



Family, Education and Community Services

Family Day Care

Phone 4645 4443 Fax 4645 4121
Email: fecs@campbelltown.nsw.gov.au

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

Please note that information provided may be shared with Department of Education and Communities (DEC), the Police, other relevant agencies and educators, in accordance with applicable legislation.

Expression of Interest to Operate a Family Day Care Service

Surname _____ Other names _____

Address _____

Email address _____

Phone home _____ Mobile _____ Work _____

Date of birth _____ Country of birth _____

Ethnic origin _____ Languages spoken _____

Current occupation _____ Are you working at present? Yes No

Are you currently operating a Family Day Care Service Yes No

Children's names	Sex	Date of birth	Name of school

Do any other people live in your home? If yes give details:

Name of Child Care Qualifications:

Year obtained:

From which Training Institution or University:

Briefly outline education and care knowledge and experience:

DATA AND DOCUMENT CONTROL

Do you have family or friends that may want to use care with you? Give details:

Why do you want to operate a Family Day Care Service?

Office Use Only

Date sent _____ Date received _____ Date contacted _____

Outcome :

Comments :

Date of information session _____