



SUNSHINE FAMILY DAYCARE EDUCATOR APPLICATION FORM

Applicant Details

First Name:			Family Name:			D.O.B.:		
Address								
Suburb:			State:			Post code:		
Tel:			Mobile:			Email:		
Own Transport? Yes/No Driver's License? Yes/No Driver's License No: Expired date								

Details of other persons residing in the educator's residence who are 18 years or over.

Full Name:	Full Name:
Date of Birth:	Date of Birth:
Relationship to the Educator:	Relationship to the Educator:
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Relationship to the Educator:	Relationship to the Educator:

Does each family member over age of 18 have Working with Children Check? Yes/ No/Not Applicable

Details of other persons residing in the Educator's residence who are under 18 years.

Full Name:	Full Name:
Date of Birth:	Date of Birth:
Relationship to the Educator:	Relationship to the Educator:
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Relationship to the Educator:	Relationship to the Educator:

Emergency contact details

Name : Name :

Address:..... Address:.....

.....

Telephone(H)..... Telephone(H).....

Telephone(M)..... Telephone(M)

Relationship to Educator Relationship to Educator

PERSONALITY PROFILE

DRIVING

I have had my driver’s license since _____ I can drive a manual car Yes No

Have you ever had an accident or traffic violation (other than parking)? Yes No

If yes, please give details:_____

Has your driver’s license ever been suspended or revoked? Yes No

If yes, please give details:_____

SMOKING/ DRINKING/ MEDICATION

I am a non-smoker social smoker smoker

I’ll refrain from smoking in the presence of the children yes

I drink alcohol never socially regularly

I take medication never occasionally when necessary

HEALTH

I would describe my health as:_____

I have been treated for the following conditions:_____

I am allergic to certain: food animals insects plants medication chemicals

In particular:_____

CRIMINAL RECORD

Have you ever been convicted of a criminal offence? Yes No

If Yes, please give details:_____

PREVIOUS EMPLOYER’S DETAILS

From	To	Employer	Telephone

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LANGUAGES

I speak _____ and I have knowledge of the following foreign language

Languages:	Fluent	good	Fair	Poor	No. of years	Certificates

HOBBIES & INTERESTS

My special hobbies/interests are: _____ Sports I participate in are: _____ I can <input type="checkbox"/> play a musical instrument <input type="checkbox"/> swim <input type="checkbox"/> ride a bicycle

AVAILABILITIES

I would like to work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other _____ Hours per week: _____ Time available to commence care each morning: _____ Days available: Mon / Tue / Wen / Thu / Fri / Sat / Sun (please circle) Mornings/ Afternoons/ Evenings/ Weekends (please circle) I would be happy to stay for <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> over 12 months
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PREFERENCES

I prefer to work with children <input type="checkbox"/> up to 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> over 10 years I would want to care for? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
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QUALIFICATIONS

Please List Education Certificates you have obtained:

- 1.
- 2.
- 3.

DOCUMENTS AND ITEMS PROVIDED

- Educator application form needs to be completed
- Marriage certificate if name changed
- Home safety check complete-Date completed: _____
- First Aid Certificate(Valid and Current)-Date Completed: _____
- CPR completed within the last 12 months- Date Completed: _____

- Anaphylaxis Training less than 12 months old – Date Completed: _____
- Child protection Training less than 18 months– Date Completed: _____
- Police check within the last 6 months– Date: _____
- Food safety - Date: _____
- Valid Driver’s license (if applicable) Expiry Date: _____
- Working with child check – Date: _____
- Road worthy of vehicle completed within last 4 weeks- Date: _____
- Certificate III IN CHILDREN’S SERVICES-date Enrolled/Completed: _____
- Copy of Insurance or Reference number: _____
- ABN Number: _____
- All family members of the age of 18 must have a valid police check within the past 6 months
- All family members of the age of 18 must have a valid working with children check

Bank Details:

Bank Name: _____

Branch where account held: _____

Name of account: _____

BSB: _____ Account Number: _____

Please attach copies of all relevant requirements.

Name of Applicant (print)

Signature of Applicant

Date