

EDUCATOR APPLICATION FOR Waverley Family Day Care

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

if you are deaf or have a hearing or speech impairment.

First Name:	Family Name:
Address:	
Suburb:	Post Code:
Phone:	Email:
Mailing Address (if different from above):	
Date of birth: Gender: Gender: Male	□ Other Country of birth:
Ethnic Group: Prim	ary Language spoken at home:
Other Languages spoken:	
PRODA: (RA Number) CRN:	ABN:
Working with Children Check (WWCC):	Expiry date:
National Criminal Check: 🗌 Female 🗌 Male 🗌 Other Issu	ed/released Date:
Previous Job experience:	
Previous Experience with Children:	
Have you previously worked as a Family Day Care Educator?	es 🗆 No
If yes, which service:	
Do you give us permission to contact that service?	
	Dete registred:
Registration Date:	Date resigned:
Can you provide a smoke free environment?	
CM reference: D24/118643 Last updated: 28/10/2024	1/4
Postal addressWaverley Council Service CentresPO Box 9, Bondi Junction NSW 1355Bondi Junction Customer Service Centre, 55 SpABN 12 502 583 608Bondi Pavilion Customer Service, Queen Elizab	
You can contact us through the National Relay Service Translating and Interprise if you are deaf or have a hearing or speech impairment. 131 450	reting Service (TIS) TTT/Voice Calls Speak & Listen 133 677 1300 555 727

Your property information

🗆 House			Unit		🗆 Townh	ouse		Outdoor area	□ Owned	
Rented (permission required)			□ Strata title (notice of intention required)							
Description	of prem	ises:								
Smoker:	□Yes	□No		Pets: UYes	□No	Details:				
Swimming I	Pool:	□Yes	□No	Car Availat	ole: □Ye	es □No	Ho	w many child seats :		
Bank details										
Bank							me.			

Bank:	Account Name:
BSB Number:	Account Number:
Branch:	

Preferences for provision of care

Please indicate your availability to do Family Day Care

	Mon	Tue	Wed	Thu	Fri
Start time					
Finish time					

Are you interested in becoming a relief educator?

Applicant partner/spouse details

Name:	Date of birth:					
Work Phone:	Mobile:					
Days and hours of work:	Occupation:					
Name and address of work:						
Does your Spouse/Partner support your idea of becoming a FDC educator?						
Working With Children Check:	Expiry date:					
National Criminal Check: 🗌 Female 🗌 Male 🔲 Other	Issued/Released Date:					

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Translating and Interpreting Service (TIS) 131 450 TTT/Voice Calls 133 677

Applicants own children living at home

Name	Date of Birth		Status (eg at home, school, working, not at home)
	1	1	
	1	1	
	/	1	
	/	1	

Other people living in your household

Name	Date of Birth		Relationship	WWCC
	/	/		
	1	1		
	/	/		
	1	/		

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 <u>wwccheck.ocg.nsw.gov.au/Apply</u> 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 1:		
Relationship to applicant:		
Address & Phone Number/s:		
Best day/time to contact:		
Name of Referee 2:		
Relationship to applicant:		
Address & Phone Number/s:		
Best day/time to contact:		

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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 Australia to satisfy any concerns their landlord may have.

United/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.

Applicant's Signature

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

100 Point System

- Birth Certificate/Current Australian passport/Citizenship certificate (70 points)
- Council rates notice/ Land Titles Office record (35 points)
- 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)

Privacy notice

Waverley Council (55 Spring Street, Bondi Junction NSW 2022) is collecting and holding your personal information for the purpose of processing your request or application. The intended recipients of your personal information are relevant Council officers only. We will not disclose your personal information to anybody else unless you have given consent, or we are authorised or required to do so by law. If you do not provide your personal information, we may be unable to process your request or application. To access or correct your personal information, please contact info@waverley.nsw.gov.au or call 9083 8000. For further details on how Council manages your personal information, please refer to the Privacy Management Plan on our website: <u>waverley.nsw.gov.au/privacy</u>

OFFICE USE ONLY	
Receipt No:	Date:

Translating and Interpreting Service (TIS) 131 450 Date