



# PROPOSED EDUCATOR APPLICATION FORM

Part A: Educator Information			
First Name:		Last Name:	
DOB		Gender	M F Other
Country of Birth:			
Cultural Background	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify: _____)		
Address:			
Home Ph		Mobile Ph	
Email			

PART B: Educator Partner's Information			
First Name:		Last Name:	
DOB		Gender	M F Other
Country of Birth:			
Address:			
Home Ph		Mobile Ph	
Email			

PART C: Children Under 18 Living at Home			
Full Name	D.O.B	Gender	School they Attend (if relevant)

### PART D: Other Household Members (Adults residing at the residence)

Full Name	D.O.B	Gender	Relationship to Educator

**PLEASE NOTE:** All adults must be able to obtain (**are not a prohibited person**) or already hold a current Working with Children Blue Card. Applications are made at <https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card/applications/apply>  
 ARE ANT ADULT A PROHIBITED PERSON – see definition click link: [prohibited/disqualified person](#) Yes  No

### PART D: Educator Assistant Application

An educator assistant can be engaged for the following reasons:

- Transporting children e.g. to and from school or another education and care service or the child’s home. As long as all necessary paperwork has been completed, this could be a yearly approved arrangement.
- In emergencies including when the educator may require urgent medical attention or treatment, refer to the Serious Incident and Emergency policy.
- Where the educator is required to attend an appointment (other than a regular appointment – meaning an appointment that is attended on an ongoing basis)
- To assist the educator while the educator (in the presence of the educator) is educating and caring for children as part of the family day care service

**The educator assistant will be assessed as part of your assessment of suitable – this is covered on the Assessment Educator Assistant Suitability Procedure**

<b>Are you think considering having an Educator Assistant working with you? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>If Yes Complete the below information If No move to PART E</b>	
Full Name	Address	Gender	Relationship to Educator
<b>The Educator assistant will complete the follow Parts and attach to this application</b>	PART H - Yes <input type="checkbox"/> No <input type="checkbox"/>	PART I - Yes <input type="checkbox"/> No <input type="checkbox"/>	PART J - Yes <input type="checkbox"/> No <input type="checkbox"/>
	PART L - Yes <input type="checkbox"/> No <input type="checkbox"/>	PART M - Yes <input type="checkbox"/> No <input type="checkbox"/>	PART N - Yes <input type="checkbox"/> No <input type="checkbox"/>

## PART E: Families Commitment

<b>Rate your family's feelings about having other people coming in and out of their home?</b>	Poor 1--2--3--4--5 Great
<b>Rate you family's ability to keep the home tidy, including keeping bathrooms and kitchen clean</b>	Poor 1--2--3--4--5 Great
<b>Rate your children's ability to share their toys and space with other children</b>	Poor 1--2--3--4--5 Great
<b>Rate how committed your family is to ensuring program watched on TV and other games are PG rated</b>	Poor 1--2--3--4--5 Great
<b>Rate how committed your partner and children are to welcoming others into their home.</b>	Poor 1--2--3--4--5 Great
<b>Rate your family's willingness to support you in your work as an educator.</b>	Poor 1--2--3--4--5 Great
<b>Rate your family's commitment to an alcohol, drug and tobacco free environment at all times children enrolled at the service are present.</b>	Poor 1--2--3--4--5 Great
What discussions have you had with others residing at your home:	
What might be some of the challenges you might encounter with others residing at the home which might impact on the health and safety of children?	
What strategies have you thought about to reduce the likelihood of this occurring?	

### PART F: Proposed Location for the FDC residence

<b>Address of residence</b>		
<b>Proposed Residence</b>	Renting the Residence Yes <input type="checkbox"/> No <input type="checkbox"/>	The owner of the residence Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Renting- have you obtained written permission from the landlord to operate FDC and provided this to the Service</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Does the proposed residence have swimming pool (see information below) Do you have Pool Safety Certificate</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### SWIMMING POOL

The [QBCC Pool Safety Brochure](#) confirms that in relation to pool safety for recently built pools, a Form 17 – Final inspection certificate or a Form 11 – Certificate of classification given by the building certifier can be used as a pool safety certificate for 1 year from its date of issue for a shared pool, and 2 years for a non-shared pool. The Service will accept a Form 11,17 and Form 23 as meeting the requirement to provide a Swimming Pool Safety Certificate but if these forms (11 and 17) are used they will expire after one year if pool is shared. The service will also do a search of the pool safety register

### PART G: Self-Assessment of the Proposed Residence

I have completed the Home Safety Audit Self-Assessment and attached the outcome of this to this application	Yes <input type="checkbox"/> No <input type="checkbox"/>

### PART H: Applicants Experience

Have you worked or are you currently working as Family Day Care Educator?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Name of the Service/s</b>	
<b>Have you had any other Early childhood experience?</b>	
<b>Current Occupation/Volunteer</b>	
<b>Period of employment</b>	

## PART I: (Proposed) Educators Qualifications, Education & Training

<b>Name of Qualification</b>			
<b>Date Qualified</b>		<b>Certified Copy Provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Studying/Enrolling</b>	Name of the Training Institution (RTO/TAFE)		
<b>Contact Persons Name</b>			
<b>Landline Phone Number</b>		<b>Mobile Number</b>	

## PART J: Other Qualifications

<b>First Aid Certificate</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Expiry Date</b>		<b>Copy provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Anaphylaxis Management</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Expiry Date</b>		<b>Copy provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Asthma Management</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Expiry Date</b>		<b>Copy provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Current CPR (less than 1 year)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Expiry Date</b>		<b>Copy provided</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Other Professional development you have completed in last year</b>					

## PART K: Preferred Operating Hours and Days

<b>Preferred Hours</b>	<b>Full Time:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Part Time:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Number of Hours:</b>		
<b>Indicate Days</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Operating times</b>	<b>Start Time</b>			<b>Finish Time</b>			
<b>Additional Comments</b>							

### PART L: Rego, License, Blue Card, Police Record Check and Compliance Checks

Vehicle Registration Number		Expiry Date	
Vehicle Safety Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	OR Service Record	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Seats		Child Restraints Cert	
Drivers License Number		Expiry Date	
Working With Children Check – Blue Card Number		Expiry Date	
Able to apply for BLUE CARD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Verify that you are not a Prohibited Person	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police Record Check provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Check – must be less than 6 months	
Completed Educator Compliance History Statement	Yes <input type="checkbox"/> No <input type="checkbox"/>		

### PART M: Referees

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 ethics.

<b>Full Name</b>		<b>Occupation</b>	
<b>Position Held</b>		<b>Contact details</b>	

<b>Full Name</b>		<b>Occupation</b>	
<b>Position Held</b>		<b>Contact details</b>	

### PART N: Verification

I certify that I have completed this application and that the information provided is true and correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_