Lake Macquarie Family Day Care A Quality Education and Care Option for Our Community PO Box 1906 Hunter Region Mail Centre NSW 2310 Ph: 02 4921 0156





Email: familydaycare@lakemac.nsw.gov.au

		APPLIC	CATION	TO RE	GISTE	ER AS	AN ED	UCATO	R	
Name							□Male	□Femal	e D.O.B	
Address									Postcode	
mobile			Phone			eı	mail			
Customer R	eference num	ber (CRN)					_ /		
Place/Count of birth	ry		Cult back	ural kground		original res Strait er:	Islander	Langu		
Are you an Aus Citizen?			have a lega	l right to wor	rk in Aus		□ Yes → □ No		ttach a certified	copy of
Are you an Uno Bankrupt?		Yes	11470 4 1094	ii rigint to wor	KIII7tao	Arana.	_ 140	dodino		g your work oldido
Current Occ	upation									
DETAILS (OF OTHER A	ADUI TS	RESIDII	NG AT TI	HF RF	SIDEN	ICE OR	VENUE	(all persons 18	vears and over)
Name	JI OIIILK F	DOLIO	IXEOIDII	10 A. I.		Date o		Occupa	· ·	years and over)
								•		
DETAILS	OF CHILDRI	EN LIVIN	IG AT T	HE RESI	DENC	E OR V	/ENUE			
	Name		M/F	Date of	Birth		School	/ Presch	ool	Days
Are you regi Foster Care		☐ Yes	s → P	lease prov	/ide de	tails:				<u> </u>
	ldren under 13 ye		at the FDC	residence o	r venue	while the	service is o	perating m	ust be registered	l, an attendance
record made, a	nd are included ir	the number	er of childrer	n allowable b	y law.					
PROPOSE	D DAYS AN	D TIMES	OF OP	ERATIO	N					
	Mon	T	ue	Wed		Thu		Fri	Sat	Sun
Start AM										
Finish PM										
closed										
DETAILS (OF QUALIFIC	CATION	S (please a	ittach comple	eted qua	llifications	or evidence	e of enrolm	ent and progres	s if applicable)
		alification						Status		Date
	l Children's Se	•	ninimum)			□enrolled	•		☐ To be supplie	
	Idren's Servic					□enrolled 	□ comp		☐ To be supplie	
	Other education and care related:				□enrolled 			☐ To be supplie		
Other:						□enrolled			☐ To be supplie	
First Aid / Asthma / Anaphylaxis				□enrolled	☐ comp	oleted	☐ To be supplie	d		

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□enrolled

□enrolled

□ completed

 $\hfill\square$ completed

Current CPR (completed within 12 months)

Child Protection / Protective behaviours

☐ To be supplied

 $\hfill\square$ To be supplied

COMPLIANCE HISTORY STATEMENT / FITNESS AND PROPRIETY (Regulation 143)

	ou ever been <u>registered</u> wor territory authority)? <i>(Pr</i> e			vider or held a Home-Based license (with
□ No	☐ Yes – please provide	details:		
	Registering Service / authority		Reason for I	leaving:
				<u>roceedings</u> raised in relation to a
				r regulations, a children's services law, an
educatio	on law, or any applicable F	Regulations? (please refer to	Table 1)	
□ No	☐ Yes – please provide	details:		
				Outcome:
Are vou	or have you ever been su	biect of workplace proce	eedings or all	egation (including investigation or
disciplin	ary action) relating to poo	r performance, conflict or	breach of orga	anisational policy/requirements?
•	, , ,	•	· ·	, , ,
□ No	☐ Yes – please provide	details:		Outcome:
				Outcome.
	or have you ever been su s National Law?	bject to a prohibition or	suspension n	notice under the Education and Care
□ No	☐ Yes – please provide	details:		
				Outcome:
Nationa	I Law which the regulatory	authority refused, refuse	d to renew, su	ation or other authorisation under the spended or cancelled (for example as a ment or control, or former educator)?
	•	, , ,	J	,
□ No	☐ Yes – please provide	details:		Outcome:
				Outcome.
	or any residents of the prent and quality education a		<i>conditions</i> th	at may affect your ability to provide a
□ No	☐ Yes – please describe	e/explain:		
	Condition	How might it affect your ability	?	How would you plan to manage this?
			ations that ma	y affect your ability to provide a compliant
and qua	ality education and care se	rvice?		
□ No	☐ Yes – please describe	e/explain:		
	,	How might it affect your ability	?	How would you plan to manage this?

