



Nature Alliance Family Day Care Service

Application for Registration & Membership



This form is to apply for Registration and Membership with Nature Alliance Family Day Care Service.

A non-refundable registration fee of \$176 (inc GST) ("Registration Fee") is to be paid when submitting this Application. If your Application is successful, a membership fee of \$275 (incl GST) will be paid in addition to the Registration Fee. Total Fee \$451.00

Attach your
Passport
photo here

By completing this Application, you acknowledge that it does not guarantee membership with Nature Alliance Family Day Care Service.

Personal details

Mr/Mrs/Miss/Ms	Names:	Surname:
Address:		
Town / Suburb:	State:	Postcode:
Centrelink Customer Reference Number (CRN):	PRODA Number:	
Mobile:	Home phone:	
Email:		
Date of birth:	Sex:	F <input type="checkbox"/> M <input type="checkbox"/>
Country of birth:	Nationality:	
Language(s) spoken (other than English):		
Next of Kin Details (in emergency)		
Given names:	Surname:	
Mobile:	Home Phone:	
Email:		

Are you an Australian Citizen? Yes No Country of Citizenship: _____

How well do you Speak English? Fluent Good Fair Poor

How well do you read English? Fluent Good Fair Poor

Do you currently have your own children enrolled in Family Day Care? Yes No

Does your partner currently have their children enrolled in Family Day Care? Yes No

If you work as a Family Day Care Educator, your children, or your partner's children, will no longer qualify for subsidy payments if they attend a Family Day Care in the same 24hour period that you are providing care, exceptional circumstances may apply.

Medical Statement

You are required to make a statement stipulating that you are physically and mentally able to look after a group of children 0 – 12 years, and the effect of any medication you are taking will have on your ability to care for the children. Please answer the following questions:

Are you taking any medication that could affect your ability to make quick judgments? Yes No

Are you suffering from any condition that would affect your mobility? Yes No

In your opinion, are you physically, emotionally and mentally able to care for young children in your home unsupervised? Yes No

Are you suffering or being treated for any alcohol or substance related illness? Yes No

Have you ever engaged in any alcohol or substance abuse? If YES, please attach a Statutory Declaration regarding any alcohol or substance abuse and your current lifestyle. Yes No

Are you fully aware of the recommended immunizations for adults working with children? Yes No

Do you have any further information or considerations that you would like to comment on? Yes No

Financial Statement

You are required to make a statement, declaring that you are financially able to operate a Family Day Care business. Please answer the following questions.

Have you ever been declared bankrupt? Yes No

Have any default judgements been made against you in court? Yes No

Are there any outstanding writs against you? Yes No

(Note: If you have answered YES to any of these questions, you will be asked to provide additional details before your application can be assessed.)

Do you believe you will be able to financially operate this service? Yes No

Your home (Not applicable to Educators intending to operate in a relief capacity)

What type of home do you live in? House Unit Rural Other

If other, please describe: _____

Do you? Own Rent Landlord consented to use: Yes No

If the property is rented, a letter from the property owner or landlord approving use of the rental property as a family day care residence or venue is required.

Does your residence have a swimming pool or spa? Yes No If yes, Council approval is required.

Your Family (Not applicable to Educators intending to operate in a relief capacity)

Your Partner's details (if applicable)	
Given names:	Surname:
Mobile:	Home phone:
Email:	
Date of birth:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>
Country of birth:	Nationality:
Language(s) spoken (other than English):	

Will your partner be active in running the business? Yes No If yes, Please provide details:

Residents at Your Home (Not applicable to Educators intending to operate in a relief capacity)

Please provide the names and birth dates of all adults and children who usually live at, or are likely to be present, at your residence when the business is operating.

For each person listed, who is over the age of 18 years, is to provide a National Police Certificate, not more than 6 months old at time of the Application, and a current Working with Children Check to Nature Alliance.

Details of Residents at Your Home			
Given Names	Surname	Date of Birth	Sex
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>

Do you have any pets? Yes No If yes, please list type (incl breed): _____

Are your pets able to be housed in an area that is secured separately from the area to be used for FDC? Yes No

Qualifications

Do you have any formal training qualifications? Yes No

Please attach certified copies of any Childcare or equivalent qualifications.

Please list your formal qualifications: _____

Please list any skills you believe will support your application:

Business experience / Employment history

A current Curriculum Vitae is required with your application.

