

Application to be a family day carer

About yourself

Full name _____

Address _____

Suburb _____

Postcode _____ Phone _____

Mobile _____ Email _____

Date of birth _____

Where did you hear about us? _____

Reason for making application to be a care provider _____

Previous employment (including experience with children)

When would you be available to care for children. Please state days and times.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language spoken at home _____

Other languages spoken _____

Do you have permanent residency status in Australia Yes No

Please supply the names, address and phone numbers of two professional referees.

Referee one

Name: _____

Address: _____

Phone number _____

Referee two

Name: _____

Address: _____

Phone number _____

About your family

Partner's name _____ Date of birth _____

Partner's occupation _____

Children's names

	Name	Date of birth
Child 1		
Child 2		
Child 3		

Other occupants of your home

Name	Date of birth	Relationship to you

About your premises

Is your premises rented? Yes No

Do you live in a house / flat / townhouse? Yes No

If highset, would you be prepared to childproof doors, stairs and windows? Yes No

Do you have a fenced outdoor area? Yes No

Do you have a swimming pool? Yes No

Is it council approved? Yes No

Does the pool fence meet Australian safety standards? Yes No

Do you own domestic animals? Yes No

Are there any other aspects of your house or yard, which may hinder you providing a safe environment for children in your care?

Other information

A normal part of the process of assessment involves discreet enquiries being made through the Commission for Children and Young People. Each adult household member will be asked to complete and submit a criminal history check. This information will remain strictly confidential.

Do you have any objections in this regard? Yes No

I am willing to abide by the decisions of the coordinators in matters relating to my becoming a care provider with Wesley Mission Brisbane schemes.

Signed _____ Date _____

Please return to either:

Family day care and in home care centres

Balmoral Family Day Care

15 Rogoona Street

Morningside QLD 4170

P 07 3395 6700

F 07 3899 8092

Brisbane North Family Day Care

John Wesley Gardens

19 Halmere Street

Geebung QLD 4034

P 07 3350 1972

Wesley Mission Brisbane Family Day Care and In Home Care

84 Kingsley Parade

Yeronga QLD 4140

P 07 3392 9799

F 07 3392 8982