



All correspondence to
 29-31 Industrial Avenue Hoppers Crossing Vic 3029
 PH: 03 9360 0689
 EMAIL: vipfdc@vipfdc.com.au

Educator Application Form

Family Name:	First Name:
Address:	Telephone: Home: Work: Mobile: Date of Birth:
Country of Birth:	
Date of Birth:	
Languages spoken at home:	
Email Address:	

If you are currently employed please give details:

Employer:	Occupation:	Hours of Work:

Persons residing in the home:

Partner/spouse:

Name:	Occupational:
Date of birth:	Partner's Contact Details: Mobile Number:
Country of birth:	Languages spoken at home:

Details of own children:

Name:	Male / Female	Date of Birth	Immunized Yes / No	Kindergarten/School
1.				
2.				
3.				
4.				
5.				
6.				

Other people residing in the home:

Name:	Date of birth:	Relationship to Educator:	Occupation /Name of Employer / or school attending
1.			
2.			
3.			
4.			
5.			





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How did you hear about V.I.P. Family Day Care?

.....

Please provide details of past and present work experiences with children.

.....

Please list any other skills that you feel may support your application.

.....

What do you see as the positives or negatives of the position you are applying for?

.....

What role does discipline play in a child care setting?

.....

How would you handle conflict between you as an educator and a parent using your service?

.....

Do you intend on transporting Children? (School and Kinder Runs) If Yes please specify the Schools/Kinder you will go to.

.....

Availability for Family Day Care:
Age groups of children preferred (please tick boxes)

0-3 years	1-3 years
3-5 years	School aged (up to 12 years)

Please tick which days you are available to care for children and indicate your preferred start and finish time:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday





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General Information:

Do you have a:

Swimming Pool	Yes	No
Fish Pond	Yes	No
Another water feature	Yes	No

Family Day Care requires that all water features are protected and inaccessible to children.
 Pools must have an approved safety fence (1.2m) to prevent access to children

Do you have any firearms/ammunition stored in your home?	Yes	No
If YES are they registered?	Yes	No
Do you have an enclosed back yard?	Yes	No
Do you have pets?	Yes	No
Can the pets be isolated away from the children and the children's outdoor play area?	Yes	No
Do you rent the home you live in?	Yes	No
If YES, have you got permission from the owner/Real Estate Agent to use this property to operate a Family Day Care Service from?	Yes	No

Referees:

1. Referee who knows about your ability to work with children.

Name:	
Home telephone:	
Work:	
Mobile:	
Organization:	
Position Held:	

2. Referee who knows about your ability to work with children.

Name:	
Home telephone:	
Work:	
Mobile:	
Organization:	
Position Held:	

3. Personal referee (not a relative)

Name:	
Home telephone:	
Work:	
Mobile:	
Organization:	
Position Held:	

I declare that at time of signing this form all the information provided is true and correct and that if any details change I will immediately advise V.I.P. Family Day Care.

Signature of applicant:

Date:

