



Ballina Byron
Family Day Care
02 6686 7799
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Ballina NSW 2478
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Phone: 02 6686 7799
After Hrs: 0429 932 485
ABN: 85 676 459 681

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)	
DATE OF BIRTH: / /	MARITAL STATUS:
GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/>	CRN NUMBER:
COUNTRY OF BIRTH:	ETHNIC GROUP:
PRIMARY LANGUAGE:	OTHER SPOKEN LANGUAGES:
Mobile:	Home Phone:
ADDRESS (if not same as above):	
	Post Code:
EMAIL:	
ABN NUMBER:	
SERVICE NAME:	
DO YOU HAVE A CURRENT FIRST AID CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO Attached? <input type="checkbox"/>	
DO YOU HAVE A CURRENT ASTHMA & ANAPHYLAXIS CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO Attached? <input type="checkbox"/>	
Police Check attached: <input type="checkbox"/> YES <input type="checkbox"/> NO WWCC certificate attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	
A medical certificate stating your present condition of health is required (cost to be incurred by the applicant). A BBFDC medical form will be supplied.	
APPLICANTS HEALTH STATUS: _____	
ANY CHRONIC HEALTH CONDITIONS OR DISABILITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Detail:	

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

Do you Smoke? YES NO / Does anyone on the premises Smoke? YES NO
 IF YES HOW WILL YOU PROVIDE A SMOKE FREE ENVIRONMENT?

HOW LONG HAVE YOU LIVED IN THE AREA:

TYPE OF HOME: (Tick appropriate) House Town House / Villa Duplex Unit
 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)	DAYS AVAILABLE: (Tick appropriate)	HOURS AVAILABLE:
<input type="checkbox"/> Full Time <input type="checkbox"/> Babies <input type="checkbox"/> Part Time <input type="checkbox"/> Toddlers <input type="checkbox"/> Casual <input type="checkbox"/> Pre-schooler's <input type="checkbox"/> Before/After School <input type="checkbox"/> Additional Needs	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Service Location: (If different to educators address)

QUALIFICATIONS

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

RELEVANT EARLY CHILDHOOD QUALIFICATIONS: _____ Date Completed: _____ _____ Date Completed: _____ _____ Date Completed: _____
RELEVANT CHILD CARE EXPERIENCE: _____ Date Completed: _____ _____ Date Completed: _____ _____ Date Completed: _____
OTHER PREVIOUS OCCUPATIONS:

FAMILY INFORMATION

PARTNER

FULL NAME:		
Is this person your NEXT OF KIN? <input type="checkbox"/> YES <input type="checkbox"/> No		
OCCUPANT TYPE:	Child <input type="checkbox"/>	Other <input type="checkbox"/> Partner <input type="checkbox"/>
DATE OF BIRTH:	/ /	Relationship:
GENDER:	Female <input type="checkbox"/> Male <input type="checkbox"/>	Mobile:
ADDRESS (if not same as above):		Post Code:
PLACE OF WORK:	Occupation:	
DAYS & HOURS OF WORK:	TELEPHONE: Work	
CO EDUCATOR: Yes <input type="checkbox"/> No <input type="checkbox"/>	LIVES AT EDUCATORS HOME: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMOKER: Yes <input type="checkbox"/> No <input type="checkbox"/>
WWCC NUMBER	EXPIRY DATE	
Police Check attached: <input type="checkbox"/> YES <input type="checkbox"/> No	WWCC certificate attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	

NEXT OF KIN (If not stated as Partner)

FULL NAME:		
DATE OF BIRTH: / /	GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Relationship:	Mobile:	
CO EDUCATOR: Yes <input type="checkbox"/> No <input type="checkbox"/>	LIVES AT EDUCATORS HOME: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMOKER: Yes <input type="checkbox"/> No <input type="checkbox"/>

CHILDREN IN THE FAMILY (Living on the premises – Including adult children of educator)

CHILD'S FULL NAME:		
GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/> Unborn <input type="checkbox"/>	DATE OF BIRTH: / /	
Relationship to Educator:	Occupant Type: Child <input type="checkbox"/> Other <input type="checkbox"/> Partner <input type="checkbox"/>	
CO EDUCATOR: Yes <input type="checkbox"/> No <input type="checkbox"/>	LIVES AT EDUCATORS HOME: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMOKER: Yes <input type="checkbox"/> No <input type="checkbox"/>
IMMUNISED: <input type="checkbox"/> YES <input type="checkbox"/> NO (Current ACIR Statement Required)		
Occupation	LIVES AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS (if different from educator)		
PRE-SCHOOL / SCHOOL ATTENDING:	Days and times attending:	
WWCC NUMBER	EXPIRY DATE	
Police Check attached: <input type="checkbox"/> YES <input type="checkbox"/> No	WWCC certificate attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	

CHILD'S FULL NAME:		
GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/> Unborn <input type="checkbox"/>	DATE OF BIRTH: / /	
Relationship to Educator:	Occupant Type: Child <input type="checkbox"/> Other <input type="checkbox"/> Partner <input type="checkbox"/>	
CO EDUCATOR: Yes <input type="checkbox"/> No <input type="checkbox"/>	LIVES AT EDUCATORS HOME: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMOKER: Yes <input type="checkbox"/> No <input type="checkbox"/>
IMMUNISED: <input type="checkbox"/> YES <input type="checkbox"/> NO (Current ACIR Statement Required)		
RELATIONSHIP:	LIVES AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS (if different from educator)		
PRE-SCHOOL / SCHOOL ATTENDING:	Days and times attending:	
WWCC NUMBER	EXPIRY DATE	
Police Check attached: <input type="checkbox"/> YES <input type="checkbox"/> No	WWCC certificate attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	

CHILD'S FULL NAME:		
GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/> Unborn <input type="checkbox"/>		DATE OF BIRTH: / /
Relationship:		Occupant Type: Child <input type="checkbox"/> Other <input type="checkbox"/> Partner <input type="checkbox"/>
CO EDUCATOR: Yes <input type="checkbox"/> No <input type="checkbox"/>	LIVES AT EDUCATORS HOME: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMOKER: Yes <input type="checkbox"/> No <input type="checkbox"/>
IMMUNISED: <input type="checkbox"/> YES <input type="checkbox"/> NO (Current ACIR Statement Required)		
RELATIONSHIP:		LIVES AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (if different from educator)		
PRE-SCHOOL / SCHOOL ATTENDING:		Days and times attending:
WWCC NUMBER		EXPIRY DATE
Police Check attached: <input type="checkbox"/> YES <input type="checkbox"/> No		WWCC certificate attached: <input type="checkbox"/> YES <input type="checkbox"/> NO

CHILD'S FULL NAME:		
GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/> Unborn <input type="checkbox"/>		DATE OF BIRTH: / /
Relationship:		Occupant Type: Child <input type="checkbox"/> Other <input type="checkbox"/> Partner <input type="checkbox"/>
CO EDUCATOR: Yes <input type="checkbox"/> No <input type="checkbox"/>	LIVES AT EDUCATORS HOME: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMOKER: Yes <input type="checkbox"/> No <input type="checkbox"/>
IMMUNISED: <input type="checkbox"/> YES <input type="checkbox"/> NO (Current ACIR Statement Required)		
RELATIONSHIP:		LIVES AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (if different from educator)		
PRE-SCHOOL / SCHOOL ATTENDING:		Days and times attending:
WWCC NUMBER		EXPIRY DATE
Police Check attached: <input type="checkbox"/> YES <input type="checkbox"/> No		WWCC certificate attached: <input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER OCCUPANTS (Living at the premises)

