

APPLICATION FORM WAVERLEY FAMILY DAY CARE



WAVERLEY
COUNCIL

ADDRESS 28 Ebley Street, Bondi Junction NSW 2022

PHONE (02) 9083 8785

FAX (02) 9389 8296

EMAIL familyd@waverley.nsw.gov.au

WEB waverley.nsw.gov.au/familydaycare

It is an offence under the NSW Child Protection (Prohibited Employment) Act 2012 and Child Protection (Working With Children) Regulation 2013 for a person convicted of a serious offence to apply for this role.

PERSONAL DETAILS

First Name: Surname:

Address:

Suburb Post Code:

Email:.....

Postal address (if different from above):.....

.....

Date of Birth: Gender: Female Male

Country of Birth:..... Ethnic Group:

Primary Language spoken at home:.....

Other Languages spoken:

PRODA: (RA Number)..... WWCC..... NationalCriminalCheck: Y N

Previous Job experience:

.....

.....

.....

.....

Previous Experience with Children:.....

.....

.....

.....

.....

If yes, which scheme:

Do you give us permission to contact the scheme?

Registration Date:..... Date resigned:.....

Can you provide a smoke free environment?:.....

APPLICANTS OWN CHILDREN LIVING AT HOME

Name: _____ Date of Birth _____ Status (eg at home, school, working, not at home) _____
 1..... / /
 2..... / /
 3..... / /
 4..... / /

APPLICANT PARTNER/SPOUSE DETAILS

Name:..... D.O.B
 Work Phone:..... Mobile:.....
 Days and hours of work:..... Occupation:.....
 Name and address of work:.....

Does your Spouse/Partner support your idea of becoming a educator?.....

OTHER PEOPLE LIVING IN YOUR HOUSEHOLD

Name:..... Relationship:
 Name:..... Relationship:

PREFERENCES FOR PROVISION OF CARE

Please indicate your availability to do Family Day Care:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Day							
Night							
Overnight							

Are you prepared to do Emergency/Casual care ?

What times are you prepared to commence and cease providing care?

No. of Children:..... Aged From : to

OTHER RELEVANT INFORMATION:

- House Unit: Floor..... Townhouse Outdoor area
 Owned Rented (permission required) Strata title (notice of intention required)

Description of premises:.....

Smoker: Yes No

Pool: Yes No

Pets: Yes No

Details:

Car Available: Yes No

How many seat belts:.....

BANK DETAILS

Bank: Account Name:.....

BSB Number:..... Account Number:

Branch:

PROBITY CHECKS

All applicants must undergo stringent checks to confirm their suitability to work unsupervised with children. All adult residents must also undergo checks to ensure their suitability to be in the vicinity of children. The following forms and information must be completed:

1. Consent form for a 'Working with Children Check'* for each adult household member. Please refer to <https://wwccheck.ccp.nsw.gov.au/Applicants/Application#> and fill in the form
2. Proof of Identity – original and copy to be provided at the first interview

DETAILS OF CURRENT REFEREES

Please provide the name and telephone details of two persons, who would be willing to provide you with a verbal reference. These persons should not be family members, should have known you for at least 2 years, and should be persons who are familiar with your child caring qualities and skills. You should first gain their permission to use their names as referees. We will contact them personally by phone and ask a series of questions about your suitability to work as a child educator.

Name of Referee:

Relationship to applicant:

Address & Phone Number/s:

.....

Best day/time to contact:

Name of Referee:

Relationship to applicant:

Address & Phone Number/s:

.....

Best day/time to contact:

RENTED PREMISES

A permission form must be signed by the landlord where an applicant is in a rented premises. Tenants may wish to take out additional Landlord's Insurance through the National Family Day Care Council to satisfy any concerns their landlord may have.

UNITS/STRATA TITLE RESIDENTS

A *Notice of Intention to Operate as a Family Day Care Provider* must be posted on the common notice board for a period of 30 days where an applicant occupies a unit or other strata title.

Signed: Date:

Please note you will also need to provide the following documentation with this form:

<p>100 POINT SYSTEM</p> <p><input type="checkbox"/> Birth Certificate/Current Australian passport/Citizenship certificate (70 points)</p> <p><input type="checkbox"/> Council rates notice/ Land Titles Office record (35 points)</p> <p><input type="checkbox"/> Current credit card or bank account card or credit union/ medicare card/ foreign driver's licence / rental lease agreement / current telephone, water, gas or electricity bill (25 points)</p>
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