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ABN: 85 676 459 681

**APPLICATION FOR CARE OF 3 OR MORE CHILDREN AGED UNDER 2 YEARS OF AGE.**

Educator's Name: .....

Address: .....

I seek approval to commence care of 3 or more children aged under 2 years and provide the following information to enable the Authorised Supervisor to assess this application.

I understand that I cannot commence care of additional children aged under 2 years until the application is considered and I have received verbal approval from the Authorised Supervisor.

I understand that if the placement is approved, I must advise the parent of the additional under 2 years child before care commences, that the approval is subject to monitoring and review on a regular basis.

I have considered the demands that caring for additional babies/toddlers will place on my workload and my ability to provide activities and outings for existing children in care. I have discussed the additional care demands with my family, and I am confident that I can adequately maintain a quality care service.

Educator's Signature: ..... Date: .....

**Please make sure all sections of the application are complete and you have attached all relevant documents before forwarding this application to the scheme office.**

**1. Previous Experience:**

Will this be your first application to care for more than 2 children under 2 years of age with this scheme (please tick)? Yes  No

If yes, please list your qualifications / experience in caring for groups of babies and toddlers:

.....  
.....

Please list any training you have attended in the last 2 years relating to care for babies and toddlers:-

.....  
.....

**2. Managing and Supervising Care:**

Please attach a sample routine showing how your day will be structured to meet the varied sleep, meal and play needs of all the children in care (include use of baby monitors if appropriate and frequency of nappy changes).

Please attach a sample program showing how you will provide for the play and learning needs of all children in care.

Please list all routine excursions, and other excursion you intend to provide (include school and pre-school drop offs and pick-ups, walks to bus stops, park visits, outings to shops etc. and transport and supervision arrangements). If necessary, attached a separate sheet.

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**3. Service Facilities and Equipment:**

Do you intend to use areas of your home or yard not previously approved for care (additional bedrooms for sleeping, other play areas)? Yes  No

If yes, please attach a plan of your intended indoor and outdoor care areas.

Where will the babies and toddlers sleep (cots / mattress etc? .....

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Do you have enough equipment, toys and facilities to adequately care for all the babies and toddlers, including:

- |   |                              |                             |             |                              |                             |
|---|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|
| Cots  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | High chairs | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Strollers / Prams                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Baby toys   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Baby monitors for each room used for sleeping |                              |                             |             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Car Seats (including capsules for babies      |                              |                             |             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Child sized table and chairs                  |                              |                             |             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Potties or potty chairs                       |                              |                             |             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Toys to encourage walking and climbing        |                              |                             |             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other: .....

.....

Who will provide cot linen / towels / face washers for the children? .....

How often will these be changed and laundered and by whom? .....

Do you intend to utilise a relief educator during this time? Yes  No

If yes, who is the relief educator? .....

Are the parents aware of your intention to utilise a relief educator? Yes  No

**FORM A:** List all children currently in care on the days you are considering caring for more than 2 children under 2 years of age.

**Current Bookings:**

CHILD'S NAME	DOB	DAYS OF CARE (Mon, Tues, Wed, Thur, Fri)	HOURS OF CARE (8:30 till 4:30)

**Proposed Additional Under 2 Year Old Placement/s:**

CHILD'S NAME	DOB	DAYS OF CARE (Mon, Tues, Wed, Thur, Fri)	HOURS OF CARE (8:30 till 4:30)

Have you attached: Sample program and sample routine Yes  No

Plan of indoor and outdoor care area Yes  No

**COMPLETED FORM TO BE FORWARD TO THE OFFICE FOR PROCESSING**

**OFFICE USE ONLY: CDO Recommendations:** .....

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**Approved:** Yes  No  **Authorised Supervisor Signature:** .....

**OFFICE USE ONLY:** c.c EDUC & COORD ..... (Initial) .....(Date)