



COLAC OTWAY SHIRE FAMILY DAY CARE RELIEF 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: _____

Educators' next of kin:

Name: _____ Relationship: _____

Address: _____ Contact No.: _____

COMPLIANCE HISTORY

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.

Are you or have you ever been subjected to a prohibition or

YES NO

QUALIFICATIONS

Please provide details of your qualifications

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 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)

PREVIOUS EXPERIENCE

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

Why do you want to care for children?

How did you hear about Family Day Care?

POLICE CHECK - WORKING WITH CHILDREN CHECK

You will require a Police Check and a Working with Children Check before commencing as a Family Day Care Relief Educator.

Working with Children Check

Reference Number: _____

Date of Issue: _____

National Police Check

Reference Number: _____

Date of Issue: _____

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

Hours and days available to be a Relief Family Day Care Educator

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

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		
AFL Grand Final		
Melbourne Cup		

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

YES NO

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 _____

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 _____