We invite you to now share some more information, so we can learn a little more about you, and develop an idea of how we can best assist you in becoming an educator.

MOTIVATION AND EXPERIENCE
Please describe why you are interested in becoming a FDC Educator
Tell us about any experience you have in caring for or working with children
What have you enjoyed the most?
What have you found most difficult / challenging?
How will other people describe you as an Educator? (what key attributes demonstrate your ability to provide a quality education and care service)
What various tasks, responsibilities and skills do you believe are involved in being an Educator?
That raneus taste, responsibilities and state as year senses are inverted in somig an Educator.
What experience have you had in relation to administration and management?
How do you manage:
Keeping records accurate and up to date
Maintaining confidentiality of
information Having variable income /
vacancies / taking leave Prioritising tasks
What experience have you had with work health and safety?
How do you maintain your ongoing learning / professional development?
What experience have you had with continuous or ongoing improvement systems?
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COMMUNICATION / WORKING WITH OTHERS
What impacts of providing FDC have you discussed with your family and household (or residents of the residence where you will be delivering your service if applicable)?
What changes might you need to make to respond to these impacts?
What are your expectations of the Coordination Unit team?
How will you best work with them?
Tell us about a time you were able to 'work' successfully with someone and build a relationship, even when you had differing ideas or opinions, or you may not have personally liked each other: Why was the interaction / situation difficult? What did you do? What was the outcome?
Briefly describe a situation that demonstrates your ability to effectively resolve conflict (between adults):
Describe a time when you disagreed with a rule or policy, or you handled a situation that seemed unfair or unethical: What was the situation? What approach did you take? What was the outcome?
, , , , , , , , , , , , , , , , , , , ,
Describe a decision or situation that you would handle differently if you had your time over: What happened? What led to the original action? What made you change your mind? What would you do differently? What did you learn?
What has been the best 'work' experience/role/job you have ever had?
What was the worst?!
What was the worst::
What was different between the two experiences?
What are the best things that you or 'work' supervisors and colleagues have done that you wish everyone did?

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HEALIH AND SAFEIY	
Please describe how the res	idence / venue is suitable and safe for the provision of care (please refer to attachment):
Harright	20
How will you provide / how w Upkeep and maintaining	¹ii you manage: │
the premises	
are premiees	
Purchase and maintaining	
toys / equipment	
Drawarting shild access to	
Preventing child access to dangerous / poisonous	
materials / products	
Smoke, (illicit) drug and	
alcohol-free environment	
Adequate shade	
Safe fencing	
Fire protection equipment	
Safe transport and outings	
with children	
Responding to	
emergencies	
How will you manage risks a	ssociated with:
Water hazards	
Include pools, spas, ponds etc on the premises or in the vicinity	
· · · · · · · · · · · · · · · · · · ·	
Glass and glazing Windows, furniture inserts, display	
cabinets etc	
Pets	
Feeling under stress and	
personal wellbeing	
	<u> </u>
How will you manage any otl	her significant risks to the premises, or in the vicinity of the premises?
hazard	How manage

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PROGRAM AND ROUTINE							
PROGRAM AND ROUTINE							
What learning do you feel is important, and	What kinds of play activities and experiences do you do with children?						
0 - 12							
months							
12 months – 2 years							
2 - 3 years							
3 – 6 years							
6 – 13 years							
Describe the parenting style your family used when raising your	ou as a child						
What do you now do the same or differently when wor	king with children?						
What strategies do you use for supporting children's behavio	ur?						
How effective do you find these?							
What is your understanding of the Early Years Learning Fran	nework?						

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What experience do you have in planning purposeful experiences for children and documenting learning

Please attach an example if you have one (removing any identifying information)

outcomes?

