

Service Name:		Date:	
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### Applicant's Details

First Name:		Surname:	
Previous Names:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	____/____/____	Please note: it is a requirement that all educators are to be 18 years old and over.	
Home Address:			
Postal Address (if different)			
Customer Reference Number (CRN):			
Phone	Home: _____	Work: _____	Mobile: _____
Email:			
Best way to contact	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post Time: _____		
Do you need an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spoken Language:	
Do you identify as Aboriginal and Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have religious or culture beliefs and requirements that you would like us to consider?			

### Applicant's Qualifications, Education and Training

**Please Note:** It is a requirement for educators to have all required qualifications please discuss with the Coordinator Unit for further information. Information collected in this section may be used for statistical reporting. No applicant identification information will be used without permission from the applicant.

Please list your Relevant Qualifications

Examples: certificate III level education and care qualification, diploma level education and care qualification, and /or university level education qualification.

Name of Qualification	Location	Date Qualified	Certified Copy Provided (Office to complete)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any other relevant training that you have received.

Do you have current approved first aid qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Date	
Do you have current qualifications for CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Date	
Do you have current approved anaphylaxis management training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Date	
Do you have current approved emergency asthma management training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Date	
Other Training and Qualifications? Examples: Family Day Care Association of Qld Recorded Online Sessions such as Child Protection, Safe Food Handling, Supporting Positive Behaviour and Communication.			

Name:

## Educator Application Form

## Applicant's Experience

Please tell us about your relevant child care and/or family day care experience and knowledge:

## Applicant's Working with Children Check

**Note:** It is a requirement for Educators to have either a Blue Card prior to commencing care. Please discuss with the Coordinator Unit for further information.Do you have a Blue Card?  Yes  No. If no, please complete [Blue Card Application Form](#)

Name on Card

Number

Expiry Date

## Proposed Location for the Family Day Care Service

For more information please refer to: <http://deta.qld.gov.au/earlychildhood/pdfs/nqf-providers-residences-venues.pdf>

Address of the Proposed Location

Is the Proposed Location your home?

 Yes  No, please explain:

Is the Proposed Location your own home or a rental home?

 Own Home  Rental Home**Please Note:** If you are renting your home you will need permission from your landlord to deliver education and care services from your home.

Do you live at the Proposed Location?

 Full Time  Part Time, please explain:

Would you define the Proposed Location as:

 Residence A residence as the habitable areas of a dwelling. Venue A place other than a residence where an approved family day care service is provided. Other, please explain:

Are there any other persons who are 18 years old or older (adults) living in the Proposed Location?

 Yes  No

## Preferences for Providing Care Hours

Preferred Hours  Full Time  Part Time Number of hours: \_\_\_\_\_

Day: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time:

Preferred start date: / / or  as soon as possible

Additional comments:

Name:

## Educator Application Form

### Applicant's Transport

Will your vehicle be used to transport children between education and care services venue and an approved venue?

- Yes, my vehicle will be used to transport children between the education and care services venue and an approved venue.
- No, my vehicle will not be used to transport children between the education and care services venue and an approved venue.
- No, my vehicle will not be used to transport children between the education and care services venue and an approved venue however I will be using another vehicle to transport children. Please provide information and reasons why.

### Applicant's Partner / Other People Living at the Home

**Please Note:** This is a requirement due to the Blue Card Procedure and Other People Living at the Home.

First name	Surname	Gender	Lives at the home
			<input type="checkbox"/> Full time <input type="checkbox"/> Part time
			<input type="checkbox"/> Full time <input type="checkbox"/> Part time

### Applicant's Children

**Please Note:** This is a requirement due to the Educator and Children ratio.

First name	Surname	Gender	Date of Birth

Will your children be attending your service?  Yes  No

### Referees

Please provide at least 2 Referees

Name (1)			
Postal Address		Email Address	
Telephone		Best time to call	
Name (2)			
Postal Address		Email Address	
Telephone		Best time to call	

### Declaration

All the information in this application is full and correct to the best of my knowledge. Incomplete sections and information will be discussed with the Coordination Unit.

Applicant Name			
Applicant Signature		Date	

### Coordination Unit Use Only

Date Received:	/ / 20	Received by Name:	
Application discussed	/ / 20	Application accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant contacted for interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of interview	/ / 20