FIRST NAME:		SURNAME:	
GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/> Unborn <input type="checkbox"/>		DATE OF BIRTH: / /	
Relationship to Educator:		Occupant Type: Child <input type="checkbox"/> Other <input type="checkbox"/> Partner <input type="checkbox"/>	
CO EDUCATOR: Yes <input type="checkbox"/> No <input type="checkbox"/>	Lives at Educator Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMOKER: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Occupation:		Work days/hours:	
Work Phone:		Mobile:	
WWCC NUMBER		EXPIRY DATE	
Police Check attached: <input type="checkbox"/> YES <input type="checkbox"/> No		WWCC certificate attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	

FIRST NAME:		SURNAME:	
GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/> Unborn <input type="checkbox"/>		DATE OF BIRTH: / /	
Relationship to Educator:		Occupant Type: Child <input type="checkbox"/> Other <input type="checkbox"/> Partner <input type="checkbox"/>	
CO EDUCATOR: Yes <input type="checkbox"/> No <input type="checkbox"/>	Lives at Educator Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMOKER: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Occupation:		Work days/hours:	
Work Phone:		Mobile:	
WWCC NUMBER		EXPIRY DATE	
Police Check attached: <input type="checkbox"/> YES <input type="checkbox"/> No		WWCC certificate attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	

FIRST NAME:		SURNAME:	
GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/> Unborn <input type="checkbox"/>		DATE OF BIRTH: / /	
Relationship to Educator:		Occupant Type: Child <input type="checkbox"/> Other <input type="checkbox"/> Partner <input type="checkbox"/>	
CO EDUCATOR: Yes <input type="checkbox"/> No <input type="checkbox"/>	Lives at Educator Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	SMOKER: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Occupation:		Work days/hours:	
Work Phone:		Mobile:	
WWCC NUMBER		EXPIRY DATE	
Police Check attached: <input type="checkbox"/> YES <input type="checkbox"/> No		WWCC certificate attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	

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.

REFERENCE 1

FIRST NAME:		SURNAME:	
Relationship to applicant:		Best day to contact:	
Address:		Post Code:	
Home Phone:	Mobile:	Work Phone:	

REFERENCE 2

FIRST NAME:		SURNAME:	
Relationship to applicant:		Best day to contact:	
Address:		Post Code:	
Home Phone:	Mobile:	Work Phone:	

REASONS FOR APPLICATION:

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

PARTNER DECLARATION:

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.'

OFFICE USE ONLY

<input type="checkbox"/> Start Date	<input type="checkbox"/> Child Minimum/Maximum age
<input type="checkbox"/> Registration Date	<input type="checkbox"/> Car Registration (If Required)
<input type="checkbox"/> Location of Service	<input type="checkbox"/> Relief Care Package (If Required)
<input type="checkbox"/> Educator Hours/Days	<input type="checkbox"/> Initial risk assessment & Registration form
<input type="checkbox"/> CRN, ABN, PRODA Numbers	<input type="checkbox"/> Fee Schedule
<input type="checkbox"/> Police Check - Educator	<input type="checkbox"/> Safety Glass
<input type="checkbox"/> WWCC - Educator	<input type="checkbox"/> Arrival & Departure Procedures
<input type="checkbox"/> Driver's licence	<input type="checkbox"/> Bank account details
<input type="checkbox"/> First Aid, CPR & Asthma & Anaphylaxis	<input type="checkbox"/> Children Contracts
<input type="checkbox"/> Insurance	<input type="checkbox"/> Police Check – Household members
<input type="checkbox"/> Medical certificate	<input type="checkbox"/> WWCC – Household members
<input type="checkbox"/> Fire equipment check	<input type="checkbox"/> Household Members forms
<input type="checkbox"/> Evacuation Plan & Procedure	<input type="checkbox"/> Registration Certificate
<input type="checkbox"/> Code of Ethics	<input type="checkbox"/> Authority to deduct CCS & Educator Levy
<input type="checkbox"/> 100 points ID	<input type="checkbox"/> Add Email address to Photocopier
<input type="checkbox"/> Educator contract - signed	<input type="checkbox"/> Send Educator Child Enrolments

OFFICE USE ONLY:

Entered into Harmony

Date _____ Initial _____