APPLICATION - FDC

The information contained within this application will remain private and confidential. Applicants who require support or access provisions, are encouraged to advise this at the time of their application, to ensure appropriate assistance is provided throughout the recruitment process.

PERSONAL DETAILS

Name: Contact Number:

Address:

Languages spoken at home: Email:

Date of Birth: / / Gender:

Working with Children Card/Number: Expiry date:

PRODA Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ WWCC copy attached

☐ Drivers Licence: copy attached ☐ National Police Check (copy attached)

How did you learn about the position?

Date available from:

AVAILABILITY

Please list the days and hours you are available, and the age groups you are available to care for:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| HOURS AVAILABLE |  |  |  |  |  |  |  |
| AGE GROUP AVAILABILITY |
| 0-2 years |  |  |  |  |  |  |  |
| 2-5 years |  |  |  |  |  |  |  |
| 5-12 years |  |  |  |  |  |  |  |

EDUCATION

High School [Name & location]

University / TAFE / RTO [Name & location]

Qualifications (Please enclose copies of all certificates and transcripts)

Do you have a current First Aid certificate? ☐YES ☐NO Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_

Child Protection Course certificate ☐YES ☐NO Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_
Certificate III: ☐YES ☐NO ☐ Working Towards (Provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diploma Level: ☐YES ☐NO ☐Working Towards / (Provide details): \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Early Childhood Degree: ☐YES ☐ NO ☐ Working Towards / (Provide details): \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved anaphylaxis management training: Course number: Expiry date:

Approved emergency asthma management training: Course number: Expiry date:

Other qualifications you have acquired:

PREVIOUS CHILDCARE SERVICE POSITIONS

Have you worked as a FDC Educator previously? ☐ YES ☐ No Name of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked in the Early Childhood Sector previously? ☐ YES ☐ No. Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years’ experience do you have working in the Early Childhood Sector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS EMPLOYMENT

Company: Address:

Phone number: Name of immediate supervisor:

Reason for leaving:

How long have you been working / worked for this employer?

Describe your duties and responsibilities:

* I am no longer employed at this company
* I am currently employed at this company, and it is OK to contact this person
* I am currently employed at this company - please do NOT contact this person

REFERENCES

|  |  |  |
| --- | --- | --- |
| Name: | Contact number: | Relationship: |
|  |  |  |
|  |  |  |
|  |  |  |

GENERAL QUESTIONS

What are you looking for from this position?

What are your short-term future goals? (1 – 3 years):

What are your long-term future goals? (3 – 5 years):

Other relevant information:

RESIDENCE QUESTIONS

List all persons (including children) who normally reside at the residence.

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | National police Clearance  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Do you own or rent your home? ☐ YES ☐ No. Do you have landlord permission to operate a FDC service from the premises (if required)? ☐ YES ☐ No (copy attached)

Do you have a pool, fishpond or water feature? i.e. spa or pond: ☐ YES ☐ No. Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have firearms stored/located on the premises: ☐ YES ☐ No. Details including registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have pets: ☐ YES ☐ No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the backyard area enclosed and fully fenced? ☐ YES ☐ No

Is there any other businesses conducted on the premises? ☐ YES ☐ No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you provide transport for children ☐ YES ☐ No Details of motor vehicle including registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROHIBITION NOTICE DECLARATION

This section is designed to support approved providers to ensure they do not engage or employ a person who is prohibited from working in an education and care service, in line with Section 188 of the Education and Care Services National Law (ACECQA).

*Under section 187 of the Education and Care Services National Law, a person who is subject to a prohibition notice is not allowed to work for or be engaged by an education and care service or carry out any other related activity.*

Are you currently subject to a prohibition notice under the Education and Care Services National Law?

☐ YES ☐ NO

Are you currently prohibited or restricted from working with children under any other law? ☐ YES ☐ NO

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert full name of person signing the declaration] declare that:

1. The information provided on this form is true, complete and correct.
2. The approved provider or a representative of the approved provider is authorised to verify any information provided in this form.
3. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

I have read and understand this application. I have not withheld any information requested and the statements I have made are true and correct. I understand that any omission or misrepresentation of fact in this application may result in refusal of employment or that any subsequent discovery of omission or misrepresentation of fact may result in termination of employment.

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application can be lodged in the following manner:
Email: Whitegumfdc@gmail.com
In person: 4 Hythe Lane Wellard