



Family Day Care

Educator Application Form

YMCA Family Resource Centre

U3/21 Cammilleri Street, Busselton WA 6280 p: (08) 9752 4033
e: info.frc@ymcawa.org.au w: www.ymcawa.org.au





We believe in the power of
inspired young people

FAMILY DAY CARE EDUCATOR APPLICATION FORM

Thank you for your interest in starting your own Family Day Care Service business.

If you have any queries regarding your application please do not hesitate to contact the service by phoning 9752 4033 or email info.frc@ymcawa.org.au

This **application is valid for 6 months from the date of lodgement**. In accordance with the National Privacy Principles, the personal information provided in this application will be used in a confidential manner for the purpose of facilitating the recruitment and selection process.

Please note that by completing this application there is no guarantee of membership with the YMCA Family Resource Centre.

Completed application forms can be returned using the following methods.

Email: info.frc@ymcawa.org.au

In person to: The YMCA Family Resource Centre located in the
Busselton Community Resource Centre
Unit 3/21 Cammilleri Street
Busselton WA 6280

Post: The YMCA Family Resource Centre
PO Box 1201
Busselton WA 6280

I look forward to receiving your application.

Yours Sincerely

Denise Lynch

Manager
YMCA Family Resource Centre



(Please tick) I am applying for - Family Day Care Educator ☐ Relief Educator ☐ Assistant Educator ☐

Personal Details

First Name: _____ Surname: _____

Residential Address: _____ D.O.B: _____

Postal Address: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Proda: _____ CRN: _____

Country of Birth: _____ Ethnic Group: _____ Primary Language: _____

Are you an Australian Citizen: ☐ Yes ☐ No

How well do you speak English: ☐ Fluent ☐ Good ☐ Fair ☐ Poor

How well do you read English: ☐ Fluent ☐ Good ☐ Fair ☐ Poor

Emergency Contact Person

(Someone that can be contacted on your behalf in the case of an emergency)

Name: _____ Phone: _____

Email: _____

Please attach your current resume to this application.

Experience and Training

Do you hold a current First Aid Certificate? ☐ Yes ☐ No (Please attach a copy)

Do you hold a current Working With Children Card? ☐ Yes ☐ No (Please attach a copy)

Do you hold a current Police Clearance?
(Less than 6 months old) ☐ Yes ☐ No (Please attach a copy)

Do you hold any formal qualifications in child care? ☐ Yes ☐ No (Please attach a copy)

If yes, list the qualification you hold: _____

Do you have any experience in child care? ☐ Yes ☐ No

(Briefly explain experience)



Prior Family Day Care History

Have you provided Family Day Care previously: ☐ Yes ☐ No

If yes, please provide details: Service name: _____ State: _____

Duration of operation: _____ / ____ / _____ to _____ / ____ / _____

The service will discuss your previous Family Day Care operation with the other service involved, if you do not wish this to occur please sign below

Signature: _____ Date: _____ / ____ / _____

What were the reasons for the closure of your previous Family Day Care Service? _____

Have you ever been refused membership of a Family Day Care Service? ☐ Yes ☐ No

Have you ever had a Family Day Care Service Membership cancelled? ☐ Yes ☐ No

Have you ever been the subject of an official enquiry – such as with a State Family Day Care Licensing Authority or Child Protection Unit? ☐ Yes ☐ No

(Please be aware that any such history of refusal or cancellation of a Service Membership or a Regulatory Unit official enquiry, may result in the refusal of your application to become a member of the YMCA WA Family Day Care Service) (If your membership with the YMCA is terminated your name may appear on the Family Day Care WA Website)

Employer Investigations

Have you ever been subject of an employer investigation or been charged with a criminal offence involving children, violence, drug dealing or dishonesty? ☐ Yes ☐ No

Do you consent for this question to be asked to your referees? ☐ Yes ☐ No

Please comment on any previous investigations:

Health

Please specify any pre-existing medical conditions or injuries relevant to the duties you will be performing while running your Family Day Care business.

Are you a smoker: ☐ Yes ☐ No

Is anyone residing at the premises a smoker?
Eg. Husband / Partner / Children ☐ Yes ☐ No

If yes, give details below



Property

Do you own the property you wish to provide Family Day Care from?

☐ Yes

☐ No

If you answered no, do you have written authorisation from the landlord?

☐ Yes

☐ No

Do you have a swimming pool or outdoor spa? (If yes, you are required to provide a current compliance Certificate from your local shire)

☐ Yes

☐ No

If you answered yes to having a swimming pool or spa on the premises, could you demonstrate capability of retrieving an item from the bottom of the pool?

☐ Yes

☐ No

Other people residing on the premises – they will need to hold either a WWC or a National Police Clearance if they are over 18 years

Name	Sex (M/F)	Date of Birth	Relationship to Applicant	School if Attending

Do you currently have your own or your partner's children enrolled in Family Day Care?

☐ Yes

☐ No

(If so, I understand that I am not eligible for Child Care Subsidy if my / partner's child attends a Family Day Care service when I have provided care in the 24 hour care period for my child).

Are you planning on conducting care for any of your relatives?
(grandchildren, nieces, nephews, cousins)

☐ Yes

☐ No

Competency Assessment

I understand that to be accepted into the YMCA my suitability for membership as a Family Day Care Educator will be assessed.

☐ Yes

☐ No

(The competency assessment will include satisfactory completion of the training modules, home assessment, playgroup assessment and written competencies in providing a children's program)



Referees

Please nominate three referees. These referees must not be family members or close friends. Please let your referees know that you have nominated them as the YMCA Family Resource Centre staff will be conducting reference checks.

Referee 1 - the person that was your most recent employer in a paid capacity

Name: _____

Position: _____

Address: _____

Telephone: (H) _____ (W) _____ (M) _____

Referee 2 - a person of good standing or status in the community who can attest to your character, not family

Name: _____

Position: _____

Address: _____

Telephone: (H) _____ (W) _____ (M) _____

Referee 3 - a person you have worked with in previous years, not necessarily your current job

Name: _____

Position: _____

Address: _____

Telephone: (H) _____ (W) _____ (M) _____

Additional comments you wish to add regarding this application:

Conclusion and Signature

How did you find out about our service: _____

Do you know any staff members at our YMCA Busselton office? ☐ Yes ☐ No

If yes, please write full name of YMCA Staff Member: _____

I acknowledge that I am aware of the non-refundable application fee of \$50 is to be paid at time of the interview and understand if YMCA training is provided that I am liable for the training fee of \$202.50. If I choose not to continue with Family Day Care these payments are non-refundable.

Signature: _____ Date: _____ / _____ / _____

Registration fee of \$50.00 is payable on or before the interview