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### **EDUCATOR APPLICATION FORM**

It is an offence under the NSW Child Protection (Prohibited Employment) Act 2012 and Child Protection (Working With Children) Regulation 2013 for a person convicted of a serious offence to apply for this role.

**FULL NAME:** .....

**Preferred to be known as:** .....

**PREVIOUS NAMES:** .....  
(Maiden, Previous Marriages)

**MARITAL STATUS:** .....

**ADDRESS:** .....  
..... **Post Code** .....

**TELEPHONE:** Home ..... Mobile .....

**EMAIL:** .....

**DATE OF BIRTH:** ...../...../..... **COUNTRY OF BIRTH:** .....

**ETHNIC GROUP:** ..... **PRIMARY LANGUAGE:** .....

**OTHER SPOKEN LANGUAGES:**.....

**DO YOU HAVE A CURRENT FIRST AID CERTIFICATE?** YES  NO

**DO YOU HAVE A CURRENT ASTHMA & ANAPHYLAXIS CERTIFICATE?** YES  NO

**ABN NUMBER:** .....

Minimum qualification required is Certificate III in Children's services.

**RELEVANT EARLY CHILDHOOD QUALIFICATIONS:**

..... Date: .....

..... Date: .....

**RELEVANT CHILD CARE EXPERIENCE:**

..... Date: .....

..... Date: .....

**OTHER PREVIOUS OCCUPATIONS:** .....

.....

**PARTNER'S FULL NAME:** .....

DATE OF BIRTH: ...../...../..... OCCUPATION: .....

PLACE OF WORK: .....

TELEPHONE: Work..... Mobile .....

DAYS & HOURS OF WORK: .....

**CHILDREN IN THE FAMILY:**

CHILD'S FULL NAME: .....

GENDER: Male / Female DATE OF BIRTH: ...../...../.....

IMMUNISED:  YES  NO (Current ACIR Statement Required)

PRE-SCHOOL / SCHOOL ATTENDING: .....

Days and times attending:.....

CHILD'S FULL NAME: .....

GENDER: Male / Female DATE OF BIRTH: ...../...../.....

IMMUNISED:  YES  NO (Current ACIR Statement Required)

PRE-SCHOOL / SCHOOL ATTENDING: .....

Days and times attending:.....

CHILD'S FULL NAME: .....

GENDER: Male / Female DATE OF BIRTH: ...../...../.....

IMMUNISED:  YES  NO (Current ACIR Statement Required)

PRE-SCHOOL / SCHOOL ATTENDING: .....

Days and times attending:.....

**NAMES OF ALL ADULTS RESIDING ON PREMISES:** .....

**APPLICANTS HEALTH:**.....

A medical certificate stating your present condition of health is required (cost to be incurred by the applicant). (A BBFDC medical form is available.)

**ANY CHRONIC HEALTH CONDITIONS OR DISABILITIES:** YES  NO

Detail: .....

**CAN YOU PROVIDE A SMOKE FREE ENVIRONMENT?** YES  NO

**ANY MEDICATIONS TAKEN ON A REGULAR BASIS:** YES  NO

Detail: .....

**HOW LONG HAVE YOU LIVED IN THE AREA:** .....

**TYPE OF HOME:** (Tick appropriate) House  Town House / Villa  Duplex

Owned  Rented  (A permission form must be signed by the landlord).

**DO YOU HAVE:** Own Transport: YES  NO  Pool/Spa (fenced): YES  NO

Fenced Outdoor Play Area: YES  NO  Indoor Play Area: YES  NO

Pets: Dog  Cat  Other  (specify) .....

Can animals be isolated from children? YES  NO

**TYPE OF CARE OFFERED:** (Tick appropriate)

Full Time  Part Time  Casual  Babies  Toddlers

Additional Needs  Pre-schooler's  Before/After School

**DAYS AVAILABLE:** (Tick appropriate)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Sunday

**HOURS AVAILABLE:** .....

**DETAILS OF CURRENT REFEREES:** Please provide the name and telephone details of two persons, who would be willing to provide you with a verbal reference. These persons should not be family members, should have known you for at least 2 years and should be persons who are familiar with your child caring qualities and skills. You should first gain their permission to use their names as referees.

Name of Referee: .....

Relationship to applicant: .....

Address: .....

Contact: (Home) ..... (Mobile) ..... (W) .....

Best day/time to contact: .....

Name of Referee: .....

Relationship to applicant: .....

Address: .....

Contact: (Home) ..... (Mobile) ..... (W) .....

Best day/time to contact: .....

REASONS FOR APPLICATION: .....

.....

.....

Applicant's Signature: .....

Date: .....

HAVE YOU DISCUSSED THE POSSIBILITY OF CHILD CARE IN THE HOME WITH ALL OF YOUR FAMILY?      YES       NO

I SUPPORT THE APPLICATION AND AGREE TO THESE PREMISES BEING USED FOR THE PURPOSES OF CONDUCTING A FAMILY DAY CARE SERVICE.

Partner's Signature: .....

Date: .....

**Please note you will also need to provide the following documentation with this form:**

**100 Point System:**

Birth Certificate / Current Australian Passport / Citizenship Certificate = 70 points

Drivers Licence = 30 points

*'This information is being collected with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose of which it is being collected.'*