

Lake Macquarie Family Day Care  
 A Quality Education and Care Option for Our Community  
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**APPLICATION TO REGISTER AS AN EDUCATOR**

Name   Male  Female D.O.B

Address  Postcode

mobile  Phone  email

Customer Reference number (CRN)

Place/Country of birth  Cultural background  Aboriginal  Torres Strait Islander  Other:  Language/s spoken

Are you an Australian Citizen?  Yes  No → Do you have a legal right to work in Australia?  Yes →  No please attach a certified copy of documentation confirming your work status

Are you an Undischarged Bankrupt?  Yes  No

Current Occupation

Educator emergency contact person (name)  Relationship to educator  Contact details

**DETAILS OF OTHER ADULTS RESIDING AT THE RESIDENCE OR VENUE** (all persons 18 years and over)

Name	Date of Birth	Occupation

**DETAILS OF CHILDREN LIVING AT THE RESIDENCE OR VENUE**

Name	M / F	Date of Birth	School / Preschool	Days

Are you registered as a Foster Carer?  Yes →  No Please provide details:

NOTE: ALL children under 13 years present at the FDC residence or venue while the service is operating must be registered, an attendance record made, and are included in the number of children allowable by law.

**PROPOSED DAYS AND TIMES OF OPERATION**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start AM							
Finish PM							
closed							

**DETAILS OF QUALIFICATIONS** (please attach evidence and transcript of completed qualifications)

Qualification			Date
Certificate III Children's Services (minimum)	<input type="checkbox"/> completed	<input type="checkbox"/> To be supplied	
Diploma Children's Services	<input type="checkbox"/> completed	<input type="checkbox"/> To be supplied	
Other: _____	<input type="checkbox"/> completed	<input type="checkbox"/> To be supplied	
Current First Aid / Asthma / Anaphylaxis (completed within 3 years)	<input type="checkbox"/> completed	<input type="checkbox"/> To be supplied	
Current CPR (completed within 12 months)	<input type="checkbox"/> completed	<input type="checkbox"/> To be supplied	
Child Protection / Protective behaviours	<input type="checkbox"/> completed	<input type="checkbox"/> To be supplied	

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**COMPLIANCE HISTORY STATEMENT / FITNESS AND PROPRIETY** (Regulation 143)

Have you ever been **registered** with another FDC Service/Approved Provider or held a Home-Based license (with a state or territory authority)? (Previous registrations will be confirmed)

No  Yes – please provide details:

Registering Service / authority:	Period registered:	Reason for leaving:

Have you ever been subject of any **compliance action or disciplinary proceedings** raised in relation to a previous registration, current or former education and care services law or regulations, a children’s services law, an education law, or any applicable Regulations? (please refer to Table 1)

No  Yes – please provide details:

	Outcome:
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Are you or have you ever been subject of **workplace proceedings or allegation** (including investigation or disciplinary action) relating to poor performance, conflict or breach of organisational policy/requirements?

No  Yes – please provide details:

	Outcome:
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Are you or have you ever been subject to a **prohibition or suspension notice** under the *Education and Care Services National Law*?

No  Yes – please provide details:

	Outcome:
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Have you ever held or applied for a licence, approval, registration, certification or other authorisation under the National Law which the regulatory authority refused, refused to renew, suspended or cancelled (for example as a nominated supervisor, person in day-to-day charge, person with management or control, or former educator)?

No  Yes – please provide details:

	Outcome:
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Do you or any residents of the premises have any **medical conditions** that may affect your ability to provide a compliant and quality education and care service?

No  Yes – please describe/explain:

Condition	How might it affect your ability?	How would you plan to manage this?

Are you or any residents of the premises taking any **medications** that may affect your ability to provide a compliant and quality education and care service?

No  Yes – please describe/explain:

	How might it affect your ability?	How would you plan to manage this?

