



Nature Alliance Family Day Care Service

Application for Registration & Membership



This form is to apply for Registration and Membership with Nature Alliance Family Day Care Service. If Nature Alliance is able to progress your application, a non-refundable registration fee of \$400 (inc GST) ("Registration Fee") is to be paid. An orientation package will follow. The registration and orientation process is expected to be completed within three months of you receiving it. If your Application is successful, a membership fee of \$350 (incl GST) will be paid in addition to the Registration Fee on a financial year basis. By completing this Application, you acknowledge that it does not guarantee membership with Nature Alliance Family Day Care Service.

Attach your
Passport
photo here

Personal details

Mr/Mrs/Miss/Ms Names:

Surname:

Address:

Town / Suburb:

State:

Postcode:

Centrelink Customer
Reference Number (CRN):

PRODA Number:

Mobile:

Home Phone / Back up Communication Device:

Email:

Date of birth:

Sex: F ☐ M ☐

Country of birth:

Nationality:

Language(s) spoken (other than English):

Next of Kin Details (in emergency)

Given names:

Surname:

Mobile:

Home Phone:

Email:

Are you an Australian Citizen? Yes ☐ No ☐ Country of Citizenship: _____

How well do you Speak English? Fluent ☐ Good ☐ Fair ☐ Poor ☐

How well do you read English? Fluent ☐ Good ☐ Fair ☐ Poor ☐

Do you currently have your own children enrolled in Family Day Care? Yes ☐ No ☐

Does your partner currently have their children enrolled in Family Day Care? Yes ☐ No ☐

If you work as a Family Day Care Educator, your children, or your partner's children, will no longer qualify for subsidy payments if they attend a Family Day Care in the same 24hour period that you are providing care, exceptional circumstances may apply.

Medical Statement

You are required to make a statement stipulating that you are physically and mentally able to look after a group of children 0 – 12 years, and the effect of any medication you are taking will have on your ability to care for the children. Please answer the following questions:

Are you taking any medication that could affect your ability to make quick judgments? Yes ☐ No ☐

Are you suffering from any condition that would affect your mobility? Yes ☐ No ☐

In your opinion, are you physically, emotionally and mentally able to care for young children in your home unsupervised? Yes ☐ No ☐

Are you suffering or being treated for any alcohol or substance related illness? Yes ☐ No ☐

Have you ever engaged in any alcohol or substance abuse? If YES, please attach a Statutory Declaration regarding any alcohol or substance abuse and your current lifestyle. Yes ☐ No ☐

Are you fully aware of the recommended immunizations for adults working with children? Yes ☐ No ☐

Do you have any further information or considerations that you would like to comment on? Yes ☐ No ☐

Financial Statement

You are required to make a statement, declaring that you are financially able to operate a Family Day Care business. Please answer the following questions.

Have you ever been declared bankrupt? Yes ☐ No ☐

Have any default judgements been made against you in court? Yes ☐ No ☐

Are there any outstanding writs against you? Yes ☐ No ☐

(Note: If you have answered YES to any of these questions, you will be asked to provide additional details before your application can be assessed.)

Do you believe you will be able to financially operate this service? Yes ☐ No ☐

Your home (Not applicable to Educators intending to operate in a relief capacity)

What type of home do you live in? House ☐ Unit ☐ Rural ☐ Other ☐

If other, please describe: _____

Do you? Own ☐ Rent ☐ Landlord consented to use: Yes ☐ No ☐ Strata: Yes ☐ No ☐

If the property is rented, a letter from the property owner or landlord approving use of the rental property as a family day care residence or venue is required.

If the property is a Strata lot, will your insurance cover you if you operate a business from there? Yes ☐ No ☐

Does your residence have a swimming pool or spa? Yes ☐ No ☐ ***If yes, membership may not proceed***

Your Family (Not applicable to Educators intending to operate in a relief capacity)**Your Partner's details (if applicable)**

Given names:	Surname:
Mobile:	Home phone:
Email:	
Date of birth:	Sex: F ☐ M ☐
Country of birth:	Nationality:
Language(s) spoken (other than English):	

Will your partner be active in running the business? Yes ☐ No ☐ If yes, Please provide details:

Residents at Your Home (Not applicable to Educators intending to operate in a relief capacity)

Please provide the names and birth dates of all adults and children who usually live at, or are likely to be present, at your residence when the business is operating.

