PRIVACY NOTIFICATION

To apply to be an Educator

Council's Main Office.

SUPPLY:

INTENDED RECIPIENTS: Council Staff. Legally required.

Application to become an Educator

DUCATOR APPLICATION		
First Name:	Family	Name:
Address:		
Phone No:	Mobile	·
Email Address:		
Suburb:	State:	
Date of Birth:	Maide	n Name:
Country of Birth:	Ethnic	Origin:
Primary Language:	Other	Languages:
Will you need an interpreter at the interview?	Yes □	No 🗆
Language Required:		
	_	
Partner/Spouse (if applicable) Name:		
Partner/Spouse (if applicable) Name:		
Partner/Spouse (if applicable) Name:		
PERSONS RESIDING IN THE HOME (skip see Partner/Spouse (if applicable) Name:		
Partner/Spouse (if applicable) Name:		
Partner/Spouse (if applicable) Name:		
Partner/Spouse (if applicable) Name: Date of Birth: Occupation: Days of Employment: Times (start & finish times): Work Phone Number:	Mob	ile Number:
Partner/Spouse (if applicable) Name: Date of Birth: Occupation: Days of Employment: Times (start & finish times): Work Phone Number:	Mob	ile Number:ection if you're applying as a Relief Educato
Partner/Spouse (if applicable) Name: Date of Birth: Doccupation: Days of Employment: Times (start & finish times): Work Phone Number: HILDREN IN YOUR FAMILY (IF APPLICAB	Mob	ile Number:
Partner/Spouse (if applicable) Name:	Mob	ile Number:ection if you're applying as a Relief Educato
Partner/Spouse (if applicable) Name: Date of Birth: Occupation:	Mob	ile Number:ection if you're applying as a Relief Educato

S07315

Name

1. 2. 3. Where will the person be

during proposed care hours

DOB

Relationship to

Applicant

AVAILABILITY FOR FAMILY DAY CARE

Please fill in the hours and days you will be available to care for children:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

(It is preferred that you are available to work 4 to 5 days per week)

any other preference	ces:				
Please indicate wi	hat types of	care you are prepared t	o do:		
Full time		Emergency		Before school	
Part time		Over Night		After school	
24 hour care		Occasional		School Holidays	
Casual/on call		Weekend		Public Holidays	
Relief Educator					
Name of primary E	ducator:				
tamo or primary E	addator.				
re you prepared	to transpor	t/walk children to:			
, , ,		School	Yes □	No 🗆	
		School Pre-school	Yes □ Yes □	No □ No □	
		Pre-school	Yes □	No □	
	d pre-schoo		Yes □	No □	
Vhich schools an	-	Pre-school ols are you willing to tak	Yes □	No □	
Vhich schools an		Pre-school ols are you willing to tak	Yes □	No □	
Vhich schools an		Pre-school ols are you willing to tak	Yes □	No □	
Vhich schools an		Pre-school ols are you willing to tak	Yes □	No □	
Vhich schools an		Pre-school	Yes 🗆	No 🗆	
Vhich schools an		Pre-school	Yes 🗆	No □	

How would you describe your health?		
Do you have any illnesses (physical or mental) or medical conditions? If YES please provi	de details:	:
Oo you take any regular medication? If YES please provide details:		
Do you smoke? Yes □ No □ Do any household members smoke? Ye	s 🗆 N	10 D
Do you have a history of substance, drug or alcohol abuse? Yes ☐ No ☐		
Oo any household members have a history of substance, drug or alcohol abuse? Yelease provide details:	s 🗆 N	No 🗆
OME (skip section if you're applying as a Relief Educator only)		
Are you living in your own home?	Yes 🗆	No 🗆
Are you renting?	Yes 🗆	No □
f you are renting your home it is necessary to include with your application a letter from		
our landlord or agent giving permission for your home to be used for Family Day Care		
ourposes. Please attach letter	Yes 🗆	No □
f you live in a unit or townhouse, it is necessary to include with your application a letter		
rom the Council of the Body Corporate giving you permission for the unit to be used for		
Family Day Care purposes.	Yes □	No E
Please attach letter	162 U	No L
s your home located in Bushfire Prone Land?	Yes □	No □
ou must provide documentation stating whether or not you are located in Bushfire Prone		
and.		
Please attach confirmation		
f you are located in Bushfire Prone Land you are required to contact Ku-ring-gai		
Council's Duty Planner (9424 0000) to ascertain what steps you must follow to be		
approved for Family Day Care.		

