HAFDC APPLICATION FORM Version 2 August 17

Please circle below

EDUCATOR \* RELIEF EDUCATOR ASSISTANT EDUCATOR

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr / Mrs / Ms / Miss | | | | |  | Date of Birth: | |  | | | |
| Surname: | |  | | | | First Names: | |  | | | |
|  |  | | | | | | | | | | |
| Address: |  | | | | | | | | | | |
| Suburb: |  | | | | | State: |  | | | Postcode: |  |
| Email Address: | | |  | | | | | | | | |
| Home Phone: | | |  | | | Mobile: | |  | | | |
|  | | |  | | |  | |  | | | |
| Country of Origin: | | | |  | | Nationality: | |  | | | |
| Primary Language: | | | |  | | Other Language Spoken: | | |  | | |

*A Family Day Care Educator must have at least or working towards an approved*

*Certificate 111 level education and care qualification*

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| --- |
| **Qualifications / Certificate:**  *Please give details here and attach a copy of your qualifications to this application.*  *Please ensure that the originals of all qualifications are shown to Holistic Approach FDC to confirm.* |
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| --- | --- |
| Do you hold a current First Aid Certificate? | Yes / No  *If yes, please provide a copy of your certificate with this application* |
| Have you completed training in relation to Anaphylaxis or emergency Asthma training? | Yes / No  *If yes, please provide a copy of your certificate with this application* |
| Have you completed Child Protection Training in the last 2 years? | Yes / No  *If yes, please provide a copy of your certificate with this application* |

|  |  |  |  |
| --- | --- | --- | --- |
| Driver’s License No: |  | Driver’s License Expiry: |  |
| Do you intend to use your car for FDC? | YES NO | | |
| Car Make / Model: |  | Car Registration No: |  |
| Car Registration Expiry: |  | Is the car insured? | Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
| Does anyone who resides at the FDC premises smoke? | Yes / No | Do you smoke? | Yes / No |

**Emergency Contact Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr / Mrs / Ms / Miss | | | | |  |  | |  | | |
| Surname: | |  | | | | First Names: | |  | | |
| Address: |  | | | | | | | | | |
| Suburb: |  | | | | | State: |  | | Postcode: |  |
| Email Address: | | |  | | | | | | | |
| Home Phone: | | |  | | | Mobile: | |  | | |
| Country of Origin: | | | |  | | Nationality: | |  | | |
| Primary Language: | | | |  | | Occupation: | |  | | |
| Employer: | | | |  | | Work Number: | |  | | |
| Work Hours / Days: | | | |  | | | | | | |

**Employment History**

*Please ensure your current resume is attached to this application*

|  |  |  |
| --- | --- | --- |
| Previous Employer Details  (Name & Address) | Length of Employment | Occupation |
|  |  |  |
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**Medical Status**

The Education and Care Services National Law Act 2010 states that Applicants must be a fit and proper person and whether the person has a medical condition that may cause the person to be incapable of being responsible for providing an education and care service in accordance with this Law.

A Medical Statement / Clearance (on our HAFDC form) from your Doctor is required stating you are fit and well to carry out the duties of a Family Day Care Educator.

|  |  |
| --- | --- |
| Are you able to comply with this clause? | Yes / No |

If this application is approved a Medical Statement form will need to be completed and obtained by your Holistic Approach FDC Consultant.

**References**

Please supply two (2) referees, one personal (not a relative) one professional (work related) who have agreed to be contacted.

**Personal**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Relationship to Applicant: | |  | | Length of Relationship: | |  |
| Home No: |  | | Work No: | |  | |
| Mobile No: |  | | Preferred Contact Hours: | |  | |

**Professional**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Relationship to Applicant: | |  | | Length of Relationship: | |  |
| Home No: |  | | Work No: | |  | |
| Mobile No: |  | | Preferred Contact Hours: | |  | |

**Educator Assistants**

**This is your application complete.**

The following information will be required to complete your registration. Please attach what documentation you are able to this application.

* Working with Children Check
* Current and Valid approved First Aid Certificate
* Current and valid Anaphylaxis and Emergency Asthma training
* Current CPR training
* Current Child Protection training
* Copy of Driver’s License
* Current and up to date resume

**Relief Educators**

**This is your application complete.**

The following information will be required to complete your registration. Please attach what documentation you are able to this application.

