



APPLICATION TO BECOME A MOTHERS LOVE FAMILY DAY CARE EDUCATOR.

PERSONAL DETAILS

Surname (Family Name): _____

Given names: _____

Former names: _____

Languages spoken: _____

Address: _____

CRN: _____

Telephone fixed line: _____

Telephone mobile: _____

Email: _____

Date of birth: _____

Place of birth: _____

Marital status: _____

PARTNER'S NAME IF APPLICABLE	DATE OF BIRTH	OCCUPATION	PLACE OF EMPLOYMENT	HOURS EMPLOYED

Please write the name of your child/children:

CHILDREN	Gender	DATE OF BIRTH	CHILD CARE/FDC/PRESCHOOL/ SCHOOL/TERTIARY INSTITUTION/ EMPLOYMENT
1.			
2.			
3.			



Other persons residing in the home:

NAME	DATE OF BIRTH	EMPLOYED/OTHER	RELATIONSHIP TO EDUCATOR
1.			
2.			

EMPLOYMENT HISTORY

Have you worked in Children Services in last two years? YES NO

If **yes** please answer the following:

Name of previous employer: _____

Type of employment: _____

Current employer: _____

Type of employment: _____

Main duties undertaken: _____

Please list two referees who we can contact about your previous (most recent) experience in caring for children. One of these referees need to be your direct supervisor/manager.

Name:	Address:	Telephone:
_____	_____	_____
_____	_____	_____

QUALIFICATIONS

Have you completed any Qualifications in Children Services? YES NO

If **yes** please answer the following:

Name of qualification:	Granted by:	Number:	Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a photocopy of all qualifications and certificates.



Mothers Love Family Day Care

Do you have a current First Aid Certificate?

Yes No Date of Expiry: _____

Do you have a current Anaphylaxis Management Certificate?

Yes No Date of Expiry: _____

Do you have a current Asthma Management Certificate?

Yes No Date of Expiry: _____

You will be required to provide a medical certificate from your doctor certifying that that are fit for work as a Family Day Care Educator.

QUESTIONS IN RELATION TO BECOMING AN EDUCATOR

What are your reasons for becoming a Family Day Care Educator?

Have you discussed becoming a Family Day Care Educator with your family? How do they feel about your decision?

If successful, approximately how long do you expect to commit to Family Day Care?

12 months 2 years Long term

Are you prepared to participate in all Mothers Love Family day Care training and professional development requirements? Yes No

What days and hours are you prepared to work?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____



Mothers Love Family Day Care

Please note that the maximum number of children that an Educator can care for at any one time is seven, including their own children under 12 years. The maximum number of children under school age, at any one time, is four.

Preferred age of children:

School Age

Pre-school

Baby

INSURANCE

Drivers Licence No. _____ Expiry date: _____

Are you going to use your car to transport children? Yes No

Model of car: _____ Registration: _____

HEALTH

You will be required to provide a medical certificate from your doctor certifying that are fit for work as a Family Day Care Educator.

PERMISSIONS

I give permission

- to Mothers Love Family Day Care to take photographs of myself and of the care environment provided for the children
 Yes No

(It is preferred that the above permission is provided to Mothers Love)

- to pass on my personal details to prospective clients and/or other business representatives in accordance with the regulations, policies and procedures.
 Yes No



PERSONAL REFEREES

Personal referees must not be a relative and must have known you for at least 12 months.

Name: _____ Name: _____

Address _____ Address: _____

Phone: _____ Phone: _____

Occupation: _____ Occupation; _____

WORKING WITH CHILDREN CHECK

I realise that all members of the household over the age of 17, including myself, need to successfully undergo a 'Working with Children' check Yes No

Have you or any member of your household been charged with or convicted of any criminal offence?

Yes No

If yes, please give details: _____

I certify that the information contained on this is true and correct.

Applicant's signature: _____ Date: _____

Received by: _____ Date: _____

Date interview conducted: _____