



Educarer Application Form

Personal Information

Full Name:.....D.O.B:.....M/F:.....

Ethnic Origin:.....Are you eligible to work in NZ? (Y/N):.....

Languages spoken:.....

.....Iwi:.....

Physical Address:.....

Postal Address (if different):.....

Phone:..... Mobile:.....Email:.....

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

Education and Experience

Please complete the following regarding any training or qualifications you may hold:

Place of Training	Year	Qualification Received

Are you a smoker? (Y/N)

Are you prepared to provide a smoke free environment? (Y/N)

Do you hold a full drivers licence? (Y/N)

If Yes, what is your licence no. & class.....

Do you have the use of a vehicle that has a current WOF and registration? (Y/N)

Does your vehicle have approved safety bolts fitted for child restraints? (Y/N)

Are you prepared to have safety bolts and child restraints checked annually? (Y/N)

Do you have any driving convictions? (Y/N)

If yes please state details:.....

Do you have a current first aid certificate? (Y/N)

If not, are you prepared to obtain one? (Y/N)

Have you made any ACC claims in the last 5 years? (Y/N)

If Yes, please state details:.....

Do you suffer from any medical condition or disability that may affect your ability to care for the health, safety and wellbeing of children in your care? (Y/N)

If Yes, please state details:.....

Work History (please complete a separate sheet of paper if insufficient space)

Employer	Date From / To	Type Of Work	Reason for Leaving

Are you presently employed? (Y/N)

If so, where.....hours of work.....

Do you have a New Zealand work permit? (Y/N)

What was your previous (or is your current) occupation?.....

Are you involved in any community groups? (e.g. Plunket, School, Church, other)

.....

Is your property fully fenced? (Y/N)

Why do you want to become a Giggles Educarer?.....

.....

.....

What personal skills and attributes do you possess?.....

.....

What are your hobbies and interests?.....

.....

What equipment / activities would you offer to children in your care?.....

.....

.....
How would you discipline children in your care?.....
.....
.....

What limits would you put on television?.....

Types of Positions

Please place a tick beside the positions you are interested in.

- Educator working in own home
- Educator working in the child/family home
- Full Time
- Part Time
- Live In
- Live Out
- Special Needs
- Emergency
- 24 Hour Care
- Overnight
- School Holidays
- Parents at home
- Sole Care
- Interim Care
- Maternity Care
- Household Duties
- Babies
- Under 2s
- Over 2s

What days are you available to work: (Please circle applicable)

Mon Tues Wed Thurs Fri Sat Sun

Which evenings are you available to work? (Please circle applicable)

Mon Tues Wed Thurs Fri Sat Sun

Do you currently care for "other peoples" children in your home? (Y/N)

If Yes, please give details

Child's Name	DOB	M/F	Days in Your Care	Times

Police Vetting

It is a requirement that children are protected from abuse. It is a requirement that all Educarers and members of their household are free of convictions, which relate to the Ministry of Education Home Based Care Regulations. No person with a record of crime against children is permitted to be in the house with a child in Home Based Care.

What is looked for in Police Vet of any Criminal Record?

Immediate Rejection

*Any crimes against children
Crimes of a sexual nature*

Rejection Considered

- *Crimes of violence against another adult (rejection is likely, particularly for domestic violence, but sometimes investigation and consideration of the circumstances is warranted)*
- *Abusive behavior (as above)*
- *Currently serving a sentence*
- *Dishonesty*
- *Crimes involving betrayal or manipulation of someone who is vulnerable*
- *Dangerous or reckless driving (if part of job / role description)*
- *Serious or continual drug offences*
- *Alcohol related offences, which include an alcohol problem*

If there is a charge pending a court hearing, the application to join Giggles Home Based Care must be held over until the outcome of the charge is known.

Yourself as the applicant and all household members over the age of 17 will need to fill in a disclosure of information form (form1 or form2) on our website so that you may be vetted by police.

Have you or a member of your household ever been convicted of a criminal offence?

(Y/N)

Are you or a member of your household awaiting the hearing of charges in a civilian Court? (Y/N)

Iwish to disclose the following convictions / charges pending:

.....

.....

.....

Have you or any of your household been involved with Child Youth and Family Service? (Y/N)

People Living in your Home

Please list the people living in your home over 17 years of age

Name:	DOB	Relationship:	At School / Employed	Times at home

Children under the age of 17

Name	DOB	Gender:	School or ChildCare

Have you applied to be a home based carer with any other Homebased Childcare Service now or in the past? (Y/N)

If Yes, which service?.....

Do you have any pets? (Y/N)

If Yes, please state type, breed and behavior towards children.....
.....

Giggles Home Based Care Requirements

If selected as a Giggles Educarer:

1. I agree to attend an induction training session.
2. I agree to hold and maintain a current first aid certificate at my own expense.
3. I agree to maintain the confidentiality of the children and their families that I provide care for.
4. I agree to provide a safe and stimulating environment for the children in my care.
5. I agree to notify Giggles Home Based Care of any problems or concerns relating to any child placement.
6. I understand that I will not be able to be a Giggles Educarer should any private childcare arrangements be made.
7. I agree to notify Giggles Home Based Care of any alterations to my home including building renovations (applies to Educarers working out of their own homes only).

8. I agree to my home undergoing a safety check before being accepted.
(applies to Educarers working out of their own homes only).
9. I understand that as a Educarer working in the child's own home I will be employed by the family and will not be an employee of Giggles Home Based Care and that I may be responsible for any personal tax and ACC obligations.

I certify that the above information is correct and that I have read, agreed and will comply with all the conditions.

Signature..... Date.....

Applicant's Checklist

Disclosure of Information Form

References Form (non medical)

Doctor's Reference Form

Copy of First Aid Certificate

Copy of Drivers License

Copy of Early Childhood Qualifications

Please post this application form with any applicable attachments to:

Giggles Home Based Care
PO Box 767
Te Puke