

"leading innovative and inclusive early childhood services"



Educator Application



Welcome

We welcome your enquiry about our service. Greater Hume Children Services is a flexible, professional home based child care service where children are provided with quality care and education in a warm, friendly environment.

Our flexible childcare options cater for full-time, part-time, casual, overnight care, weekend care, before and after school and vacation care.

Educators are registered, trained and supported by the experienced and highly qualified coordination unit staff.

Greater Hume Children Services includes the services of:

- Family Day Care where children are provided with education and care in a home environment with a registered educator
- In Venue Family Day Care where a venue or premises other than a home can be licensed. In Venue Family Day Care must be approved by the Department of Education Employment and Workplace Relations and can only be approved where there is a demonstrated unmet demand for childcare

Greater Hume Children Services is auspiced by Greater Hume Shire and has been operating since 1994. The service operates in Greater Hume Shire and also in Albury, Corowa, Tumut, Tumbarumba and Urana Shires, and in Victoria.

The service has a proud record of quality assurance and complies with the requirements of The Australian Children's Education and Care Quality Authority (ACECQA). Our service has been rated as exceeding the national quality standard.

You can find out more about our service at our website: www.ghchildren.com.au

Join us on facebook.





| Educator Informati | on (Please refe | er to Educator Handbook) | | | | | | |
|---|------------------------|--|---|--------------|--------|-------------------------|---------|--|
| Application for service type: | Family Day Care (FDC | C) Family Day Care In Venue | Care (FDCIVC) | | | | | |
| Your details: | Surname: | First name: | | | | | | |
| | Former names: | Preferred title: e.g. Miss Mrs | | | | | | |
| Residential address: | | Date of birth: | | | | | | |
| | Town: | | Post code: | | | | | |
| Postal address: (if different from above) | | CRN: | | | | | | |
| (i. dino.din nom docto) | Town: | Post code: | | | | | | |
| Home phone: | | Silent number: | Mobile: | | | | | |
| Email address: | | | Smoker: Yes No | | | | | |
| Previous Occupation/s: | | | Nat/ethnic gro | oup: | | Strait Isla | ınder | |
| | | | Mixture of Both Other please s | | | | ecify: | |
| Country of birth: | | | Primary language: | | | | | |
| 100 point identification check: | Drivers Licence No | o: (40 points) | ts) Council rates notice with name & address of a | | | applicant 35 points) | | |
| CHECK. | Passport No: | Identification card issued by the Australian or any state government (40 points) | | | | | | |
| | Birth certificate | (70 points) | Current credit card or account card from a bank (25 points) | | | | | |
| Pets: | Yes No Please list: | (It is a requirement that all anim | mals be kept separa | ate to chile | ldren) | | | |
| Complete for FDC a | pplications | | | | | | | |
| Partners details | Surname: | First name: | | | | | | |
| | Former names: | Date of birth: | | | | | | |
| Mobile: | | Smoker: Yes No | | | | | | |
| Details of all other | persons residi | ng at the home | | | | | | |
| All persons over the age | of 18 must comp | lete a Volunteers working wi | th children ched | ck. | | | | |
| Name: | DOB | School / Occupation | Over 18 yrs. | Smoke | er | Male | /female | |
| 1. | | | Yes No | Yes | No | М | F | |
| 2. | | | Yes No | Yes | No | М | F | |
| 3. | | | Yes No | Yes | No | М | F | |

M

4.

Yes

No

Yes

No



7.

| Types of ca | are to be offered | | | | | | | | |
|---|----------------------------|----------------|----|---------|-----------------|------------|------------|-------|-----------|
| Full week | | Part time | | | | V | Veekend | | |
| Full day | | Casual | | | В | efore/afte | er school | | |
| Other: | | | | | | | | | |
| Preferred a | ages of children | | | | | | | | |
| 0 – 5 years | ; | School age | | | | | | | |
| Comments: | | <u> </u> | | | | | | | |
| | | | | | | | | | |
| Health | | | | | | | | | |
| | must complete the Initia | | | Educato | or Regi | stration p | rior to co | mmenc | ing care. |
| | any medical conditions wit | | | | | | | | |
| | or both FDC/FDCIV | C application | าร | | | | | | |
| Premises address: | | | | | | | | | |
| NB: Rented premises require a letter of permission to conduct childcare in the home from the landlord. | | Town: | | | Post code: | | | | |
| | | Owned: Rented: | | | | Other: | | | |
| Educator h | istory | | | | | | | | |
| Have you been an Educator with this or any other Family Day Care/In Home Care Scheme in the past? | | | | | Yes | | | | |
| If Yes provide contact details of the service. (Please contact Manager to ensure you give your permission for them to provide | | | | | | | No | | |
| Contact person: Length of service: From: | | | 1: | То: | | | | | |
| Qualification | ons | | | | | | | | |
| Name of qualification: (please attach copies) | | | | | Date completed: | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |





| Work history | | | | | | |
|---|---|---------------------|--------------------------------------|--|--|--|
| Please provide a history of current an | d/or relevant work | experiences. | | | | |
| Work place: | Position held: | | Dates: | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Successful applicants must disclose at a conflict of interest. This will be deci- | - | | ntary placements that may constitute | | | |
| References | | | | | | |
| A minimum of two referees wireferee. Please list below: | ill be contacted, or | ne from most recen | t work place and another personal | | | |
| Name: | | Phone: | | | | |
| Name: | | Phone: | | | | |
| 2. List of most recent employer's de | etails: (at least one | previous employer w | vill be contacted) | | | |
| Business name: | | Business name: | | | | |
| Contact person: | | Contact person: | | | | |
| Phone: | | Phone: | | | | |
| Highly desirable: Include two characters | er/personal telepho | ne referees. | | | | |
| Declaration | | | | | | |
| 1 | do solemnly declare that the information contained in this application is | | | | | |
| true and correct. | | | | | | |
| Applicants signature: | | | Date: | | | |
| How did you hear about our service? | | | | | | |

Page 4 of 4