

Educarer Application Form

About you.....

Full Name:.....

Address:.....

How long have you lived at this address?..... OWN / RENT (Please Circle)

Previous address:.....
(If less than 3 years at current address)

Home number:..... Mobile Number:.....

Email Address:..... Pay slip emailed? Yes / No

Date of Birth:..... Nationality:.....

Bank Account Number:.....

Have you ever worked for another Early Childhood Service or worked with under 5 year olds?

Yes/No

If you have worked for another ECE service, please state what service, for how long and what the reason was for leaving

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.....

Do you hold any formal qualifications including a current First Aid Cert.? Yes/No

If yes please provide details (original or certified copies of your qualifications required)

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.....

What interests you about becoming a Bright Futures Educarer?

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.....

What days and times would you be available to care for children?

Monday Tuesday Wednesday Thursday Friday

Do you consider yourself to be fit and healthy? Yes/No

If No please explain

.....
.....

Are you on any medication? Yes/No

If Yes please explain

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.....

If there anything else you think we may need to know?

.....
.....

About your home

How many adults live in your home:.....

Any person that is over the age of 17 years old is required to fill out a police check form (Consent to Disclosure).

Full Name

Date of Birth

.....
.....
.....

How many children live in your home:.....

Full Name

Date of Birth

.....
.....
.....

Do any adults in your home do shift work, or are at home during the time you will be looking after children from this service? YES / NO

Do you have a suitably fenced area for children to play outdoors in? Yes/No

Please explain

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Are you able to provide a smoke free environment? Yes/ No

(premises must be smoke free while children are in care).

Do you have pets? Yes/No

If yes please explain

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.....

If your pet is a dog – can it be restrained? Yes/No

About your transportation

Do you have access to a vehicle? Yes/No

If yes - Is it warranted? Yes/No

Is it registered? Yes/No

Do you hold a current drivers license? Yes/No

Is it a full license? Yes/No

License Number: Expiry Date:

How many car seats can be fitted into your car?

Do you have car seat anchors? Yes / No

And Finally....

How did you hear about Bright Futures? (Please circle)

Website Phone Book Newspaper Word of mouth Referral

From a Bright Futures Educarer/Parent/Whānau

Bright Futures has a referral scheme where we would like to thank the person who referred you to our service. If you wish to provide us with their name and address, we would like to deliver them a small thank you gift.

Name.....

Address.....

Declaration

I agree that the above information that I have provided in this application form is true and correct.

Signed.....

Date.....

Please give 3 references that will be able to comment on your suitability in caring for children who are not related to you.

Full Name	How do they know you?	For how long?	Contact number