



Educator Registration Form

Dreamland Family Day Care Staff, please check:

1. Educator's name	
2. Personal details have been fully filled out	
3. Relevant Qualifications, and dates completed and the expiry date if applicable	
4. Other Relevant Qualifications, and dates completed and the expiry date if applicable	
5. Hours of work	
6. Details of criminal checks, do photocopies if needed	
7. Children and husband's details	
8. Educator's health information	
9. Qualifications and experience, ensure each question is answered	
10. Type of care preferred – age range of children, day, etc	
11. Child care practices – ensure all questions are answered	
12. Practices - confidentiality	
13. How would you deal with the following situations – ensure answers are provided by the applicant	
14. Referees	
15. Educator's signature and date	
16. Staff initial (form must be checked and signed by staff member)	



Family Day Care Educator's Personal Details

Title ____ Family Name _____ Given name _____

Date of Birth ____/____/____ Country of Birth _____ Primary Language _____

Unit number _____ Street number _____ Street Name _____

Suburb/Town _____ State _____ Postcode _____

Home Phone number _____ Mobile number _____

Date of employment or engagement ____/____/____

Date on which employment ends ____/____/____

Are you an Australian Citizen Yes ____ No ____

Level of English: Very Good ____ Good ____ Poor ____

Are you currently registered or working with other scheme? Yes ____ No ____

If yes, please mention the last date of your work with that scheme _____

Do you have ABN (Australian Business Number)? Yes ____ No ____

If Yes, Please provide the Number _____

(If you do not know your ABN please ask the office staff and they will help you find it and if we are unable to find it, you have to provide us your TFN so that we can apply one for you.)

Relevant Qualification

What Child Care training do you have? Please Circle-----Certificate III or Diploma
(Educator must have or working towards an approved certificate to be Considered)

How many years or Months have you worked in child care? ____ Years ____ Month

Are you currently studying? ____ Yes ____ No

If yes, what is the name of the course? _____

Which Institution (School) are you enrolled with? _____

When will you finish your course? _____



Training	Issue Date	Expiry Date
First Aid		
Anaphylaxis		
Asthma		
CPR		
Any Other Training		

Please attach a copy of any relevant early childhood qualification and other training certificate including anaphylaxis management and first aid training certificates

Hours of work

Full time _____ Part time _____ Casual _____

What days and hours does the carer typically work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start						
Finish						

Commitment To The Scheme

Preferred age range of the Children that you wish to care for---

6weeks-6months	6month-1year	1year-3year	3years-5years	5years-8years	8 years and over

(please tick the age groups you want to look after)

Full time: _____ Part time: _____ Weekends: _____

Before and/or after school: _____ School Holidays: _____

Are you willing to take children to Playgroup? _____ (Yes/No)

Are you prepared to take children on Excursions? _____ (Yes/No)



Are you prepared to provide educational programs for the children? _____ (Yes/No)

Are you willing to care for children with additional needs? _____ (Yes/No)

Are you willing to care for children from different religious or ethnic backgrounds?
_____ (Yes/No)

What Child Support Agencies are you aware of? _____

Are you prepared to attend Carer-training courses offered of an
Evening or a Saturday? _____ (Yes/No)

Are you prepared to attend Monthly Educator's meetings _____ (Yes/No)

Security Checks Required

Details of the current criminal history check (Police Check) (if applicable)

Type of Assessment Notice Employee _____ Volunteer _____

Assessment notice reference _____

Date of Assessment ____/____/____ Expiry Date ____/____/____

Date the criminal history was read by the Licensee or Primary Nominee ____/____/____

Name of person who read and verified the assessment notice _____

Position (Licensee/Licensee Representative/Primary Nominee) _____
(this check must be less than 6 months old).

Details of the current assessment notice (Working with Children Check) (if applicable)

Type of Assessment Notice Employee _____ Volunteer _____

Assessment notice reference _____

Date of Assessment ____/____/____ Expiry Date ____/____/____

Date assessment notice was read by the Licensee or Primary Nominee ____/____/____

Name of person who read and verified the assessment notice _____

Position (Licensee/Licensee Representative/Primary Nominee) _____



Home Environment

Please indicate **All Persons** (Including Children) living in the home with you, their date of Birth and Relation Ship with you.

Name	Date of Birth	Relationship	WWC if they are 18 or over

Persons over the age of 18years or over require having WWC (Voluntary) to reside with you. I declare that on his day I have provided all the names of the persons living in the home with me and I will make sure that 18years or over who resides with me, have valid WWC at all times.

Educator Signature: _____ **Date:** _____

HEALTH

Have you been treated in the last five years for any mental illness, drug or alcohol problems?
_____ (Yes/No)

Have you, or have you had, any health conditions or problems which could affect your ability to care for children? _____ (Yes/No)

Are you taking any medication? _____ (Yes/No)

Have you had any major operations? _____ (Yes/No)

How would you describe your current state of mental health? _____

Does anyone in your house smoke? _____ (Yes/No)
(Please note that government regulations state a family day care must be a smoke free environment)



Public Liability Insurance

Do you have Public Liability Insurance? ____ Yes/No

If yes, Public Liability Insurance Provider: _____

Are you paying all at once or in installments? _____(Lump Sum) ____ Installments

Amount of deduction: \$ _____ per month/per fortnight

Policy Number: _____ Policy Expiry Date: ____/____/____

Vehicle

Do you have a current driver's licence? _____ (Yes/No)

Drivers License Number: _____

Full or Probationary License _____ (Full/Probationary) Expiry Date ____/____/____

Car Registration No. _____

Make/Model of Car: _____

Do you have Comprehensive car insurance? _____(Yes/No)

Policy Expiry Date ____/____/____

Do you have access to a car during the day? _____ (Yes/No)

How many seats are available for children? _____

What sort of child restraints are in your car? _____



Knowledge and Experience

Please answer the following question.....

What experience do you have caring for children? _____

What qualities do you have that would assist you in providing quality care for children?

Why do you want to be a Family Day Educator? _____

What sort of relationship do you think is appropriate between Educator and Parent?

How would you balance the role of educator with you own needs and those of your family?



Banking Authority Details

I authorize and request Dreamland family Day Care Services to deposit my payments into my bank account, details as follows:

Bank Name: _____ Branch _____

Address: _____

Branch Number (BSB) _____

Account Number: _____ Type of Account: _____

Account Name: _____

As part of the application process for Educators, we require the contact details for two individuals who are aware of your interactions with children.

REFEREES:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

I hereby apply for Registration as an Educator in the Dreamland Family Day Care Scheme and I certify that the above information is true and correct.

SIGNATURE _____ DATE _____

Confidentiality of Carer's records

Dreamland Family Day Care Services ensure that information in the Carer's information is not divulged to another person unless necessary for the running the service, where authorized by the carer or where prescribed in the Children' Services Regulations 2009 or in Victorian or Federal Childcare legislation

You can see our privacy policy at <http://www.dreamlandfamilydaycare.com.au/Dreamland Privacy Statement. PDF>