I, \_\_\_\_\_, understand and agree that Lake Macquarie FDC may validate a search for prohibited persons or suspended Family Day Care Educators with ACECQA (National Quality Agenda IT System).

signature \_\_\_\_\_ date \_\_\_\_\_

*We invite you to now share some more information, so we can learn a little more about you, and develop an idea of how we can best assist you in becoming an educator.*

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**MOTIVATION AND EXPERIENCE**

Please describe why you are interested in becoming a FDC Educator

Tell us about any experience you have in caring for or working with children

What have you enjoyed the most?

What have you found most difficult / challenging?

How will other people describe you as an Educator? (what key attributes demonstrate your ability to provide a quality education and care service)

What various tasks, responsibilities and skills do you believe are involved in being an Educator?

What experience have you had in relation to administration and management?

How do you manage:

Keeping records accurate and up to date	
Maintaining confidentiality of information	
Having variable income / vacancies / taking leave	
Prioritising tasks	

What experience have you had with work health and safety?

How do you maintain your ongoing learning / professional development?

What experience have you had with continuous or ongoing improvement systems?

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**COMMUNICATION / WORKING WITH OTHERS**

What impacts of providing FDC have you discussed with your family and household (*or residents of the residence where you will be delivering your service if applicable*)?

What changes might you need to make to respond to these impacts?

What are your expectations of the Coordination Unit team?

How will you best work with them?

Tell us about a time you were able to 'work' successfully with someone and build a relationship, even when you had differing ideas or opinions, or you may not have personally liked each other:  
Why was the interaction / situation difficult? What did you do? What was the outcome?

Briefly describe a situation that demonstrates your ability to effectively resolve conflict (between adults):

Describe a time when you disagreed with a rule or policy, or you handled a situation that seemed unfair or unethical:

What was the situation? What approach did you take? What was the outcome?

Describe a decision or situation that you would handle differently if you had your time over:

What happened? What led to the original action? What made you change your mind? What would you do differently? What did you learn?

What has been the best 'work' experience/role/job you have ever had?

What was the worst?!

What was different between the two experiences?

What are the best things that you or 'work' supervisors and colleagues have done that you wish everyone did?

**HEALTH AND SAFETY**

Please describe how the residence / venue is suitable and safe for the provision of care (please refer to attachment):

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How will you provide / how will you manage:

Upkeep and maintaining the premises	
Purchase and maintaining toys / equipment	
Preventing child access to dangerous / poisonous materials / products	
Smoke, (illicit) drug and alcohol-free environment	
Adequate shade	
Safe fencing	
Fire protection equipment	
Safe transport and outings with children	
Responding to emergencies	

How will you manage risks associated with:

Water hazards Include pools, spas, ponds etc on the premises or in the vicinity	
Glass and glazing Windows, furniture inserts, display cabinets etc	
Pets	
Feeling under stress and personal wellbeing	

How will you manage any other significant risks to the premises, or in the vicinity of the premises?

hazard	How manage
	CD DRAFT

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**PROGRAM AND ROUTINE**

What learning do you feel is important, and		What kinds of play activities and experiences do you do with children?
0 - 12 months		
12 months – 2 years		
2 - 3 years		
3 – 6 years		
6 – 13 years		

Describe the parenting style your family used when raising you as a child

What do you now do the same or differently when working with children?

What strategies do you use for supporting children’s behaviour?

How effective do you find these?

What is your understanding of the approved learning frameworks (Early Years Learning Framework, and My Time Our Place)?

What experience do you have in planning purposeful experiences for children and documenting learning outcomes?

Please attach an example if you have one (removing any identifying information)

CD DRAFT

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What do the following phrases mean to you?

Working together

Leading at all levels

Shaping our Future

**EMPLOYMENT HISTORY**

Period From ..... to .....	Name and Address Of Employer	Name and Telephone Number of Supervisor	Position Held	Reason for Leaving

**REFEREES**

Please nominate 2 referees - non-family, preferably at least one 'supervisor'. LMFDC will contact referees either by phone or email.

