



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 (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

Application to be a Registered Educator

Surname _____ Other names _____

Address _____

Email address _____

Home phone _____ Mobile _____ Work phone _____

Date of birth _____ Country of birth _____

Cultural background _____ Languages spoken _____

Current occupation _____ Are you working at present? Yes / No

Are you currently a registered Family Day Care Educator Yes / No

Hours/days of work _____

Partner's name (if applicable) _____ Date of birth _____

Current occupation _____ Are they working at present? Yes / No

Hours/days of work _____

WWCC Yes / No WWCC number _____

Your children's names	Gender	Date of birth	Name of school

Do any other persons live in your home? If yes give details. Yes / No

Is your home a house flat townhouse duplex

Do you rent your home? Yes / No

If yes, do you have your landlord's written permission to operate a Family Day Care service? Yes / No

Is your outside play area totally enclosed? Yes / No Is your play area level? Yes / No
 Do you have a swimming pool? Yes / No If yes is it registered? Yes / No
 Does it have a regulation fence? Yes / No Do you have pets? Yes / No

If yes, what are they? _____
 Do you have a driver's licence? Yes / No Drivers license number _____
 Do you have use of a car? Yes / No Will you be driving your car as part of your business? Yes / No
 Do you currently drive children to/from school/child care? Yes / No

Details _____
 Please note: If you do not use your car you will be required to arrange and pay for any associated transport costs for attendance at play session and any other outings you choose to attend.
 Please circle the types of child care you are interested in providing
 Babies 0-1 year Babies 1-2 years Toddlers 2-3 years
 Pre Schoolers 3-5 years School children
 Comment _____

Days and hours you would be available to operate your Family Day Care Service.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Comment _____

Why do you want to be a Family Day Care educator? _____

Details of your formal child care qualifications

Name of qualification _____ Year completed _____
 Training institute of qualification _____
 Training institute for First Aid qualification _____ Expiry date _____
 Training institute for Anaphylaxis training _____ Expiry date _____
 Training institute for Asthma training _____ Expiry date _____
 Training institute for CPR _____ Expiry date _____
 WWCC Yes / No If yes, WWCC Number _____ Expiry date _____

Please give details of your experience in working in Education and Care Services:

Are you in good physical and mental health? Yes No – please give details

Is a doctors certificate attached? Yes / No

What areas of your home are available for providing the following?

Indoor play spaces _____

Outdoor play area _____

Children's sleep _____

Being an educator may put restrictions on other household members, for example

- The need to share your home/ space and equipment with other people's children and the parents using the service
- Smoking or consumption of alcohol during service work hours is not permitted by anyone
- Television or video programs, music, computer access is restricted and is to be developmentally and age appropriate
- Limitations on access to family pets while the service is operating
- Limitations on having own children's friends under the age of 13 years at the service while it is operating

It is important that you talk to your family about these issues fully.

Have you discussed your application to be an educator with the other members of your household? Yes / No

If successful, are you prepared to make a minimum 12-month commitment? Yes / No

How did you hear about Family Day Care?

Referees

Please supply the names of two (2) referees; who know you and your family and agree to be contacted by telephone. Must not be relatives.

Referee 1

Name _____

Relationship to applicant _____ How long have you known applicant? _____

Home phone _____ Work phone _____ Mobile _____

Hours you can be contacted? _____

Referee 2

Name _____

Relationship to applicant _____ How long have you known applicant? _____

Home phone _____ Work phone _____ Mobile _____

Hours you can be contacted? _____

Applicant's signature _____ **Date** _____**Before you submit your application please ensure have you included and attached:**

- A resume which includes education and employment history
- Two written references one being employment related if possible (these can be the same as your telephone referees or from another source)
- A copy of either birth certificate, passport or driver's licence for yourself and each adult (over 18 years) member of your household
- A copy of your childcare qualifications
- A copy of your first aid certificate
- A copy of your asthma training
- A copy of your anaphylaxis training
- A doctors certificate of clearance
- A copy of your WWCC and those of all household members 18 years and older
- A copy of your National Police Check (has to be completed within the last 6 months)
- Compliance History Check

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