



Genesis Family Day Care Services

[ABN: 96 252 093 429]
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Family Day Care Educator Application Form

Educator Details			
Full name			
ABN			
Date of birth			
CRN (if available)			
Contact phone	(BH)	(AH)	(M)
Email address			
Postal address			
Physical address of FDC Residence			
Country of Birth			
Languages spoken			
Educator Qualifications and Study			
Approved child care qualifications <i>(attach copies)</i>			
Mandatory training completed <i>(attach copies)</i>	<input type="checkbox"/> Approved first aid certificate - Valid to: / / <input type="checkbox"/> Anaphylaxis management training - Valid to: / / <input type="checkbox"/> Emergency asthma management training - Valid to: / /		
Any other training completed			
Family Day Care/ Child Care Experience			
Most recent FDC or child care experience	Name of Child Care/ FDC Service: Date: .. /...../ to / /		
Have you ever been under investigation? If yes, provide details			

Security Clearance (including Educator)							
People who normally reside at the family day care residence (including children under 18 years old):							
Full name	Date of birth			Working with vulnerable people card number & expiry date (if applicable)			
Referee Details							
Please provide the names and contact details of two people who can talk about your suitability to care for children.							
Referee 1:							
Name				Phone			
Address				Email			
Referee 2:							
Name				Phone			
Address				Email			
Finance Details							
Bank				BSB			
Account name				Account No.			
Public Liability Insurance							
Insurer/ Broker				Policy No/ Valid To:			
Work Availability							
Days & Hours of Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

OFFICE USE ONLY

Educator Operation Details			
Application received / /	Received by	
Referee Reports received		Medical practitioner form received	
Date registered with the Service		Date registration ceased	