

RAINBOW BRIDGE FAMILY DAY CARE PTY LTD E1 EDUCATOR FIT & PROPER REGISTRATION & SERVICE MEMBERSHIP APPLICATION FORM

This information is being collected with the principles of Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose of which it is being collected.

Application Date			
Applicant Full Name			
Previous names (maiden, previous marriage etc)		PRODA Number:	
Marital status			
Date of Birth	/	/	Age at application:
ABN Number			
Street No. and Address			
Postcode and State			
Home phone	Work phone		
Mobile phone			
Email address			
Country of birth			

About Family Day Care

Type of care you will offer	<input type="checkbox"/> Full time (5 days) <input type="checkbox"/> Part time (3-4 days) <input type="checkbox"/> Casual		
Ages of children	<input type="checkbox"/> Babies <input type="checkbox"/> 12- 18 months <input type="checkbox"/> 18-24 months <input type="checkbox"/> Toddlers <input type="checkbox"/> 3-4 year olds <input type="checkbox"/> Preschoolers		
Before and After School Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vacation Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Overnight care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Intended start date?			
Hourly fee (Inclusive of \$1.75 educator levy)	*Educators may increase fees once a year, on 1 st January.		
Minimum hours			

Days available. Please write open and close hours below. Eg Monday 9.00 am to 4.30pm

Monday	Tuesday	Wednesday	Thursday	Friday

Identification and Other Important Details

Passport number			
Issuing country			
Expiry date			
Original sighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drivers Licence Number			
Issuing state			
Expiry date			
Original sighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cultural background			
Languages spoken at home			
Do you drive/own a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:		

Bank details for Account in which you will be paid

Name of bank			
Name of account holder			
BSB number			
Account number			

Qualifications – Please provide originals for sighting, and a copy for file.

Current First Aid Certificate & Asthma/Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date:
Current CPR certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date:
Child Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of completion:
Working with children check	<input type="checkbox"/> Yes <input type="checkbox"/> No No: Expiry date:
Current Police Check? (Fraud)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of check:
Current Food Safety Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date:
EC Qualification	<input type="checkbox"/> Cert 3 in Childrens Services <input type="checkbox"/> Diploma in CS <input type="checkbox"/> Bachelor of EC Education <input type="checkbox"/> Masters of EC Education <input type="checkbox"/> Other :
Copy of all qualifications provide?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child Care & Other Work Experience

1. Workplace Location	
From ... to ...	
Summary of duties	
Referee Name & Phone number	
2. Workplace Location	
From ... to ...	
Summary of duties	
Referee Name & Phone number	
3. Workplace Location	
From ... to ...	
Summary of duties	
Referee Name & Phone number	

Partner & Family Details

Partners Full Name	
Partner's Date of Birth	/ / Age at application:
Place of Work	
Days & Hours of Work	
Home Phone	
Work Phone	
Mobile Phone	
Email	
Country of birth	
Primary Language	
Cultural background	

Children in the family

Child's Full Name	
Child's Date of Birth	/ / Age at application:
Preschool/School attending	
Immunisation status	<input type="checkbox"/> Full <input type="checkbox"/> None <input type="checkbox"/> Partial (please give details below)
Child's Full Name	
Child's Date of Birth	/ / Age at application:
Preschool/School attending	
Immunisation status	<input type="checkbox"/> Full <input type="checkbox"/> None <input type="checkbox"/> Partial (please give details below)
Child's Full Name	
Child's Date of Birth	/ / Age at application:
Preschool/School attending	
Immunisation status	<input type="checkbox"/> Full <input type="checkbox"/> None <input type="checkbox"/> Partial (please give details below)

Name of all Adults over 18 years residing on the premises

Person's Full Name	
Person's Date of Birth	
Working with children check no.	
WWCC expiry date	<input type="checkbox"/> Full <input type="checkbox"/> None <input type="checkbox"/> Partial (please give details below)
Verified by service	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Person's Full Name	
Person's Date of Birth	
Working with children check no.	
WWCC expiry date	<input type="checkbox"/> Full <input type="checkbox"/> None <input type="checkbox"/> Partial (please give details below)
Verified by service	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Person's Full Name	
Person's Date of Birth	
Working with children check no.	
WWCC expiry date	<input type="checkbox"/> Full <input type="checkbox"/> None <input type="checkbox"/> Partial (please give details below)
Verified by service	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:

Educator Applicant's Health and Wellbeing

Medicare Number	
Private Health Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No Fund name:
General description of your current health	
Any chronic health conditions or disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any medications taken on a regular basis? Eg ventolin, preventer, blood pressure etc	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any surgery in past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any Limitations to physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any special considerations? Special equipment needs for daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any special dietary requirements? Eg vegan, gluten free, wheat free, vego?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any allergies or sensitivities? Please list type and management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any behavioural or mental health diagnoses or concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Immunisation status	Immunisations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No Give details below.
Immunisation type:	Date of original dose given: Date of booster: Dosage given:
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Emergency plans. Please list signs and symptoms to watch out for	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Please attach any special care plans etc to application	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Details

Doctor/Medical Practitioner	
Doctor's Phone Number	
Doctor's Address	
Naturopath/Homeopath	
Above's Phone Number	
Above's Address	

Overview of Proposed Residence for Family Day Care

How long have you lived in the house?	
How long how you lived in the area/suburb?	
Type of home	<input type="checkbox"/> Freestanding House <input type="checkbox"/> Townhouse/Villa <input type="checkbox"/> Unit/Flat <input type="checkbox"/> Duplex <input type="checkbox"/> Other:
Is the home	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other:
If rented: have you received permission from the landlord or rental agency to conduct family day care in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please include a signed and dated permission letter from your landlord/agent with your application
Do you have pets?	<input type="checkbox"/> Cat/s <input type="checkbox"/> Dog/s <input type="checkbox"/> Other:
Will your pets be accessible during Family Day Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Is there a separate area for the pets to reside during care hours if necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Is there a pool on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please attach current Pool Safety Certificate
Fenced outdoor play area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of outdoor play area	
Description of indoor play area	
Safety glass installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fences meet regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any comments you wish to make on suitability of your home and how you will set it up?	

