

Family Day Care Carer Application Form

Applicant's Surname	
Given Names	
Residential Address	
Postal Address if different from Residential Address	
Phone Home	
Phone Mobile	
Phone Work	
Email Address	
Date of Birth	
Country of Birth	
Ethnic Group/Cultural Background	
Are you an Australian Citizen?	Yes / No – If you are not an Australian citizen or permanent resident, please provide the following information.
If no, do you have a current Visa or Work permit?	Yes (copy required) / No Please give details _____
Details of your Visa and / or work Permit	_____
	Passport Number (if applicable) _____
Primary Language	
Other languages spoken (optional)	
Do you have relevant child care qualifications? If yes, please provide copy of qualification.	Yes / No
Are you presently employed? If yes, details	Yes / No
Previous employer	

Partner's Full Name	
Partner's Occupation	
Hours of Work	

Child/ren's Details

Name	Male/ Female	Date of Birth	Name of School or Preschool if attending	If at preschool days/times attending

Does any other person reside in your home other than your immediate family?	Yes / No		
	If yes, please complete the following details -		
Name	Date of Birth	Relationship to Applicant	Work Times (if applicable)

A police check is required for all persons over the age of 18 years residing in the home prior to approval as a carer with Communities@Work Family Day Care and In Home Care. (See attached Information for Carers and their Families, Requirements for Approval as a Carer.)

Do you have a current First Aid Certificate?	Yes / No
If yes, certificate numberExpiry Date	
Name of Organisation	
<i>(See attached Information for Carers and their Families, Requirements for Approval as a Carer.)</i>	

Medical Information
Do you have a health, medical condition and/or disability that may affect your ability to perform the requirements of the position? <i>(see attached Information for Carers and their Families, Requirements for Approval as a Carer).</i>
Yes / No
If yes, please give details.
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If necessary would you provide a medical certificate stating your present condition of health? <i>Cost to be incurred by the applicant.</i>
Yes / No

What previous experience do you have in child care?

Are you caring for children at present other than your own children? Yes / No

Please provide the name and contact number of at least two current referees not related to you. (please include daytime phone numbers). We recommend you contact your referees before submitting their details.

	Name	Relationship to applicant	Contact Telephone numbers
Referee 1			
Referee 2			
Referee 3			

I certify the above information is true and correct.

I declare that I am a fit and proper person to be caring for children in my home.

I declare that the other members of my household are suitable people to be in close proximity to children.

Please note that if you are successful with this application a police records check will be required of all adults in your home.

Applicant's signature Date

Applicants will be given consideration subject to the requirements of Communities@Work Family Day Care and In Home Care and the suitability of the applicant.

Please forward completed application form to:

**Communities@Work
Family Day Care and In Home Care
PO Box 1066
TUGGERANONG ACT 2901**

The applicant will be notified of the outcome in writing.