



## 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*

### 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 <i>If yes, please provide a copy of your certificate with this application</i>
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Have you completed training in relation to Anaphylaxis or emergency Asthma training?	Yes / No <i>If yes, please provide a copy of your certificate with this application</i>
Have you completed Child Protection Training in the last 2 years?	Yes / No <i>If yes, please provide a copy of your certificate with this application</i>

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
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### 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

### 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
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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
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- 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
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Do you have a swimming pool or spa?	Yes / No
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*If you answered yes to the above*

Does your Swimming Pool or Spa have approved fencing?	Yes / No
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Do you have any pets?	Yes / No
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**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:	



**Holistic**  
APPROACH FDC

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