



Office use only			
Application received:			
Application approved/ not approved:			
Resume provided:		Two personal references provided:	Checked:
Copies of certificates:			
Copy of Blue Card: Y/N			

**Prospective Educator Application Form**

**Applicant information**

Applicants Name:	
Residential address:	
Address of where care is to take place ( if not residential address) :	
Email address:	
Phone number:	Mobile number:
DOB:	Country of origin:
Nationality :	Primary language:
Any other languages:	
Do you have your own transport?	Will you be using this for transporting children:
Do you hold a current drivers licence?	<b>Please provide a copy</b>
Do you own your own home?	
If you are renting do you have permission to operate Family Day Care?	

**Partner's information**

Partners Name:	
Residential address ( if different from applicant):	
Phone number:	Mobile number:
DOB:	Country of origin:
Nationality :	Primary language:
Any other languages:	
Occupation:	Blue Card number and expiry: <b>Please provide a copy</b>

**Own children or dependants**

Child's name:	D.O.B	M/F	School if applicable

**Other adults residing at the premises**

Name	D.O.B	Relationship to applicant	Blue Card number and expiry: <i>Please provide a copy</i>

**Regular visitors**

Name	D.O.B	Relationship to applicant	Blue Card number and expiry: <i>Please provide a copy</i>

**1. Please provide information about any compliance action or disciplinary proceedings to which you have been subject under:**

- the *Education and Care Services National Law*, including the Education and Care Services National Regulations, and
- any of the laws listed at Table 1 below, in any Australian state or territory.

**2. Are you or have you ever been subject to a prohibition or suspension notice under the *Education and Care Services National Law*?**

Yes – please provide details below       No

**3. Have you ever held or applied for a licence, approval, registration, certification or other authorisation under the National Law which the regulatory authority refused, refused to renew, suspended or cancelled (for example as a nominated supervisor, a person in day to day charge, a person with management or control)?**

Yes – please provide details below       No

**4. Were you formerly registered with another approved provider? If so, please list service details and the reason(s) you left your previous role.**

Yes – please provide details below       No



<p>Care. Describe briefly what you would do in the following situation:</p> <ol style="list-style-type: none"> <li>1. A child in your care arrives each day with insufficient food?</li> <li>2. A new child joins your group from another cultural background, how would you help this child integrate into the already established group?</li> </ol>	
How would you ensure open communication with the families in your care?	
What types of activities would you offer if you had a child aged 5yrs and a 5 month old in care at the same time? How would you respond to their individual needs?	
How would you plan, implement and evaluate activities planned?	
How would you evaluate children's development and their stages?	
What would you do if a child became sick in your care?	
What would you do if a parent arrives at your home with a sick child and informs you the child has a high temperature and has been vomiting all night?	
What steps would you take if a child in your care has fallen or jumped and now has a suspected broken arm?	
What are good hygiene practices?	
What approaches would you use for behaviour guidance?	
What steps would you take to ensure the children in your care were safe during a fire/emergency drill or real event?	
Your front doorbell rings while you are supervising outdoor play in the backyard? What would you do?	
How would you deal with or what aspects would you use to ensure confidentiality was maintained?	
How or what would you do if you suspected a child/ren was being abused?	

Am I competent with computer/tablet/phone use? please explain

Do I have any special considerations that would hinder my documentation? Please explain (so as we can help provide strategies)

I, [insert full name] .....

of [insert address] .....

and born on [insert date of birth] ..... declare that:

1. the information provided in this statement is true and complete, and
2. I am aware that I may be subject to penalties under a Commonwealth or State or Territory Act if I provide false or misleading information.

Signature of person making the declaration:

Signed: ..... Date ...../...../.....

**Table 1**

**Other relevant laws, including children's services laws, education laws, and former education and care services laws in any Australian state or territory**

Queensland	<i>Child Care Act 2002</i> <i>Child Care Act 1991</i> <i>Education (Accreditation of Non-State Schools) Act 2001</i> <i>Education (General Provisions) Act 2006</i> <i>Education (Overseas Students) Act 1996</i> <i>Education (Queensland College of Teachers) Act 2005</i> <i>Higher Education (General Provisions) Act 2008</i> <i>Family and Child Commission Act 2014</i>
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