



Family Day Care

Educator forms - appendix A

Welcome

to Intereach Family Day Care

This appendix should be used alongside the Intereach Family Day Care Educator Handbook. It includes all the required forms needed to become an Intereach Family Day Care Educator.

Educator application checklist

First step	✓
Preliminary home safety check organised and completed by staff member (optional)	
Second step	✓
Please Note: <i>Incomplete applications cannot be accepted and will be returned. To avoid this please ensure that all details are complete before returning to the office. Please complete all personal details and all previous experience</i>	
Supportive documentation provided	
• Completed Application	
• Resume	
• Early Childhood Education and Care Qualifications	
• Current First Aid training, Asthma, Anaphylaxis and CPR certificates	
• Proof of identification - Passport, Driver's License, Birth Certificate, or other government issued ID	
• Medical information form completed	
• Prohibited persons declaration and compliance history	
• Working with Children Check (for potential educator and all household members over the age of 18 years)	
• National Criminal Check (Police Check - for potential educator and all household members over 18 years)	
Third step - Office	✓
Working with Children Check and Police Check verified	
Prohibited persons check conducted	
Qualifications verified	
Interview organised and conducted	
Referees contacted	
Fourth step	✓
Where unsuccessful - Applicant notified in writing	
Where successful - Applicant notified in writing	
Induction training – self-paced modules and face-to-face	
Final step	✓
Registration for PRODA (see appendix for information)	
Final Home Safety conducted	
Public Liability insurance accessed	
Education and care commences	

Educator application form

Your details:	First Name:	Surname:
	Former Names:	Preferred Title:
		ABN:
	Date of Birth:	CRN:
	Residential address:	
	Town:	State: Postcode:
	Postal address (if different from above):	
Town:		State: Postcode:

Please note: Former names, alternate names or aliases; this includes any previous legal names (e.g. names prior to marriage, divorce, or legal change), commonly used aliases or alternate spellings and any other names that may appear on qualifications, training certificates or background checks).
Rented premises require a letter or permission from the landlord to conduct child care in the home.

Home phone:	Mobile:
Email address:	Country of birth:
Circle the below if you have/are a: Smoker: YES / NO Asthma: YES / NO Anaphylaxis: YES / NO Diabetes: YES / NO Other:	Ethnic Group: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Other:
Working with Children Check number (WWCC):	Expiry:

Partner's Details:	Surname:	First Name:
	Former Names:	Date of Birth:
	Mobile:	Smoker (Yes/No):
Working with Children Check number (WWCC):		Expiry:
Workplace (Business Name):		Contact Number:

Please note: You are required to provide us with a copy of your partner's Police Check. Copies supplied to us must be less than 6 months old.

Emergency Contact:		
Name:	Contact Number:	Relationship:

Please advise us of all other household members residing in your home. All persons over the age of 18 MUST complete a Volunteers Working with Children's Check and Police Check (No more than 6 months old) at the time of applying for this position.

Name:	DOB:	School/Occupation:	Over 18 Years?	Smoker?	Male/ Female
1.			Y N	Y N	M F
WWCC Number (if applicable):			Expiry:		
Police Check supplied to Intereach (if applicable): Y N					
2.			Y N	Y N	M F
WWCC Number (if applicable):			Expiry:		
Police Check supplied to Intereach (if applicable): Y N					
3.			Y N	Y N	M F
WWCC Number (if applicable):			Expiry:		
Police Check supplied to Intereach (if applicable): Y N					

Do you have? (Circle response below)

Own transport: YES NO	Do you intend on transporting Children: YES NO
Indoor Play Area: YES NO	Is your property at risk of bush fire: YES NO
Outdoor Play Area: YES NO	Dog/Cat/Other Pet: YES NO
Pool/Spa/Water Hazards: YES NO	Other:

Intended days/hours of operation:

Monday	Hours:	Friday	Hours:
Tuesday	Hours:	Saturday	Hours:
Wednesday	Hours:	Sunday	Hours:
Thursday	Hours:		

Type of care preferred:

Babies	Toddlers	Disabled
Pre-school Children	Before/After School	Weekend Care
Overnight Care	Other/Comments:	

Educator History:

Have you been an educator with this or any other Family Day Care/In Home Care Scheme in the past? If yes, please provide contact details of the service. (Contact the service manager to ensure you give your permission for them to provide the reference).	☐ YES
	☐ NO
Contact person:	Contact Number:
Length of service - From: To:	

Qualifications

List name and attach copies (Including First Aid, Asthma and Anaphylaxis)	Date completed
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Work history

Please provide a brief history of previous workplace, current and/or relevant experience.

