

Armidale & District Family Day Care Ltd



95 Faulkner Street (P O Box 951), Armidale NSW 2350

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www.armidaleanddistrictfamilydaycare.com

ABN: 67003119775

Application for Registration as an Educator

It is an offence under the NSW Child Protection (prohibited employment) Act 1998 for a person convicted of a serious offence to apply for this position.

Surname: _____

Given Names: _____

Maiden Name (if applicable): _____

Address: _____

Phone: _____ **Mobile:** _____

Email Address: _____

Date of Birth: _____ **Place of Birth:** _____

Culture: _____ **Language/s Spoken:** _____

Employment History (last 5 years)

Employer	Position held	Date: Start-Finish

Please be aware the above employers may be contacted

Qualifications

Do you have formal early childhood qualifications (e.g. Certificate III or Diploma in Children Services/ Early Childhood Degree)

Y/N _____ (*Qualification*)

Are you currently working toward an early childhood qualification? Y/N

_____ (*Course & Training Organisation*)

**Please note: If you do not have formal qualifications or you are not currently studying you must be willing to enroll in and complete at least Certificate III (as required by National Regulations).*

Do you hold a current First Aid Certificate? Yes/No

If "Yes", please provide the course code and the expiry date: _____

Have you undertaken training in Asthma and Anaphylaxis Management? Yes/No

Date undertaken and course code: _____

Do you have a current Working with Children Check (WWCC)? Y/N

If Yes, please supply your WWCC number (or copy of pre-2013 approval) _____

If No, you will need to apply for a WWCC online through the Office of the Children's Guardian

<http://www.kidsguardian.nsw.gov.au/Working-with-children/working-with-children-check> and supply your WWCC number to AFDC.

**A WWCC costs applicants in paid employment \$80 and once received it is valid for 5 years.*

CRIMINAL RECORD CHECK

Have you or any other household member been charged with or convicted of any criminal offence? Y/N

If yes, please provide details:

Health Details

Do you, or have you ever suffered from any of the following? *Please give details.*

Diabetes Yes/No: _____

Heart disease Yes/No: _____

Migraines Yes/No: _____

Epilepsy Yes/No: _____

Back pain Yes/No: _____

Asthma Yes/No: _____

Allergies Yes/No: _____

Thyroid Yes/No: _____

Headaches Yes/No: _____

Blood Pressure Yes/No: _____

Are there any other conditions that may impact on your ability to provide care?

Do you take regular medication? Yes/No

If Yes, please supply details: _____

Are you or any of your household members smokers? Yes/No (*If yes, please refer to AFDC's Policy*)

Household Members

ADULTS IN THE HOUSEHOLD (18 years of age and older)

Full Name: _____

DOB: _____ Gender: Male/Female

Relationship to applicant: _____

Occupation: _____ Hours of employment: _____

Full Name: _____

DOB: _____ Gender: Male/Female

Relationship to applicant: _____

Occupation: _____ Hours of employment: _____

Full Name: _____

DOB: _____ Gender: Male/Female

Relationship to applicant: _____

Occupation: _____ Hours of employment: _____

****Please Note: Each adult household member (including adult visitors staying longer than 4 weeks) must consent to a Working With Children Check. Adult household member's WWCC's are free.***

Children in Household

Full Name: _____

DOB: _____ Gender: Male/Female

Relationship to applicant: _____

Preschool/School attended: _____

Likely hours to be home during hours of operation: _____

Full Name: _____

DOB: _____ Gender: Male/Female

Relationship to applicant: _____

Preschool/School attended: _____

Likely hours to be home during hours of operation: _____

Full Name: _____

DOB: _____ Gender: Male/Female

Relationship to applicant: _____

Centre/Preschool/School attended: _____

Likely hours to be home during hours of operation: _____

**An Immunisation History needs to be provided to Coordination Unit for each child in the household.*

<https://www1.medicareaustralia.gov.au/ssl/acircircert>

Household Pets

Do you have any pets? If yes, please specify:

DETAILS OF CARE YOU WOULD PREFER TO PROVIDE

**Please note: the maximum number of children an Educator can care for at any one time, including their own child/children, is 7 .Only 4 children of those children can be under school age.*

Age Preference: _____

Hours preferred: _____

Days Preferred (if any): _____

Would you be prepared to?

Care for children on weekends? Yes/No/Occasionally

During School Holidays Yes/No/Occasionally

Before and/or After School Yes/No/Occasionally

If “Yes”, which schools are closest to your home? _____

Care for children with additional needs? Yes/No/Occasionally

Provide overnight care? Yes/No/Occasionally

Provide emergency care? Yes/No/Occasionally

Transport children? Yes/No/Occasionally

Provide food? Yes/No/Occasionally

(Fees for food and travel provision can be negotiated privately with parents)

Would you be willing to mentor a TAFE Childcare Student on work placement Yes/No

PREMISES

Is your home/unit/flat (please circle) rented or owned?

If you are renting premises, it is necessary to obtain a letter from your landlord/agent giving permission for the dwelling to be used to provide registered Family Day Care.

CAR SAFETY AND INSURANCE

If you will be transporting children, as a registered FDC Educator, your driver’s license and car registration must be current.

Do you have a current driver’s license? Yes/No

If **Yes**, please supply your license number and renewal date: _____

If you will not be transporting children in care, will your partner or another approved driver will be assisting you with transport? Y/N (If Yes, please provide their details):

Full Name: _____ DOB: _____

Relationship to application: _____

License number and renewal date: _____

Car Registration Renewal Date; _____

Anchorage points and Children’s car seats must be inspected annually by an authorised fitting station.

**Armidale Automotive &Accessories 97 Dumaresq St, Armidale 6771 1781 or*

** Hardman's 101 Marsh St Armidale 6772 8411*

Have your anchorage points/ car seats been inspected? Y/N ***If Yes, please supply AFDC with a copy of the inspection receipt.***

NAMES AND ADDRESSES OF TWO REFEREES

Referees should not be a relative and must have known you for at least 12 months. Family Day Care will contact referees by mail.

Name: _____

Address: _____

Phone: _____ email: _____

Name: _____

Address: _____

Phone: _____ email: _____

Questions

1. What has prompted you to apply to become a Family Day Care Educator? Have you had any previous experience in providing care for young children?

2. What skills, knowledge and personal qualities would you bring to the role of Family Day Care Educator?

3. What are your family's thoughts and feelings about your proposed career plan? Do they have any questions related to home based care?

4. *What do you see as being really important for young children attending care outside their home?*

5. *What are your views on guiding children's behaviour?*

6. *How would you cope with a child who has difficulty separating from their family and cries for long periods of time?*

7. *Imagine you are a parent seeking care...what would you be looking for?*

a) *from the Educator*

b) *in the care environment*

8. *Do you feel you have good communication skills? How would you deal with the following situations?*

a) *You have concerns about a child's development?*

b) *A parent is continuously late?*

c) *A child is aggressive toward other children or yourself?*

d) *A family continually provides processed, unhealthy food for their child's lunch and snacks?*

9. *How would you accommodate the needs of a family whose religion or culture was different to yours?*

10. *What self-care strategies would you use to protect yourself from physical injury (e.g. back injury) or stress?*

11. *What is your understanding of confidentiality and how would you ensure records and private information was dealt with confidentially?*

If you have any additional questions yourself please call or email the Coordination Unit.

Please verify the details you have provided in this application

Applicant's signature: _____

Partner's signature (if applicable): _____

Date: _____

Application lodged and discussed with _____

(Coordinator/ Staff member's name and signature)