* Approved Certificate 111 in Children’s Services Qualifications
* Working with Children Check
* Current and Valid approved First Aid Certificate
* Current and valid Anaphylaxis and Emergency Asthma training
* Current CPR Training
* Current Child Protection training
* Current Food Handling Training
* Copy of Driver’s License
* Current and up to date resume
* Current Public Liability Insurance

**Educators**

**Please continue with this application**

**About your home**

|  |  |
| --- | --- |
| Type of Home: | House / Villa / Townhouse / Unit |

* If renting the premises, written approval from your landlord will be required with this application
* If premises is within a Strata Scheme, written approval from the Owners Corporation / Body Corporate will be required with this application

|  |  |
| --- | --- |
| Do you have a yard that if fully fenced, clean and tidy and free from hazards? | Yes / No |

|  |  |
| --- | --- |
| Do you have a swimming pool or spa? | Yes / No |
| *If you answered yes to the above* | |
| Does your Swimming Pool or Spa have approved fencing? | Yes / No |

|  |  |
| --- | --- |
| Do you have any pets? | Yes / No |

**Partner’s Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr / Mrs / Ms / Miss | | | | |  | DOB: |  | |  |  | | |
| Surname: | |  | | | | | First Names: | | |  | | |
| Address: |  | | | | | | | | | | | |
| Suburb: |  | | | | | | State: |  | | | Postcode: |  |
| Email Address: | | |  | | | | | | | | | |
| Home Phone: | | |  | | | | Mobile: | | |  | | |
| Country of Origin: | | | |  | | | Nationality: | | |  | | |
| Primary Language: | | | |  | | | Occupation: | | |  | | |
| Employer: | | | |  | | | Work Number: | | |  | | |
| Work Hours / Days: | | | |  | | | | | | | | |

**Other Adults Residing at the premises (over age of 18)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr / Mrs / Ms / Miss | | | | |  | DOB: | |  | |  |  | | |
| Surname: | |  | | | | | First Names: | | | |  | | |
| Address: |  | | | | | | | | | | | | |
| Suburb: |  | | | | | | State: | |  | | | Postcode: |  |
| Email Address: | | |  | | | | | | | | | | |
| Home Phone: | | |  | | | | Mobile: | | | |  | | |
| Country of Origin: | | | |  | | | Nationality: | | | |  | | |
| Primary Language: | | | |  | | | Occupation: | | | |  | | |
| Employer: | | | |  | | | Work Number: | | | |  | | |
| Relationship to Applicant: | | | | |  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr / Mrs / Ms / Miss | | | | |  | DOB: |  | |  |  | | |
| Surname: | |  | | | | | First Names: | | |  | | |
| Address: |  | | | | | | | | | | | |
| Suburb: |  | | | | | | State: |  | | | Postcode: |  |
| Email Address: | | |  | | | | | | | | | |
| Home Phone: | | |  | | | | Mobile: | | |  | | |
| Country of Origin: | | | |  | | | Nationality: | | |  | | |
| Primary Language: | | | |  | | | Occupation: | | |  | | |
| Employer: | | | |  | | | Work Number: | | |  | | |
| Relationship to Applicant: | | | | |  | | | | | | | |

**Children Residing at the Premises**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Male / Female: |  | Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Male / Female: |  | Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Male / Female: |  | Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Male / Female: |  | Date of Birth: |  |

Thank you for completing this application in its entirety

**The following information will be required to complete your registration. Please attach what documentation you are able to this application.**

* Working with Children Check
* Approved Certificate 111 or Higher-level education and care qualification
* Current and Valid Approved First Aid Certificate
* Current and valid Anaphylaxis and Emergency Asthma training
* Current CPR qualification
* Current Food Handling Training
* Current Child Protection Training
* Copy of Driver’s License
* Current and up to date resume
* Written Permission from landlord, Owners Corporation / Body Corporate if renting or rates notice if owner of property
* Current Car Insurance Documentation (including policy expiry date) (if using to transport children)
* Current Car Registration Documentation (including expiry date and car safety certificate for QLD and VIC) (if using to transport children)
* Copy of Compliance of Car Seats (Car Seat Safety Check) from regulatory Authority) (if using to transport children)
* Copy of certificate of compliance for your swimming pool / spa (If Applicable)
* Current Public Liability Insurance