



Homebased Childcare Services (Ltd)
Top Quality Education & Care for Children in small groups

Application form.



15 Moody Ave,
Whau Valley
Whangarei 0112

Phone: 09 459 1778
0800 459 1778 (land line only, outside of whangarei)

Website: www.bjschildcare.co.nz
Email: info@bjschildcare.co.nz



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Thank you for your interest in becoming an Educator with BJ's Homebased Childcare Services (Ltd).

Please find enclosed an application form, an information booklet and pamphlet. If you have any further question or queries please don't hesitate to contact us.

If you decide that this wonderful opportunity is one that you would like to take, please send back you application and will we contact you to make a time for an appointment for an interview.

The interview process is as follows:

1. BJ's receives your Application form.
2. Police checks are processed to vetting service.
3. References checked.
4. An interview appointment is made.
5. An appointment with BJ's Homebased Childcare Services to visit your home to complete a Health and Safety check.

Please complete and send the police check along with your Application form. Police checks must be completed for anyone over the age of 17 years that is living in your home. If you need more copies please let us know.

Here are some guidelines that the Health and Safety check will be requiring:

- Smoke alarms installed and working,
- Safety catches on cupboards i.e. Bathroom, kitchen and laundry if there are any issues of poisons or shape objects eg: alcohol, medication, cleaning products.
- A fully fenced area of at least 20 square meters over 1.2 metres or more, which children cannot climb over, under or through it - in other words children can not leave your outside area.

We look forward to hearing from you soon.

Sincerely

Betje Read
(Managing Director).



Educator application form.

Name of Applicant: _____ Date of Birth: _____ Age: _____

Address: _____ Post code: _____

Day time no: _____ Night time no: _____ Mobile number: _____

Email: _____ First Aid certificate: No / Yes expires: _____

Ethnicity _____ Iwi: _____ Nationality: _____

License number: _____

How did you know about this organization?

- BJ's Website Phone book
- Other website (please specify) Word of mouth: _____
- Newspaper (please specify) Referral (please specify) _____
- Were you recommended to BJ's Homebased Childcare Services?
- If so by who? _____

Do you have a vehicle: YES / NO. Current warrant of fitness YES / NO Registered? YES / NO

Do you drive YES / NO - Learners - Restricted - full license - N/A

(this is not a requirement to become an Educator). Please supply a photocopy of your license with your application.

What made you decide to apply to become an Educator for BJ's Homebased Childcare Services?

People living in your home:

Name:	D.O.B	Age	Relationship to you

Does your husband or partner do shift work or are at home during the time you will be looking after children from this service? No / Yes

Do you rent or own your home? Rent / Own. How long at this address? _____

Do you have access to a phone YES / NO landline mobile (please circle what applies to you).

If you have only a mobile you must have credit on your phone at all times in case you need to phone families in your care or BJ's in case of an emergency, will this be a problem YES / NO

Are you currently working, YES / NO. How much notice are you required to give to your employer to stop your current position? _____

Where have you previously worked, to what capacity and what was your role? _____

When are you available to start work? _____

A Coordinator will do a safety check and we ask that you meet BJ's safety standards at all times? Will you ensure that you meet this at all times once a safety check has been processed YES / NO

When is the best time for you to be interviewed? _____

Have you applied to work with any other Homebased Childcare organizations? YES / NO

Do you have a suitable fenced area for children to play outside or can an area be fenced? YES / NO

Have you worked with children under the age of five YES / NO, if yes what are your experiences?

State of Health - do you consider yourself to be fit and healthy? YES / NO Please explain.

Do you or your family suffer from any physical or mental health issues? YES / NO

If yes please explain:-

Are you on any medication YES / NO Please explain

Do you or your family members smoke? YES / NO

Are you aware that no one is to smoke on the premises while you are working with children? YES / NO

Will this be a problem? YES / NO

What equipment, activities, outings etc would you provide for children while in your care?

What kind of programmes do you feel are suitable for children to watch in your care, what are your limits on watching TV?

How would you manage children's behaviour when they have been disruptive?

Please state anything else you think we may need to know.

Have you done any training in Early Childhood qualifications? YES / NO - Please provide details and copies _____

BJ's Homebased Childcare Services ask that all new Educators joining are to enroll and complete the Certificate in Early Childhood Practice with the Open Polytechnic of New Zealand.

- A specifically designed qualification for early childhood education with a Homebased Childcare strand.
- The opportunity for enhanced quality for children and families participating in home-based early childhood care and Education.
- The opportunity for Educators to pursue qualifications and career options, correspondence.
- The qualification is being developed by the Open Polytechnic of New Zealand, written by Val Podmore and endorsed, by the NZ Home-based ECE Association and Barnardos.
- The Certificate in Early Childhood Practice will provide Educators with not just the 15 credit but a **40 credit qualification at level 4!** This is a foundation skill certificate prior to enrolling in the ECE Degree if Educators wish to study further takes 32 weeks and there are 3 intakes per year.

Are you willing to enroll and complete a course to meet BJ's Homebased Childcare Services requirements?

YES NO because _____

Any person that is over the age of 17 years old is required to fill out a police check application form. For this service are you or other members of the family willing to complete this attached form and return it with your application form. YES / NO (This is a requirement from the New Zealand Homebased Care Order 1993 Act).

Please supply the Name's of three referees that are not related to you preferable that you have worked with or have seen you with children.

1. NAME: _____

How do they know you: _____

For how long? _____ When is the best time to contact them: _____

Phone Number: _____ Mobile number: _____

2. NAME: _____

How do they know you: _____

For how long? _____ When is the best time to contact them: _____

Phone Number: _____ Mobile number: _____

3. NAME: _____

How do they know you: _____

For how long? _____ When is the best time to contact them: _____

Phone Number: _____ Mobile number: _____

I agree that the information that I have provided in this application form is true and correct.

Signed: _____ Date: _____



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Licensing and Vetting Service Centre
Police National Headquarters
PO Box 3017
Wellington 6140

Note:
A stamped, self-addressed envelope
must accompany all requests

To be completed by third party that is to receive the personal information

I declare that the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 applies to this vetting request – the individual concerned has made an application to act in a role predominantly involving the care and protection of, but not predominantly involving the delivery of education to, a child or young person. The role the person will be action in is that of (briefly describe role):

Home Based Caregiver

Signed: _____ Print full name: *Betje Read*

To be completed by individual authorising release of personal information

I hereby authorise you to disclose any information you may hold about me to the above signed third party. I confirm that I am aware that my full criminal record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of exception contained in section 19(3)(e) of that Act, as set out above.

Signed: _____ Date: _____

Name: _____
Surname First names

_____ Sex: M / F Age: _____
Maiden or any other names used

Date of birth: _____ Place of Birth _____

Nationality: _____ Drivers licence no: _____

Full residential address: _____
Street name and number

Suburb, City/town Post Code

Phone Number: _____ Cell Phone Number: _____

Comments of the New Zealand Police

Agency Code: B50077

Consent to disclosure of information
Exception – section 19(3)(e) Criminal Records (Clean Slate) Act 2004

