



EDUCATOR APPLICATION FORM

Confidential.

Return to: KIDDZ Homebased Early Childhood Education Service
 P.O.Box 18551
 New Brighton,
 Christchurch 8641.

First Names: _____

Surname: _____

Address: _____

Phone: _____

Date of Birth: - _____

Ethnic origin: _____ **Iwi Affiliation:** _____

Section one - Personal Details

1. How long have you lived in this community? _____

2. How many people live in your home? _____

Name	Date of Birth	Relationship	School/Occupation	Times at Home

3. Do you care for other children on a regular basis? **Yes/ No**

Date of Birth	Day & Times in Care

4. Are you presently employed? _____ Where: _____
 Days / Hours of Work: _____

5. What was your previous occupation? _____

6. Will you be actively seeking other employment in the near future? **Yes / No**

7. Are you involved in any community groups? **Yes / No**
 If yes, which group/groups? _____

8. Why do you want to become an Educator for KIDDZ? _____

9. Have you worked for any other Home-based Care provider? **Yes/No**
 If yes. Do you give permission for us to contact them for a reference? **Yes/No**
10. How does your family feel about you caring for other children? _____

11. What is your experience with children? _____

12. Do you have any early childhood or other qualifications? State which: _____

13. **Referees are required: Please list two names, plus an address and phone number.**
 (Not related to you and if possible someone who has seen you interacting with children.)
 INFORMATION SUPPLIED IS CONFIDENTIAL BETWEEN KIDDZ AND THE REFEREES.
- | | |
|--------------|--------------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Phone: _____ | Phone: _____ |
14. Do you hold a valid Drivers Licence? **Yes/ No**
 Have you the use of a car with a current warrant of fitness **Yes/ No**
 What safety restraints are fitted? _____
15. Do you and your children attend an Early Childhood service? _____ Which one? _____
16. Are you willing to take children to:
- | | |
|---|-----------------|
| Plunket and Public Health Nurse or have them visit? | Yes / No |
| Early Childhood Services, eg kindergarten? | Yes / No |
17. Do you have an injury caused by gradual process, disease or infection, repetitive strain injuries that may be aggravated or further contributed to by the task of this role? _____

18. Are you a smoker? Yes / No
 Are you prepared to provide a smoke free environment for children? Yes / No
19. Give details of any pets and their reaction to children? _____

20. What sort of care are you able to offer? (You may tick more than one)
 Full time _____ Part Time _____ Emergency _____ Before / after school _____
 Babies _____ Under 2's _____ Over 2's _____ School Holidays _____

Section Two – Working with Children

1. What activities and equipment would you provide for children in your care? _____

2. What limits do you put on television viewing? _____
3. How would you manage children's behaviour? _____

4. What do you think children's basic needs are in a childcare situation? – physical, emotional and educational?

5. What would you normally provide for:
 Snacks: _____
 Lunch: _____
 Drinks: _____

Section Three – KIDDZ Homebased Early Childhood Education Service Requirements for Educators

1. Each Educator is required to attend an orientation course unless already qualified and is encouraged to complete the Family Daycare Certificate or other relevant early childhood training.
2. Are you interested in ongoing education opportunities for Educators? Yes / No
3. Are you prepared to respect family's privacy by maintaining confidentiality?
 (However, any concerns should be shared with KIDDZ Co-ordinators) Yes / No
4. Do you have a basic knowledge of First Aid? Yes / No
5. Will you, if approved as an Educator: -
 (a) Be prepared to reach and maintain the standards set out in the **Education (Homebased Care) order 1992 and amendments**. Some of these are to be able to provide the following: -
- Clean premises / safety from dangers such as heat sources, electricity, stairs, poisons / security by fencing grounds and water / play space, activities and equipment. Yes/No

- Agree to advise your KIDDZ Co-ordinator of any changes in your situation or the conditions in the home. **Yes/No**
- Understand that numbers of children in permanent childcare arrangements are limited by the order. **Yes/No**
- Communicate and plan regularly in partnership with parents and KIDDZ Co-ordinators for the education and care of each child. **Yes/No**

(b) In relationships with children and parents avoid stereotyping and be accepting of differences in culture and ability. **Yes/No**

(A Co-ordinator will discuss and / or provide written material on the details of the above)

As a condition of becoming an Educator for KIDDZ Homebased Early Childhood Education Service, I am fully aware that myself and all members of my household over the age of 17 years must undergo a police check.

Signature: _____ Date: _____

Number of people in your household over the age of 17 years: _____
(You will receive police check forms at the initial interview)

OFFICE USE ONLY

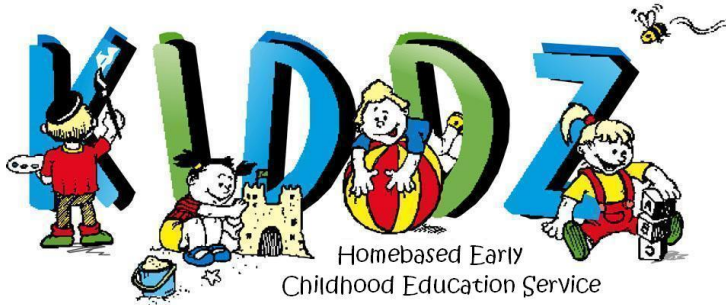
Co ordinator: _____

Network No. _____

Comments:

Forms / Information Given:

Home Visit Assessment:	_____	Safety Check:	_____
Sample Of Attn Rec:	_____	Details of placement:	_____
Contact & Payment Sheet:	_____	Attn Rec sheets & envelopes	_____
Police check sent:	_____	Police Check:	Approved / Declined



**Consent to disclosure of information
Exception – section 19(3)(e) Criminal Records
(Clean Slate) Act 2004**

To: Licensing and Vetting Service Centre
Office of the Commissioner of Police
PO Box 3017
Wellington

Note:
A stamped, self-addressed
envelope must accompany
all requests

To be completed by third party that is to receive the personal information

I declare that the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 applies to this vetting request – the individual concerned has made an application to act in a role predominantly involving the care and protection of, but not predominantly involving the delivery of education, to a child or young person). The role the person will be acting in is that of (briefly describe role):

providing childcare in a private home

Signed: _____ Print full name: _____

To be completed by individual authorising release of personal information

I hereby authorise you to disclose any information you may hold about me to the abovesigned third party. I confirm that I am aware that my full criminal record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of exception contained in section 19(3) of that Act, as set out above.

Signed: _____ Date: _____

Name: _____
Surname *First names*

_____ Sex: _____ (M/F)
Maiden or any other names used

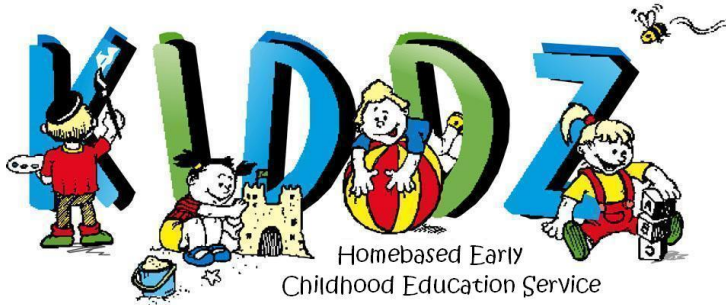
Date and place of birth: _____

Nationality: _____ Driver licence no: _____

Full residential address: _____
Street name and number

_____ *Suburb, City/town*

Comments of the New Zealand Police



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