Place of Work:	Position Held:	Dates:

References

A minimum of two referees will be contacted (If you are a current FDC Educator provide one reference from your current service i.e. Nominated Supervisor or Coordinator)

Name:	Contact Number:	Relationship:
Name:	Contact Number:	Relationship:

Health

All potential educators must complete and provide a Medical Information form prior to commencing any kind of education and care.

I understand that I cannot use FDC for my child/children while I am providing education and care to children as a registered FDC Educator. Unless I pay full fees or meet the government guidelines/requirements.

☐ Yes ☐ No, please contact the Coordination Unit to discuss

Declaration

I _____ do solemnly declare that the information contained in this application is true and correct.

Applicant Signature: _____ Date: ____/____/____

How did you hear about our service? _____

Prohibition notice declaration for prospective staff members

- The declaration may be completed by any prospective staff member seeking employment or engagement with an education and care service
- This form is designed to support approved providers to ensure they do not engage or employ a person who is prohibited from working in an education and care service, in line with Section 188 of the Education and Care Services National Law
- Completed forms should be retained and stored by the approved provider to support compliance with Section 188 of the Education and Care Services National Law
- Please note this form does not need to be lodged with the regulatory authority

Part A: Personal details

1. Please complete the following:

Title: First Name:

Last Name: Mobile Number:

Phone Number: Date of birth

Email: (DD/MM/YYYY):

Address:

.....

.....

Suburb/Town:

State/Territory: Postcode:

2. Please provide details of any former names or other names you may be known by:

.....

.....

3. Are you currently subject to a prohibition notice under the Education and Care Services National Law? ☐ Y ☐ N

Please note that under section 187 of the Education and Care Services National Law, a person who is subject to a prohibition notice is not allowed to work for or be engaged by an education and care service or carry out any other related activity.

4. Are you currently prohibited or restricted from working with children under any other law? ☐ Y ☐ N

Part B: Declaration

I,.....[insert full name of person signing the declaration] declare that:

1. the information provided on this form is true, complete and correct
2. the approved provider or a representative of the approved provider is authorised to verify any information provided in this form
3. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.

Signature of person making the declaration:

Signed at (place):..... on the (date)

Signature of witness: Name of witness:



Compliance history statement for a prospective family day care educator

1. Please provide information about any compliance action or disciplinary proceedings to which you have been subject under:

- the Education and Care Services National Law, including the Education and Care Services National Regulations, and
- any of the laws listed at Table 1 below, in any Australian state or territory.

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2. Are you or have you ever been subject to a prohibition or suspension notice under the Education and Care Services National Law? ☐ **Yes - please provide details below** ☐ **No**

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.....

3. Have you ever held or applied for a license, approval, registration, certification or other authorisation under the National Law which the regulatory authority refused, refused to renew, suspended or canceled (for example as a nominated supervisor, a person in day to day charge, a person with management or control)? ☐ **Yes - please provide details below** ☐ **No**

.....

.....

.....

.....

.....

4. Were you formerly registered with another approved provider? If so, please list service details and the reason(s) you left your previous role. ☐ **Yes - please provide details below** ☐ **No**

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.....

I, [insert full name]

of [insert address]

and born on [insert date of birth] declare that:

1. the information provided in this statement is true and complete, and

2. I am aware that I may be subject to penalties under a Commonwealth or State or Territory Act if I provide false or misleading information.

Signature of person making the declaration:

Signed: Date/...../.....



Medical information form

Educator's details

Name:

Address:

Part A (to be completed by Educator)

As an Early Childhood educator I understand the importance of maintaining a high standard of health and fitness and will consult with my GP to maintain this standard.

I will discuss any changes to my medical status with Intereach.

I agree to consult the Australian Government Immunisation website

<https://www.health.gov.au/health-topics/immunisation> for information regarding immunisation.

I have read the information concerning occupational risks for childcare workers.

I understand that as a Family Day Care educator I must be fully vaccinated against COVID 19.

I acknowledge it is my responsibility to check my immune status and I am aware of the special risks of influenza, rubella, toxoplasmosis, CMV, fifth disease and chickenpox in relation to pregnancy, I understand that immunisations are recommended.

Attached immunisation history statement

Signature: Date: ____ / ____ / ____

Part B (to be completed by General Practitioner)

Family Day Educators must be physically and emotionally able to care for children and must be free from any medical conditions or dependency on any medication that may affect the Educator's ability to care for children.

Please see a list of Duty Specifications over the page.

I declare, to the best of my knowledge, that:

Educator's name:

Educator's address:

.....
is of good health and free from any medical conditions or dependency on medication or substance that may affect her/his ability to care for children.

GP's name/stamp:

Address:

Signature: Date: ____ / ____ / ____

FDC Duty Specifications
• A family day care educator is required to provide quality, home based childcare for children aged 0-13 years. • Educators provide care to a maximum of seven children, only four of whom may be Pre-school age or under.
Care provision involves
• Responsibility for the overall management, control and supervision of children aged 0-13years. • Picking up and carrying children, getting children in and out of care seats, cots and high chairs • Being actively involved with children's play at the child's level • Being responsive to the needs of individual children in care • Being responsible for providing safe and hygienic conditions for children • Being responsible for administering medications in accordance with medical practitioner/ parent instructions when children are in care • Keeping accurate attendance records and other administrative records
Tasks include but are not limited to
• Sitting (for extended periods) • Walking/ standing (extended periods) • Lifting and carrying duties (light/heavy) • Pushing and pulling duties (light/heavy) • Bending and kneeling • Fine motor skills/ visual capacity e.g. ability to change clothes (button/zips), writing tasks (completing forms & Documentation) • Degree of stress- multiple demands from children/parent relationships

Household members agreements

Objective

Intereach is committed to providing an open, welcoming, and safe environment for all children who participate in the services and experiences offered.

Intereach is dedicated to maintaining a child safe environment and have a zero tolerance for child abuse. Every person involved with Intereach has a responsibility to understand their specific role in ensuring the wellbeing and safety of all children and young people in our care.

Responsibilities

Opening your home to provide Family Day Care is a rewarding and fulfilling experience for all family and household members. However, the applicant's decision to become—and continue as—a registered Family Day Care Educator can impact everyone living in the household.

To ensure the ongoing success of the Family Day Care business, as well as the safety and wellbeing of the educator, their household, and the children in care, it is essential that certain obligations and requirements are understood and adhered to at all times.

The responsibilities given below must be acknowledged and signed **annually** by all household members.

As the household member I must:

- Complete a Working with Children Check every five (5) years and maintain a cleared status.
 - If a WWCC returns a status other than 'clear' the registration of the FDC educator will be terminated
- Complete a National Criminal History Check (Police Check) every three (3) years
 - If a Police Check returns a status other than "clear," a risk assessment will be conducted. During this assessment, Family Day Care may be suspended.
- Understand that any outcome other than "clear" may result in the educator's registration being suspended or terminated.
- Inform the educator of any potential criminal convictions immediately so the coordination unit can be notified.
- Understand that Failure to disclose may result in suspension or deregistration of the educator
- Complete Child Protection Awareness Declaration prior to the educator's engagement and as required thereafter.
- Never assume the supervision responsibility for any child/ren. The registered educator is always solely responsible for supervising children.
- Ensure the home is safe and well-maintained, including but not limited to:
 - Securely closing gates;
 - Ensuring doors to entry and exits of the service and all 'red zones' are secured at all times including hazardous areas such as sheds and pools;
 - Replacing power point protectors; and,
 - Returning chemicals and medications to locked cupboards, and put away tools after use, etc.

- Maintain a smoke-, vaping, drug-, and alcohol-free environment during Family Day Care hours.
- Protect yourself from accusations of inappropriate conduct by:
 - Never being alone with children;
 - Wearing appropriate clothing;
 - Restricting access to adult content (TV, DVDs, internet, reading materials);
 - Ensuring computers/devices are password-protected and inaccessible to children or unauthorized users;
 - Never taking video footage, images or photos of children via any personal platform or device; and,
 - Using respectful language and tone when speaking with Family Day Care children, families, and staff.

Agreement

I, (Household Member Name), support
 (Educator's Name) in their current and/or future registration
 as a Family Day Care Educator with Intereach.

I understand that, as part of this registration, our home is/or will be utilised as an Education and Care Service.

I have read, understood, and agree to comply with the Household Member's Responsibilities outlined in this agreement. I acknowledge that these responsibilities apply both during the initial application process and throughout the educator's ongoing registration with Intereach.

Name: Relationship to Educator:

Signature: Date:

PRODA

The Child Care IT System commenced in July 2018. All Family Day Care Educators must register for a PRODA (Provider Digital Access) ID. This strengthens the integrity of the child care system and allows relevant staff and educators to interact with the IT system. The PRODA ID registration system is essentially a standard “100 point identity verification” process. FDC Educators will be required to register with the PRODA system by creating an account and subsequently verifying their identity by providing relevant documents.

To create an account please follow the below link

www.proda.humanservices.gov.au/pia/pages/public/registration/account/createAccount.jsf

At the end of the registration process you will receive a Registration Authority (RA) Number.

Please go to the Department of Education and Training’s website for more information **www.servicesaustralia.gov.au/organisations/business/services/proda-provider-digital-access**

For help registering, contact Intereach Family Day Care or the PRODA Helpdesk on 1800 700 199 (and select Option 1) Monday to Friday 8am to 5pm (AEDT) or email **proda@humanservices.gov.au**





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