



EDUCATOR APPLICATION

Full Name (Ms, Mrs, Miss, Mr) _____

Date of Birth _____ Ethnicity _____

Home Address _____

E-mail Address _____

Contact Numbers Home _____ Mobile _____

Own Children

Name	Age

Other children you care for

Name	Age

Early Childhood qualifications (if any) _____

Work history (previous 5 years)

Referees (Name and contact details of 2 people not related to you, or part of your extended whānau, that we may contact for references)

Name _____	Name _____
Relationship to you _____	Relationship to you _____
Contact details _____	Contact details _____

Do you have a current First Aid Certificate?

Yes / No
(if yes please provide a copy)

Do you have any physical or mental health issues, or are you on any medication, that could affect your ability to provide safe and reliable care?

Yes / No

Involvement in any community groups? (eg. Plunket, Parents Centre, School, Church, etc)

Involvement in any other Early Childhood Service? (current and/or previously)

Do you have a current Drivers License? Yes / No

Do you have a motor vehicle with a current registration and warrant of fitness? Yes / No

Is your vehicle fitted with seatbelts in both the front and rear seats? Yes / No

Care you can provide
(tick where appropriate)

Full day		Part day		Statutory holidays	
Under 2 years old		Over 2 years old		Special needs	

complete this section if you wish to provide care and education to children in your own home

All persons usually resident in your home

Name	date of birth	relationship	school/workplace	when at home

Is your property fully fenced or is there a fenced area suitable for children to play Yes / No

Does anyone usually resident in your home have any physical or mental health issue that could compromise your home as a safe environment for children in care? Yes / No

What pets do you have? _____

How would you restrain pets while children are in care? _____

Do you or anyone usually resident in your home smoke? Yes / No

Regulations require us to provide a smoke free environment (including outside areas) when children are in care.

How would you provide this? _____

DECLARATION

Please ***initial*** next to each statement to confirm you ***understand and agree*** to these statements

_____ I wish to participate in Little Red Fox Early Childhood Education and OSHC Care programme to assist parents to provide quality early childhood education and care and gain knowledge and understanding of children in early childhood.

_____ I consent to Little Red Fox ECE disclosing any and all information on my application to persons making enquiry to engage the services of an educator.

_____ I consent to Little Red Fox undertaking reference checks pursuant to my application and understand that all enquiries will be conducted on a confidential basis and that my permission will be sought for this information to be released to a third party.

_____ I agree to participate in training and education opportunities provided by Little Red Fox and acknowledge that failure to participate may be cause for termination of my place in the programme.

_____ I confirm that I do not have a criminal record or any criminal conviction pending and attach authorisation to access personal records from the Ministry of Justice for myself and for any usually resident member of my home if applicable.

_____ I note Little Red Fox has reserved the right to decline the application if not entirely satisfied with any aspect.

Name

Signature

Date