




## YMCA In Home Child Care Application Form

This application is valid for **6 months** from the date of lodgement.

In accordance with the Privacy Amendment (Private Sector) Act 2000 including the National Privacy Principles, the personal information provided in this application will be used in a confidential manner by The YMCA WA Family Resource Centre for the purpose of facilitating the recruitment and selection process.

### Applicant Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_ CRN \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Allergies/Disabilities: \_\_\_\_\_

### Emergency Contact Person (someone that can be contacted on your behalf in the case of an emergency)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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)

Do you have any experience in child care?  Yes  No (Please attach resume)

Briefly explain your child care experience below;

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**Other skills and interests:**

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**Health**

Please specify any pre-existing medical conditions or injuries that may be relevant to your role as an Educator. A medical will be required prior to commencement. An information sheet for your medical practitioner will be provided if you are successful.

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Are you a smoker?  Yes  No

Are you on any medication?  Yes  No If yes please give details of any medication;

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**Transport Information**

To transport children please complete the following;

Drivers Licence: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Vehicle Registration: \_\_\_\_\_ Make and Model of your car: \_\_\_\_\_

I am prepared to purchase new child car restraints for my car;  Yes  No

**Children with Disabilities**

Have you worked with children with disabilities?  Yes  No

Would you consider working with children who have disabilities?  Yes  No

Comments \_\_\_\_\_

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**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

This question will be asked when speaking to your referees?

Please comment on any previous investigations:

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Have you ever worked for the YMCA previously?  Yes  No



**Please Complete Your Work History (or attach Resume)**

From Month & Year	To Month & Year	Name Of Employer	Type Of Organisation	Position Held

**What is your Highest Child Care Qualification?**

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**How did you find out about our Service?**

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**Families**

Do you have any families in mind that you wish to work for? All families need to be registered with the YMCA Family Resource Centre, please write their name and postal address if you would like us to send them an application form;

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**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 and to expect a call from a YMCA In Home Child Care staff person.

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

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (M) \_\_\_\_\_



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

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (M) \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (M) \_\_\_\_\_

**Are you an Australian Citizen?**  YES  NO

**Registration fee of \$50.00 is payable before the interview**

**Payment Options – EFTPOS, Credit Card, Direct Deposit**

Bank Account Details for Direct Deposit

BSB: 036-073  
Account Number: 299271  
Account Name: YMCA Family Resource Centre  
Reference: Your name

Credit Card payment

Card type: Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Name on Card \_\_\_\_\_  
\_\_\_\_\_

Expiry date: \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

EFTPOS will be paid on the day Yes / No / paying by other method

**Declaration**

I declare that all of the statements given in this application are true in all respects

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please return your completed application to YMCA WA Family Resource Centre.

**YMCA WA In Home Child Care Service**

**Post** PO Box 1201, Busselton WA 6280

**Telephone** (08) 9752 4033

**Facsimile** (08) 9752 4772

**Email** [info.frc@ymcawa.org.au](mailto:info.frc@ymcawa.org.au)

**Office** U3/21 Cammilleri Street Busselton (first floor, Busselton Community Resource Centre)