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Contact number:	<input type="text"/>	Contact number:	<input type="text"/>
Relationship to applicant	<input type="text"/>	Relationship to applicant	<input type="text"/>
Email address:	<input type="text"/>	Email address:	<input type="text"/>

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**KEY EDUCATOR RESPONSIBILITIES and ENGAGEMENT ARRANGEMENT**

I understand that:

- Educators and adult household residents must supply current (less than 6 months old) National Criminal History Policy Check
- Educators and adult household residents must hold current Working With Children Check clearance at all times
- Educators must hold adequate current Public Liability Insurance coverage at all times
- Educators must hold current First Aid (including Asthma and Anaphylaxis management) and CPR qualifications at all times
- Educators must provide Medical clearance prior to registration, or as otherwise requested by Council
- Educators and adult household members may be required to hold valid vaccination certificates according to any applicable Public Health Order in force.
- Educators may only care for children who are registered with LMFDC while providing their education and care service
- Children can NOT be left with anyone else at any time – only the registered Educator, LMFDC staff or persons otherwise authorised by LMFDC can supervise children.
- Educator family members or visitors must not be left alone with FDC children at any time.
- Educators may only care for no more than 7 children in total under 13 years of age, including any children who reside at the FDC premises, and never more than 4 who have not yet commenced school.
- Educators must register their own children (under the age of 13 years) with LMFDC, and make and keep a record of their attendance while providing their FDC service
- Educators are not able to claim any government fee assistance for their own or their partner's children, or children who reside at the premise, or who may be attending another FDC service on a day when the Educator or their partner are providing a FDC service
- The number of relative children an Educator may care for (including niece/nephew, cousin, great/grandchild) is less than 50% of the total number of children using FDC with them (within a CCS fortnight)

I further understand that:

- Educators are self-employed and no employment relationship exists between them and Council
- Educators are independent contractors and must abide by the Work Health and Safety Act 2011
- Council advises educators to seek independent financial and accounting advice
- Council advises educators to seek independent advice on insurance needs (e.g., Ambulance cover, Personal accident insurance, Income protection)
- Council advises educators to seek independent medical advice on occupational health risks (including manual handling, communicable diseases and immunisation)
- Educators must comply at all times with the terms of a Registration Agreement, which is completed upon successful registration.

This information is collected in compliance with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose for which it is being collected, in emergencies, or as otherwise required or authorised by law.

**ATTACHED**

**Please check that the following documentation is attached to your application:**

- Certified copies** of two (2) forms of identification
- Certified copy** of documentation confirming work status (if not an Australian resident)
- Resident Roles and Responsibilities Acknowledgement (if applicable)
- Copy of rates notice, or other documentation as evidence of ownership of premises (if applicable)
- Owner / Landlord Consent (and evidence of ownership) (if applicable)
- Body Corporate consent (if applicable)
- Copy of Qualifications
- Copy of approved First Aid / Asthma management / Anaphylaxis management / CPR qualification
- Copy of relevant approved Child Protection training / qualifications
- Copy of relevant WHS training / qualifications (if applicable)
- Attachment 1 – Map of proposed Education and Care area



**DECLARATION – to be signed in the presence of a registered JP witness**

1 *Insert the name, occupation and address of person making the declaration* I, <sup>1</sup> \_\_\_\_\_, \_\_\_\_\_  
*Full name* *Occupation*  
 Of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Address* *Town* *Postcode*

make the following declaration under the *Statutory Declarations Act 1959*:

I have been convicted of: - (Please **only tick if applicable**)

- a crime or offence involving the death of another person; or
- a sex-related offence or crime, including offences of sexual assault against an adult or minor, child pornography, or an indecent act involving a minor; or
- a crime involving dishonesty, fraud, money laundering, insider dealing or any other financial offence or crime, including those under legislation relating to companies, banking, insurance or other financial services.

I have been convicted, found guilty, received an on-the-spot fine or court order relating to: -

- an apprehended violence order or protection order made against me; or
- one or more traffic offences involving speeding more than 30 kilometres over the speed limit, injury to a person or damage to property; or
- a crime or offence relating to the consumption, dealing in, possession or handling of alcohol, a prohibited drug, narcotic or other prohibited substance; or
- a crime or offence involving violence against or the injury of another person.