Attached: Yes No

Current employment (if applicable)

Present occupation:

Current employer:

Date commenced:

Address:

Town / Suburb:

State:

Postcode:

Describe duties and responsibilities: _____

Previous employment (if applicable) for past 3 years

Occupation:

Employer:

Date commenced:

Address:

Town / Suburb:

State:

Postcode:

Describe duties and responsibilities: _____

Have you lived or worked overseas in the past three years? Yes No If Yes, please provide an overseas criminal history statement.

Have you ever been subjected to a formal disciplinary proceeding or action under any education or child care law in any jurisdiction? Yes No If Yes, please attach a statutory declaration regarding the disciplinary proceeding.

Running your business

Do you have the following? Scan/Fax Computer Printer Internet

If not, how do you intend to forward and receive documents?

Details of your ABN number _____

Personal development

What further training/education do you think you will need to begin or develop your business

At Nature Alliance we encourage educators to liaise and build professional networking partnerships with each other. To allow this to happen we seek your permission to pass on your name, phone numbers and email details to other Nature Alliance Educators. Yes No

Operating information

Which days are you planning to operate your service?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Other types of care you intend to provide:

Overnight care Before and after school hours care Pickup and drop offs

Type of Vehicle: _____ Number of seats: _____ Number of child car restraints: _____

Educator Web Profile

We invite you to provide a brief overview of you self and your service in a "word document" to be placed on the Nature Alliance Family Day Care Service website. This information will be accessed by the public and families will be able to make direct contact with you so it is important to list your phone number. Up to 4 photos of yourself and your environment can also be included.

Document attached.

I wish to promote my service in this way. Yes No

Personal references

Please provide the names of two referees (one who has experience in children's service e.g. childcare worker, teacher or similar, as well as someone who you have worked with in a paid or unpaid capacity who is not related).

Please let these people know they will be contacted by Nature Alliance Family Day Care in regards to your application.

Referee 1			
Surname:		Given names:	
Address:			
Town / Suburb:		State:	Postcode:
Mobile:		Home phone:	
Occupation:		Years known:	

Referee 2			
Surname:		Given names:	
Address:			
Town / Suburb:		State:	Postcode:
Mobile:		Home phone:	
Occupation:		Years known:	

Registration and Membership Fees and Payment options

The Application for Registration and Membership form is to be submitted with a fee of \$176 (incl. GST). This fee is non-refundable.

I wish to pay by:

Cheque:

Made payable to "Nature Alliance Family Day Care Service" and crossed "Not Negotiable".

Direct Deposit:

Account Name: **MR Holdings Pty Ltd trading as Nature Alliance Family Day Care Service**

BSB: **016-251** Account Number: **209837864** Reference: **"your name"**

Credit Card:

Card Details: Number: _____ Expiry: / _____ CRV:

Name on Card: _____

If your application is accepted the remaining membership fee of \$220 must be paid prior to membership being granted.

Documentation to be forwarded with application

TO:

Nature Alliance Family Day Care Service

PO Box 505, Dunsborough WA 6281

or

Email : info@naturealliancefdc.com.au

Declaration

In completing this application to be registered with Nature Alliance Family Day Care Service, I acknowledge that Family Day Care WA does maintain a register of denials, revocations and suspensions relating to Educators. This register will be checked prior to the application being considered. In the event of any Educator being in breach, receiving a prohibition notice or suspension their name may be added to this register.

I agree to notify Nature Alliance Family Day Care Service if my children or my partner's children attend a Family Day Care Service while I am providing Family Day care in the same 24 hour period.

I _____ certify that all information is accurate at the time of completing this form and agree to advise of any changes as they occur in the future. I understand this does not guarantee membership to become an Educator with Nature Alliance Family Day Care Service.

Signed: _____ Date: _____

General information

To assist Nature Alliance in servicing the community, please indicate how you heard about us.

Existing Educator _____
(Please provide their name) Friend / Family Existing Service user

Website Other advertising _____
(Please provide details)

<i>Office Use only:</i>	<i>Documents received</i>	<i>Date</i>	<i>Actioned by</i>
	<i>Payment Received</i>	<i>Date</i>	<i>Actioned by</i>
	<i>Receipt Issued</i>	<i>Date</i>	<i>Actioned by</i>

Notes: