

EDUCATOR APPLICATION FOR Waverley Family Day Care

It is an offence under the NSW Child Protection (Prohibited Employment) Act 2012 and Child Protection (Working With Children) Regulation 2013 for a person convicted of a serious offence to apply for this role.

Personal details

First Name:		Family Name:	
Address:			
Suburb:		Post Code:	
Phone:		Email:	
Mailing Address (if different from above):			
Date of birth: Gender:	: 🗆 Female 🗆 Male 🗆 C	Other Country of birth:	
Ethnic Group:	Primary	Language spoken at home:	
Other Languages spoken:			
PRODA: (RA Number)	CRN:	ABN	:
Working with Children Check (WWCC):		Expiry o	late:
National Criminal Check: Female N	1ale □ Other Issued/r	eleased Date:	
Previous Job experience:			
Previous Experience with Children:			
Have you previously worked as a Family Day	√ Care Educator? □ Yes	□ No	
If yes, which service:			
Do you give us permission to contact that se	ervice?		
Registration Date:		Date resigned:	
Can you provide a smoke free environment?	,		
CM reference: D24/118643 Last updated: 28/10/2024			1/4

Postal address

PO Box 9, Bondi Junction NSW 1355 ABN 12502583608 Waverley Council Service Centres

Bondi Junction Customer Service Centre, 55 Spring St, Bondi Junction NSW 2022 Bondi Pavilion Customer Service, Queen Elizabeth Drive, Bondi Beach NSW 2026 W waverley.nsw.gov.au E info@waverley.nsw.gov.au T (02) 9083 8000

Your	propert	v info	ormation
	P P	,	

□ House	□ Unit		☐ Townh	ouse	□ Outdo	oor area	☐ Owned		
☐ Rented (permission required) ☐				☐ Strata title (notice of intention required)					
Description of pren	nises:								
Smoker: □Yes	□No	Pets: □Yes	□No	Details:					
Swimming Pool:	□Yes □No	Car Availab	le: □Ye	es □No	How mar	ny child seats :			
Bank details									
Bank:				Account Nam	e:				
BSB Number:				Account Nur	nber:				
Branch:									
Preferences fo	r provision o	of care							
Please indicate you	•		Care						
	Mon		Tue	We	d	Thu	Fri		
Start time									
Finish time									
Are you interested in becoming a relief educator?									
Applicant part	ner/spouse o	letails							
Name:				Date of birth	:				
Work Phone:				Mobile:					
Days and hours of v	work:			Occupation:					
Name and address	of work:								
Does your Spouse/Partner support your idea of becoming a FDC educator?									
Working With Children Check: Expiry date:									
National Criminal C	National Criminal Check: Female Male Other Issued/Released Date:								

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Applicants own children living at home

Name	Date of Birth		Status (eg at home, school, working, not at home)				
	1	1					
	1	1					
	1	1					
	1	/					

Other people living in your household

Name	Date of Birth		Relationship	WWCC
	1	1		
	1	1		
	1	1		
	1	/		

Probity checks

All applicants must undergo stringent checks to confirm their suitability to work unsupervised with children. All adult residents must also undergo checks to ensure their suitability to be in the vicinity of children. The following forms and information must be completed:

- 1. Consent form for a 'Working with Children Check'* for each adult household member. Please refer to wwccheck.ocg.nsw.gov.au/Apply and fill in the form
- 2. Proof of Identity original and copy to be provided at the first interview

Details of current referees

Please provide the name and telephone details of two persons, who would be willing to provide you with a verbal reference. These persons should not be family members, should have known you for at least 2 years, and should be persons who are familiar with your child caring qualities and skills. You should first gain their permission to use their names as referees. We will contact them personally by phone and ask a series of questions about your suitability to work as a child educator.

Name of Referee 1:		
Relationship to applicant:		
Address & Phone Number/s:		
Best day/time to contact:		
Name of Referee 2:		
Relationship to applicant:		
Address & Phone Number/s:		
Best day/time to contact:		

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Rented premises

A permission form must be signed by the landlord where an applicant is in a rented premises. Tenants may wish to take out additional Landlord's Insurance through the National Family Day Care Australia to satisfy any concerns their landlord may have.

United/strata title residents

A Notice of Intention to Operate as a Family Day Care Provider must be posted on the common notice board for a period of 30 days where an applicant occupies a unit or other strata title.

Applicant's Signature					Date	/	/	
Please n	ote you will also nee	d to provide the fol	llowing document	ation:				
100 Point	t System							
	Birth Certificate/Cu	rrent Australian pas	sport/Citizenship c	ertificate (70 point	s)			
	Council rates notice/ Land Titles Office record (35 points)							
	Current credit card or bank account card or credit union/ medicare card/ foreign driver's licence / rental lease agreement / current telephone, water, gas or electricity bill (25 points)							
Privacy	notice							
purpose of officers of authorise	Council (55 Spring S of processing your re only. We will not discled or required to do so or application. To acc	quest or application ose your personal in o by law. If you do no	. The intended recip formation to anybo ot provide your pers	pients of your perso dy else unless you onal information, v	onal informa have given ve may be u	ation are i consent, inable to	relevant (or we are process)	Council e your

OFFICE USE ONLY
Receipt No: Date:

9083 8000. For further details on how Council manages your personal information, please refer to the Privacy Management

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Plan on our website: waverley.nsw.gov.au/privacy