



COLAC OTWAY SHIRE FAMILY DAY CARE EDUCATOR APPLICATION FORM

GENERAL INFORMATION

Name in Full: _____

Address: _____

Telephone (home): _____ (mobile): _____

Email Address: _____

Date of Birth: _____ Nationality: _____

Language Spoken at home: _____ Other Languages Spoken: _____

Persons residing in the home:

Partner/Spouse (If Applicable)

Name	Date of Birth	Occupation	Place of Employment	Hours Employed

Children (If Applicable)

Children	Age	D.O.B.	Childcare / FDC / Kindergarten / School / Tertiary Institution / Employment
1.			
2.			
3.			
4.			

Other persons residing in the home (If Applicable)

Name	D.O.B.	Employer / Other	Relationship to the Educator
1.			
2.			
3.			

Educators' next of kin:

Name: _____ Relationship: _____

Address: _____ Contact No.: _____

HOME

Do own your own home? YES NO

If no – and you are renting, who is the agent/owner?

Name: _____

Address: _____

Contact No.: _____

Do you have the owner’s permission to operate FDC out of the rental property?

YES NO

(Written permission needs to be attached)

QUALIFICATIONS

Please provide details of your qualifications
(Certified copies to be attached)

PREVIOUS EXPERIENCE

Please provide details of past Employment/Work Experiences both paid & unpaid
(Any experience caring for children should be included here)

Have you ever applied or worked for any other Family Day Care scheme?

YES NO

Please give details of the Scheme, a contact person and dates of engagement with service.

Why do you want to care for children?

COMMITMENT

How did you hear about Family Day Care?

FAMILY DAY CARE IN YOUR HOME

Although our primary concern is to register suitable Educators nevertheless the whole household becomes part of the Scheme.

This may put restrictions on all members of the household (For example, like most working parents, your child / children may be restricted about having friends visit after school.)

Also partners and other adults may have activities not conducive to positive childcare eg. inappropriate television or video programs, smoking, consumption of alcohol or inappropriate language used by adults and older children.

Have you discussed FDC with the other members of your household?

YES NO

What are the attitudes/Feelings of members of your household to you undertaking FDC?

Spouse/Partner – I support my Spouse/Partner in becoming a FDC Educator and understand my obligations of having FDC in our home.

Signed _____ Date: _____

How would your children feel about sharing their home, their toys and most importantly **you**, with other children?

Children – Daughter/Son – I support my Parent in becoming a FDC Educator and understand my obligations of having FDC in our home.

Signed: _____ Date: _____

Signed: _____ Date: _____

What areas of your home, both inside and outside are available for play and sleep?

POLICE CHECK - WORKING WITH CHILDREN CHECK

You and any adult member 18 years or over residing in your home will require a Police Check and a Working with Children Check before commencing Family Day Care

(If you have a copy of these checks please attach a copy to this application)

Hours available to conduct Family Day Care

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

Type of Care: Full Time Part Time Casual Emergency

Are you prepared to do any or all of the following types of care?

Night School Holidays Weekends
 Saturday Sunday Before School
 After School Occasional

Public Holidays

YES NO

YES NO

Australia Day		
Anzac Day		
New Year's Day		
Christmas Day		
Boxing Day		

Labour Day		
Queen's Birthday		
Good Friday		
Easter Monday		
Colac Show Day		

Are you prepared to transport/walk children to preschool/school?

YES NO

SAFETY

Childcare through Family Day care must be undertaken in a safe environment in accordance with Children Services regulations, Acts and National Quality Standards.

A preliminary safety check of your home and the environment will be initially undertaken by the Field Officer for Family Day Care.

A final safety check will be undertaken once all outcomes from the first inspection have been completed.

Do you have an enclosed yard for children to safely play in? YES NO

Do you have a pool? YES NO

Is the pool fenced in accordance with pool fencing regulations? YES NO

If yes what type of fence? YES NO

Do you have a dam? YES NO

Where do you keep the following?

Poisons (Ratsak etc) _____

Insecticides _____

Bleaches, floor cleaning liquids, bathroom cleaners, disinfectants etc

Clothes washing powders/liquids _____

Nappy Buckets _____

Dishwashing Liquids/powders _____

Sharp Knives _____

Glassware _____

Petrol _____

Electrical equipment _____

Do you have any firearms? YES NO

If yes, where and how are they stored?

Do you have a two story home? YES NO

If yes:

Do you have adequate protection on stairs, windows, and balconies? YES NO

FDC environment is to be a smoke free environment.

Do you smoke? YES NO

Do any members of your household smoke? YES NO

Do you have any pets? YES NO

How do you plan to keep your pets separate from Family Day Care children?

Do you have the use of a car? YES NO

If yes, how often?

Is your car registered? YES NO

Car registration number _____

Is your vehicle road worthy? YES NO

Year of manufacturer _____

Do you have a current drivers licence? YES NO

Victorian drivers licence number _ _____

Please describe the heating and cooling system in your home

Do you have a current first aid certificate? YES NO

Date of attainment: _____

Do you have a current CPR certificate? YES NO

Date of attainment: _____

Do you have a first aid kit? YES NO

If yes, please list the items in your first aid kit and where the kit is located.

Do you have a current Anaphylaxis certificate? YES NO

Date of attainment: _____

Do you have a current Asthma certificate? YES NO

Date of attainment: _____

(Please attached certificates to this application)

REFEREES

Please indicate details of two current referees who know about your ability to work with young children and one personal referee.

PROFESSIONAL / WORK ABILITY WITH CHILDREN

1. Name _____
Telephone number (work) _____
Organisation _____
Position held _____
Your role at organisation: _____

2. Name _____
Telephone number (work) _____
Organisation _____
Position held _____
Your role at organisation: _____

PERSONAL

1. Name _____
Telephone number _____
Relationship to applicant _____

VERIFICATION OF INFORMATION

I certify that the information contained on this form is true and correct.

SIGNED _____

DATE _____