



**Educators Enrolment Form**

Name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female: \_\_\_\_  
 Home telephone: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Home email address: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
 Iwi affiliation if Maori: \_\_\_\_\_  
 Languages spoken in the home: \_\_\_\_\_  
 How many people live in your home: \_\_\_\_\_

Name	D/O/B	Relationship	School/Workplace	When at Home

Do any of your children attend an Early Childcare Services:      Yes      No  
 If yes, which one: \_\_\_\_\_

**MEDICAL INFORMATION**

Family Doctor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_

Do you have any special requirements including allergies / health, medications past or present?  
 \_\_\_\_\_  
 \_\_\_\_\_

(Please provide a medical letter from your doctor outlining the above information)

**Emergency Contacts**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**General Information**

Do you hold a current Full Drivers License? Yes No (please provide a copy)

Drivers License Number and Expiry Date \_\_\_\_\_

Do you own a car? Yes No

Does your car have a current Registration and Warrant of Fitness? Yes No

Date of Reg \_\_\_\_\_ Date of WOF \_\_\_\_\_

Cars Registration: \_\_\_\_\_

Are you a smoker? Yes No

Is there anyone in your home that's a smoker? Yes No

It is a Ministry of Education regulation that our educator's homes are smoke free (including the outside area) when children are in your care on the property. How are you going to follow these guidelines?

\_\_\_\_\_

What sort of Position are you looking for? (Please tick)

<b>FULL TIME</b>	<input type="checkbox"/>	<b>PART TIME</b>	<input type="checkbox"/>	<b>UNDER 2'S</b>	<input type="checkbox"/>	<b>OVER 2'S</b>	<input type="checkbox"/>
<b>WEEKENDS</b>	<input type="checkbox"/>	<b>SCHOOL HOLIDAYS</b>	<input type="checkbox"/>	<b>BABIES</b>	<input type="checkbox"/>	<b>SPECIAL NEEDS</b>	<input type="checkbox"/>

What hours can you provide care?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time</b>						
<b>Finish Time</b>						

Do you care for other children on a regular basis? Yes No

Are you a confident swimmer? Yes No

Are you involved in any community groups? \_\_\_\_\_

Are you able to prepare basic meals for children? Yes No

Is your Property fully fenced, or a fenced area for children to play? Yes No

What equipment can you provide for children in you care to play with? \_\_\_\_\_

\_\_\_\_\_

What do you believe is a good amount of T.V time? \_\_\_\_\_



Please tick any of these activities that you are able to provide:

Outdoor Play	<input type="checkbox"/>	Multi-Cultural	<input type="checkbox"/>	Group Activities	<input type="checkbox"/>
Indoor Play	<input type="checkbox"/>	Dramatic Play	<input type="checkbox"/>	Finger Plays	<input type="checkbox"/>
Music and Movement	<input type="checkbox"/>	Nonsense	<input type="checkbox"/>	Play Dough	<input type="checkbox"/>
Nature	<input type="checkbox"/>	Sand	<input type="checkbox"/>	Books	<input type="checkbox"/>
Maths	<input type="checkbox"/>	Puzzles	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>
Social Visits	<input type="checkbox"/>	Water	<input type="checkbox"/>	Songs	<input type="checkbox"/>
Arts and Craft	<input type="checkbox"/>	Block/Lego	<input type="checkbox"/>	Clay	<input type="checkbox"/>
Messy Play	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Instruments	<input type="checkbox"/>

How would you manage a child's behaviour? \_\_\_\_\_

**Qualifications and Experience**

What Qualifications do you hold? \_\_\_\_\_ (please enclose a copy)

What experience do you have with the following age groups?

Under 2's: \_\_\_\_\_

Over 2's: \_\_\_\_\_

Do you hold a current FIRST AID Certificate? Yes No (please enclose a copy)

If no First Aid Certificate is held do you agree to complete the appropriate training within four months?

SIGNED \_\_\_\_\_

**References**

Please supply two referees that we can contact that are not related and at least one must have been a recent or current employer, and one who has seen you interacting with children:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_



Telephone: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

### **KIWIKIDZ HOME-BASED EDUCARE REQUIREMENTS**

1. All Educarers have a current First Aid Certificate; if one is not current at time of enrolment then one must be completed within 4 months of start date.
2. All Educarers will be provided with the option of enrolment into an accredited childhood course
3. Educarers are required to attend 'Professional Development' meetings as set in our Policies and Procedures.
4. All Educarers agree to comply with the Health and Safety Guidelines as set out in the MINISTRY OF EDUCATION REGULATIONS 2008

Failure to comply with any of the following will result in dismissal.

- Failure to comply with any other part of our Guidelines as set out in the MINISTRY OF EDUCATION REGULATIONS 2008
- Are in breach of any of our Policies
- