



Camden Family Day Care

Narellan Child Family and Community Centre

16-24 Queen Street Narellan NSW 2570

Phone 4653 3000

Email: fdc@camden.nsw.gov.au

APPLICATION TO OPERATE A FAMILY DAY CARE SERVICE

This form is to be completed by applicants wishing to operate as a registered Educator with Camden Family Day Care. Educators are recruited through the Camden Family Day Care orientation process. Completion of this form does not represent automatic selection as a registered Educator.

First Name:

Surname:

Address:

Post Code:

Home Phone:

Mobile:

Email Address:

Date of Birth:

Country of Birth:

Ethnic Origin:

Languages Spoken:

Customer Reference Number:
(Centrelink Number)

PRODA Number (if you have one):
Staff can provide information about this.

Formal Qualifications: Completed Certificate III in Children's Services (or equivalent)
 Completed Diploma in Children's Services (or equivalent)
 Current First Aid Certificate
 Other

Experience Working in Education and Care

Are you currently employed?

Yes

No

Have you previously been registered as an educator with another FDC service? If so, you must declare which service.

Yes

No

Previous Registered Service/s:

Current employment details:

Previous employment details:

Experience working with children:

Referees

Please provide the names and contact details of three referees (not a relative).

Work Referee - this must be an employer you have been employed by within the last four years.

Name:

Relation to Applicant:

Home Phone:

Work Phone:

Mobile:

Hours available to
contact

Work Referee

Name:

Relation to Applicant:

Home Phone:

Work Phone:

Mobile:

Hours available to
contact

Character Referee

Name:

Relation to Applicant:

Home Phone:

Work Phone:

Mobile:

Hours available to
contact

Occupant Details

Please provide details of all occupants who are family members and/or are a permanent resident at the residential location provided above.

Partners Full Name:

Mobile Number:

Date of Birth:

Occupation:

Days/Hours of work:

Current Employment Details

Children's Name

Gender

Date of Birth

Age

Name of School/Employment
Details

Details of all other persons residing at the above premises:

Occupant Name

Gender

Date of Birth

Age

Relation to Educator

Have you or any person residing in your home been convicted of a criminal offence? Yes/No (failure to disclose this could lead to the Office of the Children's Guardian being notified in the future).

Residential Details		
Type of Premises:	House	Flat Townhouse Duplex
Do you have an enclosed/fenced outdoor play area?	Yes	No
Do you have a swimming pool, pond or dam?	Yes	No
Do you have a current Swimming Pool Compliance Certificate?	Yes	No
Do you own any pets?	Yes	No
If yes, please provided details		
Do you currently reside in a rental property? If yes it is recommended that you notify them of your intention to operate Family Day Care.	Yes	No

Proposed Service Details	
Type of Care:	Regular Casual/ On Call Before/After school Vacation Care
If providing Before/After School Care, please give details of the schools that you propose to service.	
Days available:	Monday Tuesday Wednesday Thursday Friday
Proposed hours of care	from am to pm
Please provide and additional comments/ information that supports this application:	
<div style="height: 300px;"></div>	
Applicant Signature:	Date