I have been convicted of any offence including an offence: -

- relating to the presence of prescribed concentration of alcohol in a person’s blood;
- relating to driving while under the influence of alcohol or any other drug;
- relating to driving a motor vehicle negligently if the person is found guilty is, by way of penalty, sentenced to imprisonment or fined a sum of not less than \$200;
- relating to driving a motor vehicle upon a road or road-related areas furiously or recklessly or at a speed or in a manner which is dangerous to the public;
- relating to menacing driving;
- relating to failing to stop after an accident;
- relating to refusing to produce a driver licence when required, refusing to state a name or home address or stating a false name or home address;
- relating to driving while unlicensed;
- any other offence under the road transport legislation if the court orders the disqualification of the person found guilty from holding a driver licence.

**I declare that the information contained in this entire application is accurate and correct.**

**I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of person making the declaration*

Declared at: \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_  
*Place* *day* *month* *year*

Before me: \_\_\_\_\_, \_\_\_\_\_  
*Full name of person before whom the declaration is made* *Qualification / Occupation*

Of: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Address* *Town* *Postcode*

I saw the face of the declarant **OR**  I did not see the face of the declarant because s/he was wearing a face covering, but I am satisfied that s/he has a special justification for not removing it

**AND**

I have known the person for at least 12 months **OR**  I confirmed the person’s identity with: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Signature of person before whom the declaration is made* *JP Number*

*Note 1* A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

*Note 2* Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

## **ATTACHMENT 1**

### **MAP OF PROPOSED EDUCATION AND CARE AREA**

Please provide details of the area that you propose to use for education and care. Include all areas that would be accessible to children and families whilst conducting your education and care service. Please mark areas that you would make inaccessible.

C D D R A F T

**TABLE 1**

<b>Other relevant laws, including children's services laws, education laws, and former education and care services laws in any Australian State or Territory</b>	
Australian Capital Territory	<i>Children and Young People Act 2008</i> <i>Education Act 2004</i> <i>Working with Vulnerable People (Background Checking) Act 2011</i>
New South Wales	<i>Children and Young Persons (Care and Protection) Act 1998</i> <i>Education Act 1990</i> <i>Institute of Teachers Act 2004</i> <i>Teaching Service Act 1980</i> <i>Commission for Children and Young People Act 1998</i>
Northern Territory	<i>Care and Protection of Children Act</i> <i>Care and Protection of Children (Children's Services) Regulations</i> <i>Education Act</i> <i>Teacher Registration (Northern Territory) Act and Regulations</i>
Queensland	<i>Child Care Act 2002</i> <i>Child Care Act 1991</i> <i>Education (Accreditation of Non-State Schools) Act 2001</i> <i>Education (General Provisions) Act 2006</i> <i>Education (Overseas Students) Act 1996</i> <i>Education (Queensland College of Teachers) Act 2005</i> <i>Higher Education (General Provisions) Act 2008</i> <i>Family and Child Commission Act 2014</i>
South Australia	<i>Children's Protection Act 1993</i> <i>Children's Services Act 1985</i> <i>Education Act 1972</i>
Tasmania	<i>Child Care Act 2001</i> <i>Education Act 1994</i> <i>Educations Act 2016</i> <i>Teacher's Registration Act 2000</i> <i>Registration to Work with Vulnerable People Act 2013</i> <i>Children, Young Person's and their Families Act 1997</i>
Victoria	<i>Children's Services Act 1996</i> <i>Education and Training Reform Act 2006</i> <i>Working With Children Act 2005</i>
Western Australia	<i>Child Care Services Act 2007</i> <i>Child Care Services Regulations 2007</i> <i>School Education Act 1999</i> <i>Western Australia College of Teaching Act 2004</i> <i>Working with Children (Criminal Record Checking) Act 2004</i>

C D D R A F T