For each person listed, who is over the age of 18 years, is to provide a National Police Certificate, not more than 6 months old at time of the Application, and a current Working with Children Check to Nature Alliance.

Details of Residents at Your Home

Given Names	Surname	Date of Birth	Sex
			F ☐ M ☐
			F ☐ M ☐
			F ☐ M ☐
			F ☐ M ☐
			F ☐ M ☐
			F ☐ M ☐
			F ☐ M ☐
			F ☐ M ☐
			F ☐ M ☐

Do you or any of the above residents smoke or vape? Yes ☐ No ☐ If yes, please provide details:

Do you have any pets? Yes ☐ No ☐ If yes, please list type (incl breed):

Are your pets able to be housed in an area that is secured separately from the area to be used for FDC? Yes ☐ No ☐

Qualifications

Do you have any formal training qualifications? Yes ☐ No ☐

Please attach certified copies of any Childcare or equivalent qualifications.

Please list your formal qualifications: _____

Please list any skills you believe will support your application:

Business experience / Employment history

A current Curriculum Vitae is required with your application.

Attached: Yes ☐ No ☐

Current employment (if applicable)

Present occupation:

Current employer:

Date commenced:

Address:

Town / Suburb:

State:

Postcode:

Describe duties and responsibilities: _____

Previous employment (if applicable) for past 3 years

Occupation:

Employer:

Date commenced:

Address:

Town / Suburb:

State:

Postcode:

Describe duties and responsibilities: _____

Have you lived or worked overseas in the past three years? Yes ☐ No ☐ If Yes, please provide an overseas criminal history statement.

Have you ever been subjected to a formal disciplinary proceeding or action under any education or child care law in any jurisdiction? Yes ☐ No ☐ If Yes, please attach a statutory declaration regarding the disciplinary proceeding.

Running your business

Do you have the following? Scan/Fax ☐ Computer ☐ Printer ☐ Internet ☐

If not, how do you intend to forward and receive documents?

Details of your ABN number ____ ____ ____ ____ ____ ____ ____ ____

Personal development

What further training/education do you think you will need to begin or develop your business

At Nature Alliance we encourage educators to liaise and build professional networking partnerships with each other. To allow this to happen we seek your permission to pass on your name, phone numbers and email details to other Nature Alliance Educators.

Yes ☐ No ☐

Operating information

A minimum of 120 hours must be worked with 4 children in attendance. A minimum levy will apply after 3 months of operation. Which days are you planning to operate your service?

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

Other types of care you intend to provide:

Overnight care ☐ Before and after school hours care ☐ Pickup and drop offs ☐

Type of Vehicle: _____ Number of seats: _____ Number of child car restraints: _____

Educator Web Profile

We invite you to provide a brief overview of you self and your service in a “word document” to be placed on the Nature Alliance Family Day Care Service website. This information will be accessed by the public and families will be able to make direct contact with you so it is important to list your phone number. Up to 4 photos of yourself and your environment can also be included.

Document attached.

I wish to promote my service in this way. Yes ☐ No ☐

Personal references

Please provide the names of two referees (one who has experience in children's service e.g. childcare worker, teacher or similar, as well as someone who you have worked with in a paid or unpaid capacity who is not related).

Please let these people know they will be contacted by Nature Alliance Family Day Care in regards to your application.

Referee 1

Surname:		Given names:	
Address:			
Town / Suburb:		State:	Postcode:
Mobile:		Home phone:	
Occupation:		Years known:	

Referee 2

Surname:		Given names:	
Address:			
Town / Suburb:		State:	Postcode:
Mobile:		Home phone:	
Occupation:		Years known:	

General information

To assist Nature Alliance in servicing the community, please indicate how you heard about us.

Existing Educator ☐ _____ Friend / Family ☐ Existing Service user ☐
(Please provide their name)

Website ☐ Other advertising ☐ _____
(Please provide details)

Compliance History Statement

Are you or have you ever been subjected to a prohibition or suspension notice under the Education and Care Service National Law? No ☐ Yes ☐ Please provided details: _____

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

- The Education & Care Services National Law, including the Education & Care Services National Regulations, and
- Any of the laws listed in Table 1 at the end of this document, in any Australian state or territory.

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 cancelled (for example as a nominated supervisor, a person in day to day charge, a person with management or control)? No ☐ Yes ☐ If yes, please provide details:

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

Declaration

In completing this application to be registered with Nature Alliance Family Day Care Service, I acknowledge that Family Day Care WA does maintain a register of denials, revocations and suspensions relating to Educators. This register will be checked prior to the application being considered. In the event of any Educator being in breach, receiving a prohibition notice or suspension their name may be added to this register.

I agree to notify Nature Alliance Family Day Care Service if my children or my partner's children attend a Family Day Care Service while I am providing Family Day care in the same 24 hour period.

I (Insert Full Name) _____ of (Insert Address) _____
_____ and born on (insert date of birth) _____

Declare that all information is true and complete at the time of completing this form and agree to advise of any changes as they occur in the future. 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. I understand this application does not guarantee membership to become an Educator with Nature Alliance Family Day Care Service.

Signature of person making the declaration: _____ Date: _____

Registration and Membership Fees and Payment options

Once the Application for Registration and Membership form is accepted, a fee of \$400 (incl. GST) will need to be paid before the application can progress. Nature Alliance will advise you when to pay, this fee is non-refundable. Payment is via EFT and you will find the details below.

☐ **Direct Deposit:**

Account Name: **MR Holdings Pty Ltd trading as Nature Alliance Family Day Care Service**

BSB: **016-580** Account Number: **209837864** Reference: **"your name"**

If your application is accepted the remaining membership fee of \$350 must be paid prior to membership being granted.

Documentation to be forwarded with application

TO:

Nature Alliance Family Day Care Service

PO Box 505, Dunsborough WA 6281

or

Email : info@naturealliancefdc.com.au

<i>Office Use only:</i>	<i>Documents received</i>	<i>Date</i>	<i>Actioned by</i>
	<i>Payment Received</i>	<i>Date</i>	<i>Actioned by</i>
	<i>Receipt Issued</i>	<i>Date</i>	<i>Actioned by</i>

Notes:

TABLE 1**Other relevant laws, including children's services laws, education laws, and former education and care services laws in any Australian state or territory**

Australian Capital Territory	Children and Young People Act 2008 Education Act 2004 Working with Vulnerable People (Background checking) Act 2011
New South Wales	Children and Young Persons (Care & Protection) Act 1998 Education Act 1990 Institute of Teachers Act 2004 Teaching Services Act 1980 Commission for Children & Young People Act 1998
Northern Territory	Care & Protection of Children Act Care & protection of Children (Children's Services) Regulations Education Act Teacher Registration (Northern Territory) Act and Regulations
Queensland	Child Care Act 2002 Child Care Act 1991 Education (Accreditation of Non-State Schools) Act 2001 Education (General Provisions) Act 2006 Education (Overseas Students) Act 1996 Education (Queensland College of Teachers) Act 2005 Higher Education (General Provisions) Act 2008 Family & Child Commission Act 2014
South Australia	Children's Protection Act 1993 Children's Services Act 1985 Education Act 1972
Tasmania	Child Care Act 2001 Education Act 1994 Education Act 2016 Teachers Registration Act 2000 Registration to Work with Vulnerable People Act 2013 Children, Young Persons and their Families Act 1997
Victoria	Children's Services Act 1996 Education & Training Reform Act 2006 Working with Children Act 2005
Western Australia	Education and Care Services National Law (WA) Act 2012 Education and Care Services National Regulations 2012 School Education Act 1999 Western Australian College of Teaching Act 2004 Working with Children (Criminal Record Checking) Act 2004