

Name Primary Educator: _____

Date: ___/___/___

Assistant Educator Personal Details:

First Name:	Surname:
Address:	
Mobile:	Alt Number:
Date of Birth:	Place of Birth:
Email:	
Languages spoken at home:	

Hobbies and interest:

Employment record

Please describe your last two positions, including duties, approximate length of employment and reasons for leaving if left.

Company: _____ Length: _____

Duties: _____

Reason of leaving: _____

Company: _____ Length: _____

Duties: _____

Reason of leaving: _____

Driving History:

Do you have a drivers licence? (please circle) Yes/ No

Drivers licence number: _____ State issued: _____ Expiry Date: ___/___/___

Have you ever had an accident or traffic violation (*other than parking*)? Yes/ No

If Yes please provide details:

Has your driver's licence ever been suspended or revoked? (*please circle*) Yes/ No

If yes please provide details: _____

Qualifications

Do you have blue card? <i>(Please circle)</i>	Yes/ No
If No, have you applied for a blue card? <i>(please circle)</i>	Yes/ No
If Yes, please provide details:	
Blue Card No. _____ circle - Paid/ Voluntary	Expiry date: __/__/__
Do you have an First aid Training Certificate <i>(please circle)</i>	Yes/ No Expiry date __/__/__
Do you have an Anaphylaxis Training Certificate <i>(please circle)</i>	Yes/ No Expiry date __/__/__
Do you have an Asthma Training Certificate <i>(please circle)</i>	Yes/ No Expiry date __/__/__
Do you have an CPR Training Certificate <i>(please circle)</i>	Yes/ No Expiry date __/__/__
Do you have a Cert III in child care services or higher?	Yes/ No
If you answered NO to the above question, are you willing to enrol into the Cert III Course in Child Care Services within 3 weeks of commencement?	
	Yes/ No

Health

Do you take any medications? <i>(please circle)</i>	Yes/ No
If yes please provide details:	

Do you have any allergies? <i>(please circle)</i>	Yes/ No
If yes please provide details:	

Are you a smoker? <i>(please circle)</i>	Yes/ No
I'll refrain from smoking in the presence of the children	Yes/ No

In Case of Emergency Contact

Full name:
Mobile:
Relationship to you:

Criminal Record

Have you ever been convicted of a criminal offence? <i>(please circle)</i>	Yes/ No
If yes, please give details:	

Educator Assistant Agreement

I acknowledge that all the information I have provided in this Application is true and correct in all respects. I recognise that Pebbles Family Day Care is entitled to discuss its contents with any potential client. I understand that a client will rely on this information as being true and correct in every respect when hiring. If any part of this application is found to be false, I acknowledge that I may be dismissed without further obligations.

I agree to inform the scheme about the outcome of any discussions and negotiations within potential employers and I will not commence working privately for an employer. I agree to abide by the regulation stated below at all times. I understand that this will exclude me from any further employment prospects or placements through the scheme.

Name of applicant (print) _____

Applicant Signature: _____ **Date:** ____/____/____

DOCUMENT CHECK LIST (Documents required)

- ❖ Blue Card (attach certified copy)
- ❖ Senior First Aid , CPR , Asthma and Anaphylaxis
- ❖ Current QLD Driver’s license (if applicable)
- ❖ RWC for vehicle within last 4 weeks (if applicable)
- ❖ Inform of Primary Insurance
- ❖ A copy of Cert III in Child Care Services (if available)

<p><u>Pebbles FDC</u></p> <p>Coordinator approval Yes/ No</p> <p>Comments: _____</p> <p>_____</p> <p>Service representative Name: _____ Date: ____/____/____</p> <p>Service representative Signature: _____</p>