More about you

Why do you want to become a family day care educator?	
Name your top three motivations. (We like honesty)	1. 2. 3.
If you were given three hours to yourself, what would you do?	
What is something you love but don't often do for yourself?	
Your favourite colour?	
Your favourite quote?	
Your favourite food?	
Your secret talent/s?	
Hot or cold?	
Sweet or savoury?	
Tea or coffee?	
Cook or eat?	
Watch a movie or read a book?	

Family support

Have you discussed the possibility of childcare in your home with all your family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Partner Support

I support the application and agree to these premises being used for the purposes of conducting a family day care service.	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Partner's Signature	Date:

Rainbow Bridge Family Day Care Pty Ltd Training Requirements & Documentation

At Rainbow Bridge, all educators are required to complete the 10 foundation training sessions as part of registration requirements. These can be attended in person, or you may complete the tasks in the corresponding workbook. Do you agree to do this: <input type="checkbox"/> Yes <input type="checkbox"/> No
All educators must attend our Seasonal Planning Workshop & Craft Day four times per year on a Sunday. These are equivalent to our staff meetings and important information is shared. We understand this is an extra time commitment on your behalf however we firmly believe that, in return, educators come away from this training with a deeper understanding of what it means to provide Big Hearted Care to children, along with renewed creative vigour, a refreshed sense of self and confidence in your abilities, stronger bonds with your colleagues and peers, feeling nourished and supported by your service provider, and have a big burst of enthusiasm for your work in return. Do you agree to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No (Continued registration is linked to attendance)
By law, you will be required to complete documentation to meet regulatory requirements including observations of children and how these develop in a cycle over time, child developmental checklists, a daily photographic journal recording events, a weekly Rainbow Planner showcasing your weekly activities, an Outcomes planner showing how you link these to the EYLF, year books and project books (optional), a personal QIP Quality Improvement plan, and seasonal reflections. Do you understand your responsibilities to claim CCS on the families' behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No

Justification for Hourly Fee Rate

Qualifications achieved other than childcare	
Experience (eg as a Steiner playgroup leader, teacher, educator specialising in x)	
Experience working with experienced mentors eg name of person x, and for how long?	
Personal mothering experience & particular talents or skills you brought to this experience	
Office and administration skills that prepare you for this role	
Artistic talents & hobbies that help you present your curriculum docs eg scrapbooking, graphic design	
Event management experience & skills eg working in hospitality, restaurants, customer service	
Experience dealing with people	
Other personal skills & attributes eg cooking, crafting, baking, sewing, gardening, hobbies, guitar, singing, infant massage, artistic skills, photography etc	

Disclosure

Please disclose any formal disciplinary proceedings made against you, the applicant, including fraud charges:

[Note: This information identifies any formal disciplinary proceeding against the applicant under an Education and Care and/or Children's Services law of a participating jurisdiction and the outcome, if known by the individual]. Educators are required to undergo a police check to verify this information.

Declaration of Financial Capacity (Fit and Proper requirement)

I, as the educator named above, declare I have the financial capacity required and can demonstrate that I have the resources to operate this business.

Applicant's Signature	Date:
Witness Name	
Witness Signature	Date:

Declaration of Personal Health

I, as the educator named above, declare that the information provided in the medical sections above are true and correct at time of application.

Applicant's Signature	Date:
Witness Name	
Witness Signature	Date:

Rainbow Bridge Family Day Care service provider may request the applicant to provide a medical clearance should any issues arise from the medical information provided or concerns arising during initial interview that may be considered to affect the work of the family day educator in providing education & care to children.

Declaration that information contained within this document is true and correct

I, as the educator named above, declare that the details contained in this Family Day Care Educator Application are true and correct.

Applicant's Signature	Date:
Witness Name	
Witness Signature	Date:

Please ensure that all documents you are attaching with this application have been certified by a Justice of the Peace.

Follow up steps:

Upon receipt of this application at the Rainbow Bridge Family Day Care Pty Ltd office, you will be contacted within the week by a Field Coordinator to arrange an *Educator Applicant* Interview. This will normally be held at the address of the nominated family day care residence.

During the initial interview process, the field coordinator will guide you through the steps of service registration (eg completing the family day care residence or venue assessment form including the home safety check; completing a fire and evacuation plan; completing the required documentation).

If your application is successful, you will begin the induction process and be on the way to opening your own family day care service.

We look forward to meeting with you soon.

Initial Interview

Date of Interview	Start time:	Finish time:
Name of Service Staff member completing interview		
Location of interview		
Notes or Observations made during the interview		
Health notes/observations		
Notes about the residence or venue. Things to follow up:		
Skills & Knowledge Competency <ul style="list-style-type: none">• NQS & Being, Belonging, Becoming• EYLF & Outcomes• Practical experience of childcare• Behaviour management philosophy• Child protection		
Notes from observation of educator interacting with children (where possible)		
Other		
Signature of Service Staff Member		