (03) 6245 8788

Which days and what hours would you be available to care?

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

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

How do other members of your household feel about you becoming a registered educator?

Have you been a registered educator with any other scheme? If so, which scheme?.....

Please be aware that you will be required to attend training sessions, Scheme meetings and Scheme play sessions.

Provide the names and addresses of 2 referees (not relatives). Please notify them that you are applying to become an Educator and that we may contact them.

Name: Name

Address: Address:

Phone no: Phone no:

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

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 this completed application form together with your Safety Screening and medical certificates to Clarence Family Day Care Scheme, P.O. Box 96, Rosny Park 7018