

CONFIDENTIAL

APPLICATION FORM FOR EDUCATOR REGISTRATION



Date _____

1. PERSONAL DETAILS:

Name _____

Address _____

_____ Post Code _____

Phone Numbers: Home _____ Work _____

Mobile _____ Email _____

Date of Birth _____ Country of birth _____

Cultural Background _____

Languages spoken other than English _____

Do you own your own home Y/N _____ or, Rent _____ Rates notice Y _____ N _____(Rental)

2. REFERENCES:

Please provide names and addresses of two (2) people who may be contacted about your Application. They should have known you for at least 12 months and **not** be related to you.

1.Name _____

2.Name _____

Address _____

Address _____

Post Code _____

Post Code _____

Phone _____

Phone _____

Email _____

Email _____

3. AVAILABILITY

What days, hours, times are you planning to operate your service?

4. DETAILS OF HOUSEHOLD MEMBERS:

Partner's Name _____ Partner's Occupation _____

Phone numbers: Work _____ Mobile _____

Emergency Contact Person _____ Phone Number _____

Children's Names	Sex	Date of Birth	Current Age

Do you have any people, other than the above, living in your home? If so, please give details

Name: _____ Relationship to you _____

DOB: _____

Do you have any regular visitors to your home?

Please return the following in the envelope provided:

- Completed Application form
- Resume outlining your experience, qualifications and availability
- Copies of relevant certificates (if applicable)
i.e. First Aid
Childcare qualifications
Business qualifications