

IHC – Service Registration Membership Application

Your Details			
Title		Date of Birth	
Surname			
Given Name			
Preferred Name			
Address			
Telephone (Mob)		Other	
Email			
Country of Birth			
Primary Language			
Marital Status			
Do you have children? <i>If yes please provide detail of number and age of children</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you previously been an In Home Care Educator with another service? <i>If yes, please provide detail of service</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Experience and Training			
Recognised Qualification			
Year obtained			
Please provide detail of previous and current occupation/ employment. <i>Please attach separate document if you require additional space</i>			

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Applies to:	Wanslea IHC	This document is uncontrolled in hard copy format.			



Please provide detail of relevant experience with children *i.e. own children, babysitting, employed in child related role. Please attach separate document if you require additional space*

Please provide detail of specialised experience with children *i.e. children with additional needs, multilingual families. Please attach separate document if you require additional space*

Please provide detail of additional skills or personal interests. *Please attach separate document if you require additional space*

In Home Care Operations

Which age group of children will you look after? *Please tick all if you don't have a preference*

0 to 2 years

3 to 5 years

6 to 12 years

How many children could you offer care to at one time?

1

2

3

4

5

6

7

What days and hours per week will you operate your business? *Please provide detail*

Where did you hear about Wanslea In Home Care? *Please provide detail*

Nominated referees

Please nominate two referees. These referees cannot be family members or close friends. Please let your referees know that you have nominated them and that they will be receiving a phone call from Wanslea In Home Care.

Referee One (a person you have worked with in paid or unpaid work related to childcare or a person from an organisation/business that you have had contact with)

Name	
Position	
Company	
Email	
Phone Number	

Referee Two (a person of good standing or status in the community who can attest to your character)

Name		
Relationship to Applicant		
Email		
Phone Number		

Other Information

Please provide detail of any other relevant information. *Please attach separate document if you require additional space*

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Declaration

I hereby state that the information I have provided in this form is true and correct to the best of my knowledge.

Yes

Full Name of Declarant			
Signature of Declarant		Date	