



Armidale & District Family Day Care Ltd

Established 1983
ABN: 67 003 119 775

95 Faulkner Street,
(P O Box 951),
Armidale NSW 2350
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www.armidaleanddistrictfamilydaycare.com

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: _____

Are you known by any other names: _____

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 that we may seek verification from the above employers.

Qualifications

Do you have formal early childhood qualifications:

- Certificate III in Children’s Services
- Diploma in Children Services
- Degree in early childhood Education

Are you currently working towards any of the above early childhood qualifications? Yes/No

_____ (Course & Training Organisation)

Do you hold a current HLTAID012 First Aid Certificate? Yes/No

If yes, please supply the expiry date: _____

Working With Children Check

Do you have a current Working with Children Check (WWCC)? Yes/No

If Yes, please supply your WWCC number _____

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 provide us with your WWCC number.

National Criminal Record Check

Do you hold a current National Criminal Record Check (NCRC)? Yes /No

If No, you will need to obtain apply for a NCRC; our Coordination team can provide you with more information.

Health Details

Do you, or have you ever suffered from any of the following?

If yes, please provide 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, you should be aware that it is a regulatory requirement that children being educated and cared for by AFDC are provided with an environment that is free from the use of tobacco.

Household Members

Adults in the Household (18 years of age and older)

Full Name: _____

DOB: _____ Gender: Male/Female/Not specified

Relationship to applicant: _____

Occupation: _____

Full Name: _____

DOB: _____ Gender: Male/Female/Not specified

Relationship to applicant: _____

Occupation: _____

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

Emergency Contact

Partner or Next of Kin: _____

Partner or Next of Kin Phone Number: _____
(For use in emergency situations)

Children in Household

Full Name: _____

DOB: _____ Gender: Male/Female/Not specified

Relationship to applicant: _____

Preschool/School attended: _____

Likely hours to be home during hours of operation: _____

Full Name: _____

DOB: _____ Gender: Male/Female/Not specified

Relationship to applicant: _____

Preschool/School attended: _____

Likely hours to be home during hours of operation: _____

Full Name: _____

DOB: _____ Gender: Male/Female/Not specified

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 under 7 years of age.

Household Pets

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

Details of care you would like to provide

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 may 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

Premises

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

If you are renting premises, we will ask you to obtain a letter from your landlord/agent giving permission for the premises to be used to provide Family Day Care. We have documents to support your request with your landlord.

Motor Vehicle Safety and Insurance

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

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

Car Registration Renewal Date: _____

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 email or phone call.

Name: _____

Address: _____

Mobile: _____ email: _____

Name: _____

Address: _____

Mobile: _____ email: _____

Questions

1. Why do you wish 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 will you bring to Armidale & District Family Day Care?

3. Have you discussed the idea of a home- based career with your family?

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

5. How do you see your role in guiding the behaviour of young children?

6. How would you cope with a child who has difficulty separating from their family and who 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. When considering your 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. What strategies will you use to ensure your own well-being, both physical and emotional?

10. What is your understanding of confidentiality? How will you ensure that records and private information are dealt with confidentially?

If you have any questions to ask of us, please call or email a member of our Coordination Unit team.

Please verify the details you have provided in this application

Applicant's signature: _____

Date: _____

Application lodged with _____

Coordination Unit member's signature