

**Prospective Educator**

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| **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 |

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| **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.**  |