



Camden Family Day Care

Narellan Child Family and Community Centre
16-24 Queen Street Narellan NSW 2570
Phone 4645 5190 Fax 4645 5195
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:
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Address:	Post Code:
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Home Phone:	Mobile:
Silent Number: Yes No	

Email Address:

Date of Birth:	Country of Birth:
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Ethnic Origin:	Languages Spoken:
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Drivers License Number:	Vehicle Type:
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Customer Reference Number: (Centrelink)
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Working with Children Check:(WWC) National Criminal Record Check:
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PRODA Number (if you have one): <i>Staff can provide information about this.</i>

Formal Qualifications:	Certificate III in Children's Services (or equivalent) Diploma in Children's Services (or equivalent) First Aid certificate Other
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Partners Full Name:

Mobile Number:	Date of Birth:
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Occupation:	Days/Hours of work:
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Children's Name	Gender	Date of Birth	Name of School

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

Type of Premises:	House	Flat	Townhouse	Duplex
Do you have an enclosed/fenced outside play area?	Yes	No		
Do you have a swimming pool, pond or dam?	Yes	No		
Does the Pool comply with Camden Council regulations in accordance to the Swimming Pools Act 1992?	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		

Employment/Referees

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. Previous Registered Service:	Yes	No
Current employment details:		
Previous employment details:		
Experience working with children:		
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

Proposed Service Details

Type of Care: Regular Casual/ On Call Before/After school

Vacation Care Weekend Care Evening/Overnight

Days available: Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

Proposed hours available from AM to PM

Comments and additional information supporting your application:

Applicant Signature:

Date

Office Use Only

Date Application received:

Record Number: