



Family Day Care Educator Application Form

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Supporting Documents

Please ensure you attach all supporting documents to your application.

Collection of Information

Colac Otway Shire is committed to protecting your privacy. The personal information requested on this form is being collected by Colac Otway Shire Family Day Care for the purpose of becoming a Family Day Care Educator. The personal information will also be disclosed to State and Federal Government Authorities for the purpose of receiving government funding. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected you will not be able to become a Family Day Care Educator with the Colac Otway Shire. If you wish to alter any of the personal information you have supplied to Colac Otway Shire, please contact Council via telephone on 5232 9400 or email inq@colacotway.vic.gov.au. Council's Privacy Policy is available from our website: colacotway.vic.gov.au/Council-the-shire/Council-policies and all Council Customer Service Centres.

Your Details

Your name in FULL

Residential or postal address

Best phone number to contact you on

Email

Date of birth

D	D	M	M	Y	Y
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Nationality

Language spoken at home

Other languages spoken

Educator's Next of Kin

Name

Relationship

Contact phone number

Address

Partner/Spouse (if applicable)

Name

Date of birth

D	D	M	M	Y	Y
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Occupation

Place of employment

Hours employed

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Children (if applicable)

Children	Age	Date of birth	Childcare, school or employment details

Other people residing in the home (if applicable)

Name	Date of birth	Employer/other	Relationship to the Educator

About your home

Do you own your own home? ☐ YES ☐ NO

If NO and you are renting who is the agent/owner?

Name

Contact phone number

Address

Do you have permission to operate FDC out of the property? Written permission must be attached. ☐ YES ☐ NO

Qualifications

Please provide details of your qualifications. **Please attach certified copies of your certificates.**

Do you have a current first aid certificate? ☐ YES ☐ NO

Date of attainment

D	D	M	M	Y	Y
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Do you have a current CPR certificate? ☐ YES ☐ NO

Date of attainment

D	D	M	M	Y	Y
---	---	---	---	---	---

Do you have a current anaphylaxis certificate? ☐ YES ☐ NO

Date of attainment

D	D	M	M	Y	Y
---	---	---	---	---	---

Do you have a current asthma certificate? ☐ YES ☐ NO

Date of attainment

D	D	M	M	Y	Y
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Police and Working with Children Checks

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.

Are your Vaccinations up to date with current advice and mandates issued by the health department?

☐ YES ☐ NO

Please provide proof of vaccination so that it can be sighted.

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Previous experience

Please provide details of your past employment/work experiences both paid and unpaid. Any experience caring for children should be included here. Additional information may be attached as a separate document.

Have you ever applied or worked for any other Family Day Care scheme? ☐ YES ☐ NO

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

Why do you want to care for children?

How did you hear about Family Day Care?

☐ Website ☐ Facebook ☐ Other Social Media ☐ An FDC Educator

☐ Other

Service Commitment and Availability

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

☐ Australia Day ☐ Anzac Day ☐ Labour Day ☐ Queen's Birthday ☐ AFL Grand Final
☐ Good Friday ☐ Easter Monday ☐ Christmas Day ☐ Boxing Day ☐ New Year's Day

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Family Day Care in your home

Although our primary concern is to register suitable Educators however the whole household becomes part of the Scheme and are required to meet certain responsibilities

Partners and other adults living in the home may have activities not conducive to a childcare environment eg. inappropriate television or video programs, smoking, consumption of alcohol or inappropriate language used by adults and older children.

Have you discussed becoming a FDC Educator 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.

Signature

Date

D	D	M	M	Y	Y
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Children - I support my parent in becoming a FDC Educator and understand my obligations of having FDC in our home.

Signature

Date

D	D	M	M	Y	Y
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Signature

Date

D	D	M	M	Y	Y
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Safety Check

Childcare through Family Day Care must be undertaken in a safe environment in accordance with Education and Care Regulations and Acts, and National Quality Standards.

A preliminary safety check will be conducted by the FDC Coordination Unit, this will include an assessment of your home and outdoor environment to ascertain its suitability. This check will be done in accordance to the Schemes Home Safety Check guidelines.

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

Safety

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, then what type of fence:

Do you have a dam? ☐ YES ☐ NO

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Safety, cont.

Do you have a two-story home?

☐ YES ☐ NO

Do you smoke? ☐ YES ☐ NO

Do any members of your household smoke? ☐ YES ☐ NO

Under the Education and Care Regulations FDC environments must be smoke free.

Do you have any firearms?

☐ YES ☐ NO

If YES, where and how are they stored. **Please attach firearms licence and firearms registration certificates.**

Do you have any pets? ☐ YES ☐ NO

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

Please describe the heating and cooling system in your home

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.

Are you prepared to transport/walk children to preschool/school? ☐ YES ☐ NO

Do you have use of a car? ☐ YES ☐ NO

Car registration number

Year of manufacture

Do you have a current drivers licence? ☐ YES ☐ NO

Please attach a copy of car insurance.

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Referees

Professional Referee 1

Name

Phone number

Organisation

Position held

Your role at this organisation

Professional Referee 2

Name

Phone number

Organisation

Position held

Your role at this organisation

Personal Referee

Name

Relationship

Phone number

Verification of Information

By signing this application, I certify that the information is true and correct.

Signature

Date

D	D	M	M	Y	Y
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Document Checklist

Please ensure the following documents are included in your application.

- | | |
|--|---|
| <input type="checkbox"/> Written permission from landlord (if required) | <input type="checkbox"/> Firearms Licence and Firearms Registration Certificate (if required) |
| <input type="checkbox"/> Qualification documents | <input type="checkbox"/> Motor Vehicle Insurance |
| <input type="checkbox"/> Police Check for educator (must be less than 6 months old) | <input type="checkbox"/> First Aid Certificate |
| <input type="checkbox"/> Police Check for partner/spouse and anyone else residing in the house who is over-18 (must be less than 6 months old) | <input type="checkbox"/> CPR Certificate |
| <input type="checkbox"/> Working with Children Check for educator (must be an employment check) | <input type="checkbox"/> Asthma Certificate |
| <input type="checkbox"/> Working with Children Check for partner/spouse and anyone else residing in the house who is over-18. | <input type="checkbox"/> Anaphylaxis Certificate |
| | <input type="checkbox"/> Proof of Vaccination |

Return your completed forms by post: PO Box 283, Colac, 3250, email: inq@colacotway.vic.gov.au or call into one of our service centres.

Colac Shire Offices, 2-6 Rae St, Colac | GORVIC 100 Great Ocean Rd, Apollo Bay