**Educator Application form**

Name...............................................................................................Date of birth.....................................

Preferred name........................................................................Male/Female...........................................

ID 1 Details.......................................................ID 2 details................................................(Copies provided – one must be photo ID

Ethnicity..........................................................................................Iwi affiliation...................................

Address...................................................................................................................................................

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Landline phone....................................................................Cellular phone............................................

Email.............................................................................................................

Preferred contact times.............................................................................................

1. How long have you lived in this community?...................................................................................

2. How many people live in your home?.........................(Please give details below)

NAME DOB RELATIONSHIP SCHOOL/WORKPLACE TIMES AT HOME

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3. How long have you lived at this address?.............................................................................................

4. Is this home rented or owned by you (rented properties require a letter of confirmation from the lanlord that the property complies to any local building bylaws. Owned properties must be able to attest to complying to this same set of bylaws)?.....................................................................................

5. Do you care for children on a regular basis?........................................................................................

6. What is your previous 5 years job history?(CV or Chronological order).....................................................................................................................................................

7. Time at most recent occupation.............................................................

Reason for leaving previous position?...................................................................................................................................................

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8. Are you involved in any community groups?.......................................................................................

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9. Have you ever applied or become a volunteer or educator for another home based education programme? (Please give details – reason for leaving, time with service etc)

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10. Are your family supportive of you educating children in your own home?......................................

11. What previous experience have you had caring for children?..........................................................

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Why do you think you would be suited to this role?..........................................................................................................................................................

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12. Please list previous qualifications.....................................................................................................

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13. Are you in good health? YES/NO

Are you on any medication? YES/NO if yes what is the medication for?........................................

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14. Do you or your family have and physical or mental health issues? YES/NO (Please give details)

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15. Are you or anyone in your household a smoker? YES/NO

The ministry of education require us to provide smoke free environments for children, both indoors and out. How would you provide this atmosphere?

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16. Do you have any pets? YES/NO (Please give details)

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How do they relate to children?

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Are you willing, if required, to restrain pets while children are in care?

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17. Do you have a current drivers licence? YES/NO (please give details – Status of licence)

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18. Do you have a motor vehicle with a current warrant of fitness and registration? YES/NO

Date warrant expires........................Date registration expires.....................

19. What experiences and equipment can you provide for children in your care?

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20. Are you prepared to offer messy play activities on a regular basis? YES/NO

21. What limits do you place on television watching?

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22. How would you manage children’s behaviour?

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23. Why do you wish to become an educator with Kids Pace Education?

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24. All educators who are contracted to Kids Pace, plus all peoples 17 years or over living in or frequenting the property where care will take place, must be vetted by the Police. Do you have any criminal convictions?( These might include but are not limited to crimes against children, assault charges, drinking charges, burglary, and driving charges) YES/NO If yes please explain below.

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Te Whaariki is our early childhood guiding curriculum document in New Zealand and this is a bicultural curriculum. Becoming an educator means that you must be part of a learning process that embraces the Treaty of Waitangi and the Bicultural values held in New Zealand. Bicultural learning is woven into all of our profressional devlopment opportuntities. Are you willing and able to embrace this learning for the children you educate? YES/NO

Are you prepared to commence level 4 ECE study within 6 months of starting? YES/NO

Please list any children you may have to enrol

Name...........................................................................................DOB....................................................

Name...........................................................................................DOB....................................................

Name...........................................................................................DOB....................................................

Name...........................................................................................DOB....................................................

Vetting forms attached YES/NO

Health & Safety complete YES/NO

Current first Aid certificate YES/NO (A current first aid certificate is required within four months of start date)

Are you working for gain or reward (this means are you or are you going to be paid in some way for the role that you will fullfil with Kids Pace Education)? YES/NO

I understand that once per term I am required to attend a compulsory professional development course with Kids Pace Education YES/NO

I understand that by signing this form, should I be accepted as an educator for Kids Pace, I must inform Kids Pace Management of any convictions that arrise during my time contracted to Kids Pace YES/NO

Sign………………………………………………………………………………………….Date………………………………………………….

Please list three referees who have seen you with children or can provide a character reference for you (not family or friends)

Name...........................................................Phone.......................................Occupation..........................

Name...........................................................Phone.......................................Occupation..........................

Name...........................................................Phone.......................................Occupation..........................

I agree to give three weeks written notice if I wish to withdraw from the service.

Educator declaration:

I declare that all of the above information is true and correct to the best of my knowledge

Educator signature.................................................................................................Date...........................

Service provider signature.....................................................................................Date...........................