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**Family Dare Care – Educator Expression of Interest**

**Your Details**

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| **Full Name:** |  | |
| **Address:** |  | |
| **Contact Phone:** | Mobile: | Home: |

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| 1. **Ages of children living with you?** |
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|  |  |
| --- | --- |
| 1. **Renting / Home Owner (please circle)** | |
| **Renting** | **Home Owner** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Proposed days and times available to conduct Family Day Care** | | | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Start:** |  |  |  |  |  |  |  |
| **Finish** |  |  |  |  |  |  |  |

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| 1. **Please describe your experience of working with children** |
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| 1. **Do you hold or have the ability to obtain a National Criminal History and Working with Children Check?** |
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| 1. **Please provide details of your current qualifications in Certificate III Early Childhood Education and Care below.** |
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| 1. **What is your reason for choosing to become a Family Day Care Educator?** |
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| 1. **When would you be available to commence?** |
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| 1. **If successful in obtaining the ‘Start Up’ payment what do you intend spending it on? (choose all that apply)** | | | |
|  | **Purchasing Educational toys or equipment** |  | **First Aid Qualifications** |
|  | **Public Liability Insurance** |  | **Window Glazing / Installation of Safety Glass** |
|  | **Upgrade or installation of fencing** |  | **Car Seats / Restraints** |

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

Please Return this form to [fdcinfo@mildura.vic.gov.au](mailto:fdcinfo@mildura.vic.gov.au) or

Deliver to Family Day Care Deakin Avenue Service Centre 76-84 Deakin Avenue Mildura 3500

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