QUALIFICATIONS AND EXPERIENCE

Details of qualifications you may have in relation to child development, e (please attach copies)	ducation an	d/or care.	
Please attach qualification			
Other qualifications (please attach copies):			
Please attach qualification			
Previous employment i.e. company name, position held and length of en	nployment:		
Past working experience, paid and unpaid (please include any experience with	children)		
Have you ever been an Educator in any Family Day Care Scheme? Y	es 🗆 🗈	No 🗆	
If YES, name the Scheme:			
Have you ever applied to be an Educator in any Family Day Care Schen	ne? Yes	□ No	
If YES name the Scheme:			
care as well as others on the premises in relation to the care. Educations relevant legislation and policies and practices. The following is a preliminary safety check as a guide only. (skip section if you're applying as a Relief Educator only)	must ensur		
Do you have a fully enclosed outdoor area?	YES 🗆	NO 🗆	N/A 🗆
Do you have a pond or water feature?	YES 🗆	NO 🗆	N/A 🗆
Is garden shed/garage lockable?	YES 🗆	NO 🗆	N/A 🗆
Is your home fitted with an electrical safety switch?	YES 🗆	NO 🗆	N/A 🗆
Is your home fitted with smoke detectors?	YES 🗆	NO 🗆	N/A □
Is all glass below 1000mm tall safety glass or fitted with shatter- resistant film?	YES 🗆	NO 🗆	N/A 🗆
Does your home have a balcony or are there drops in the garden that children can access?	YES □	NO 🗆	N/A 🗆
Are these protected by a safe rail or fence?	YES 🗆	NO 🗆	N/A □
Are there stairs?	YES 🗆	NO 🗆	N/A □
Are there suitable and safe kitchen facilities?	YES 🗆	NO 🗆	N/A □
Are there suitable and safe toilet facilities?	YES 🗆	NO 🗆	N/A 🗆

their

FAMILY AND HOUSEHOLD MEMBERS (skip section if you're applying as a Relief Educator only)

Although our primary concern is to register suitable Educators, Family Day Care does involve other persons living in the home.
This may put restrictions on all members of the household. Partners and other adults may participate in activities not conducive to a positive care environment, such as inappropriate television or video programs, smoking, the consumption of alcohol or inappropriate language used by adults and older children. Like most working parents, your child/ren may be restricted to having friends visit after school.
Have you discussed Family Day Care with other members of your household? YES □ NO □
What are the attitudes/feelings of members of your household to you undertaking Family Day Care?
WORKING WITH CHILDREN CHECKS
Family Day Care Educators and all adult members of their household are required to have a Working with Chi Check. The criminal record check is to confirm they are not a Prohibited Person. It is illegal for a Prohibited Pers apply for any child related position.
Who is required to have a Working with Children Check?
Educators and household members who are:
18 years of age or over

- People who turn 18 while in residence
- People 18 years and over living in the home for three months or longer
- People 18 years and over living in the home part-time over three months or longer
- Boarders or lodgers 18 years and over living in the home for three months or more.

How is a Working with Children Check done?

Application Declaration and Consent form is to be completed by the applicant and is available at: https://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check

CHILD SWAPPING

Please note that if you are a Family Day Care Educator with this or any other scheme, you and your partner will not be entitled to claim Child Care Benefit and/or Child Care Rebate for days your child is in care with another Family Day Care Educator if you provide Family Day Care on that same day, unless one or more of the below specified circumstances apply.

- · Your child has been diagnosed as having a disability, or is undergoing continuous assessment of a disability
- You live in a remote or very remote area within Australia
- You are required to work other than for an approved Family Day Care Service
- You are required to attend particular education or training

If you are using Family Day Care for your child/ren, you must inform the Scheme as soon as possible.

REFEREES

1

Please provide details of two recent referees whom we can contact for a verbal reference. The referee should not be a family member and be able to discuss your ability to work with young children including childcare qualities, skills and work ethic.

	Telephone or other contact details:	
	Organisation:	
	Position held:	
	Relationship to applicant:	
2	Name:	
	Telephone or other contact details:	
	Organisation:	
	Position held:	
	Relationship to applicant:	
Verifi	cation of Information	
l certif	y that the information contained on this form is t	rue and correct.
Name	:	
Addre	SS:	
		_
Signe	d:	Date:
Please	e return your completed application form to:	Family Day Care Manager
		818 Pacific Highway
		GORDON NSW 2072