



**SCHEME MEMBERSHIP APPLICATION**

*I wish to apply for membership of Community Vision Family Day Care Scheme*

**PERSONAL DETAILS:**

Title: Mr, Mrs, Miss, Ms (Please circle)

Surname of Applicant..... Given Names .....

Preferred Name.....

Residential Address.....

.....Post Code.....

Telephone:

Home.....Business.....Mobile.....

Email.....

**EXPERIENCE AND TRAINING:**

Formal qualifications.....

Previous and/or current occupations.....

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Relevant experience with children (example, own children, babysitting)

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Any specialised experience with children (example: children with special needs, children with English as a second language)

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Other skills and interests

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 .....

Please list provide the following details of all the residents in your home (care provision premises)

Name	Relationship to applicant	Date of birth	Occupation or highest level of education

Number of own children, NOT residing at the licensed premises.....

Are any of the residents a shift worker?    Yes    No    (Please circle)

If YES, please state name of person.....

Is the licensed premises owned or rented?.....

**FAMILY DAY CARE LICENCE**

Have you ever held a Family Day Care Licence?    Yes    No    (Please circle)

If YES, state when ..... where .....

Do you have a current Family Day Care Licence? Yes No (Please circle)

If YES, state the Licence number ..... Expiry date.....

Do you have a Licensed Relief Carer for your service? Yes No (Please circle)

If YES, please provide their details

Name..... Contact number .....

Do you have a Co- Licensee? Yes No (Please circle)

If YES, please provide their details

Name..... Contact number.....

**OPERATION OF FAMILY DAY CARE SERVICE**

What days will you be available to provide care for children? (Please tick the appropriate box)

<b>MONDAY</b>		<b>TUESDAY</b>		<b>WEDNESDAY</b>		<b>THURSDAY</b>		<b>FRIDAY</b>
<b>SATURDAY</b>		<b>SUNDAY</b>		<b>OCCASIONALLY</b>		<b>SHIFT WORK HOURS</b>		

What hours stated on your Licence application are you available to care for children?

From.....am To.....pm

What ages of children would you prefer to care for?

- 0-2 years of age
- 3-5 years of age
- 6-12 years of age

What areas in your home are available to children in your care?

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Your attendance and participation at the Scheme's orientation training is a prerequisite to gaining Scheme membership. Please indicate the times most suitable for you to attend this training

- Monday 7pm- 9pm
- Tuesday 7pm – 9pm
- Wednesday 7pm – 9pm
- Thursday 7pm – 9pm
- Friday 7pm-9pm

**GENERAL**

Do you have a current Driver's Licence? .....

Do you have access to a motor vehicle? .....

How many passengers is your vehicle licensed to carry?.....

Are there any other businesses operating from the licensed premises

- Yes
- No

If YES, please provide details about the business

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**Signature..... Date .....**