

**Prospective Educator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Information** | | | |
| Applicants Name: D.O.B: | | | |
| Residential Address: | | | |
| If Applicable - Address of where care is to be provided (if not residential address): | | | |
| Email Address: | | | |
| Home Number: | | Mobile: | |
| Nationality:  Do you identify as Aboriginal or Torres Strait Islander Yes No | Primary Language: | | Other Languages: |
| Do you have your own transport: yes no Will you be using this for transporting children: yes no | | | |
| Do you have a current Driver’s License: yes no | | | |
| Do you own your own home? yes no  If you are renting, do you have permission to operate FDC from the landlord?  yes no Not Known | | | |

|  |  |
| --- | --- |
| **Commitment to Family Day Care** | |
| **Question** | **Please comment** |
| What days are you available for FDC?  **Minimum availability is 3 days per week**  Are you available for weekend care?  Are you available for evening care? | Tick applicable  Monday  Tuesday  Wednesday  Thursday  Friday  Weekend |
| What ages of children will you prefer to provide education and care for? | Tick applicable  0-2yrs  2-5yrs  6- 12 years Before School Care After School Care  Vacation Care  Weekend Care  Evening Care |
| I have a current Working with Children Check  (Blue Card) | YES  NO |
| Current Qualification | Certificate III  Diploma  Adv Diploma  Early Childhood Degree  Other |
| Applicant Signature: | |
| **Once this application is received you will be contacted by a Field Officer to arrange a site visit and to sight your documentation.** | |