What do the follow	ving phrases mean to y	ou?:				
Working together						
Leading at all leve	els					\neg
Shaping our Futur	re					
EMPLOYMENT	HISTORY					
Period From to	Name and Address Of Employer	Name and Telepho Number of Superv		ion Held	Reason for Leaving	
110111 10	Of Employer	Number of Superv	71301			
REFEREES (non	-family – preferably at least o	one 'supervisor')				
Please nominate	2 referees. LMFDC wil	l contact referees ei	ither by phone o	r email.		
Name:		1	Name:			
Address:		-	Address:			
Contact number:			Contact number:			
Relationship to applicant		F	Relationship to applicant			
Email address:			Email address:			

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KEY EDUCATOR RESPONSIBILITIES and ENGAGEMENT ARRANGEMENT

lι	understand that:
	Educators and adult household residents must hold current Working With Children Check clearance at all times
	Educators and adult household residents must supply current (less than 6 months old) National Criminal History Policy Check
	Educators must hold current Public Liability Insurance coverage at all times
	Educators must provide Medical clearance prior to registration, or as requested by Council
	Educators and adult household members may be required to be fully COVID-19 vaccinated according to any applicable Public Health Order in force.
	Educators may only care for children who are registered with LMFDC while providing their education and care service
	Children are not to be left with anyone else at any time – only the registered Educator, LMFDC staff or authorised persons can supervise children.
	Educator family members or visitors must not be left alone with FDC children at any time.
	Educators may only care for no more than 7 children in total under 13 years of age, including any children who reside at the FDC premises, and never more than 4 who have not yet commenced school.
	Educators must register their own children (under the age of 13 years) with LMFDC, and make and keep a record of their attendance while providing their FDC service
	Educators are not able to claim any government fee assistance for their own or their partner's children, or children who reside at the premise, or who may be attending another FDC service on a day when the Educator or their partner are providing a FDC service
	The number of relative children an Educator may care for (including niece/nephew, cousin, great/grandchild) is less than 50% of the total number of children using FDC with them
l f	further understand that:
	Educators are self-employed and no employment relationship exists between them and Council
	Educators are independent contractors and must abide by the Work Health and Safety Act 2011
	Council advises educators to seek independent financial and accounting advice
	Council advises educators to seek independent advice on insurance needs (eg, Ambulance cover, Personal accident insurance, Income protection)
	Council advises educators to seek independent medical advice on occupational health risks (including manual handling, communicable diseases and immunisation)
	Educators must comply at all times with the terms of a Registration Agreement, that is completed upon successful registration.
٦	This information is collected in compliance with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will o be used for the purpose for which it is being collected in emergencies or as otherwise required or authorised by law.
	ATTACHED
	Please check that the following documentation is attached to your application:
	☐ Certified copies of two (2) forms of identification
	☐ Certified copy of documentation confirming work status (if not an Australian resident)
	□ Resident Roles and Responsibilities Acknowledgement (if applicable)
	□ Copy of rates notice, or other documentation as evidence of ownership of premises (if applicable)
	□ Owner / Landlord Consent (and evidence of ownership) (if applicable)
	□ Body Corporate consent (if applicable)

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□ Copy of approved First Aid / Asthma management / Anaphylaxis management / CPR qualification (if available)

☐ Copy of relevant approved Child Protection training / qualifications (if applicable)

□ Copy of relevant WHS training / qualifications (if applicable)
 □ Attachment 1 - Map of proposed Education and Care area

☐ Copy of Qualifications (if applicable)

			u iii tile presence or	a registereu	or withest	•		
1 Insert the	on and	l,¹	Full name			Occupation		
making t		Of					_,	
declarati make the		g declaration under t	Address the Statutory Declarations	Act 1959:	Tow	'n	Postcode	
I have he	en convic	ted of: - (Please <mark>only</mark>	y tick if applicable)					
		ce involving the death						
			ng offences of sexual assault	against an adult o	or minor, child p	ornography, or ar	n indecent act	
involving a minor; or □ a crime involving dishonesty, fraud, money laundering, insider dealing or any other financial offence or crim								
		= -	oney laundering, insider deal king, insurance or other financ		inancial offence	or crime, includii	ng those under	
			ceived an on-the-spot fine		relating to:-			
			tection order made against m					
	or more tra erty; or	THE OTTENCES INVOIVING	speeding more than 30 kilom	etres over the sp	eed ilmit, injury	to a person or da	amage to	
□ a cri proh	me or offen nibited subs	tance; or	umption, dealing in, possessi	_	alcohol, a proh	ibited drug, narco	tic or other	
□ a cri	me or offen	ce involving violence a	gainst or the injury of anothe	r person.				
I have be	een convic	ted of any offence in	ncluding an offence:-					
		· ·	concentration of alcohol in a	person's blood;				
			uence of alcohol or any other					
	of not less	-	ligently if the person is found	guilty is, by way	of penalty, sent	enced to imprisor	nment or fined a	
			n a road or road-related area	s furiously or recl	klessly or at a sp	peed or in a mann	er which is	
dang	_	g to driving a motor vehicle upon a road or road-related areas furiously or recklessly or at a speed or in a manner which is rous to the public;						
	_	acing driving;						
	_	o failing to stop after an accident; o refusing to produce a driver licence when required, refusing to state a name or home address or stating a false name or						
	ie address;	ing to produce a arriver	r neerice when required, rerus	oning to state a man	ine or nome adv	areas or stating a	raise riaine or	
		ng while unlicensed;						
-	other offen er licence.	ce under the road tran	sport legislation if the court c	orders the disqual	lification of the	person found guil	ty from holding a	
I declare	that the i	nformation contain	ed in this entire application	n is accurate ar	nd correct.			
						laration is quilt	v of an offense	
under se		-	ntionally makes a false states and I			_	=	
Signatur	e:	Cianatura of no	rson making the declaration			Date:		
		Signature of pe	rson making the declaration					
Declared	d at:	Place		on _	of		, 20	
D - £		Place	2		day	month	year	
Before n		name of person before wh	hom the declaration is made		 Qualification	/ Occupation		
Of:					·			
O 1.		Addre	?SS		Town		Postcode	
□ I saw	the face of	f the declarant OR	☐ I did not see the face but I am satisfied that s			_		
AND			42 11 22 11 1	1.1	,			
⊔ I have	known th	e person for at least	12 months OR □ I conf	irmed the perso	on's identity w	ith:		
Signed:								
		Signature of person be	fore whom the declaration is ma	de	JP N			

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.

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ATTACHMENT 1

MAP OF PROPOSED EDUCATION AND CARE AREA

Please provide details of the area that you propose to use for education and care. Include all areas that would be accessible to children and families whilst conducting your education and care service. Please mark areas that you would make inaccessible.

TABLE 1

	, including children's services laws, education laws, and former education and care y Australian State or Territory				
Australian Capital	Children and Young People Act 2008				
Territory	Education Act 2004				
	Working with Vulnerable People (Background Checking) Act 2011				
New South Wales	Children and Young Persons (Care and Protection) Act 1998				
	Education Act 1990				
	Institute of Teachers Act 2004				
	Teaching Service Act 1980				
	Commission for Children and Young People Act 1998				
Northern Territory	Care and Protection of Children Act				
-	Care and Protection of Children (Children's Services) Regulations				
	Education Act				
	Teacher Registration (Northern Territory) Act and Regulations				
Queensland	Child Care Act 2002				
	Child Care Act 1991				
	Education (Accreditation of Non-State Schools0 Act 2001				
	Education (General Provisions) Act 2006				
	Education (Overseas Students) Act 1996				
	Education (Queensland College of Teachers) Act 2005				
	Higher Education (General Provisions) Act 2008				
	Family and Child Commission Act 2014				
South Australia	Children's Protection Act 1993				
	Children's Services Act 1985				
	Education Act 1972				
Tasmania	Child Care Act 2001				
	Education Act 1994				
	Educations Act 2016				
	Teacher's Registration Act 2000				
	Registration to Work with Vulnerable People Act 2013				
	Children, Young Person's and their Families Act 1997				
Victoria	Children's Services Act 1996				
	Education and Training Reform Act 2006				
	Working With Children Act 2005				
Western Australia	Child Care Services Act 2007				
	Child Care Services Regulations 2007				
	School Education Act 1999				
	Western Australia College of Teaching Act 2004				
	Working with Children (Criminal Record Checking) Act 2004				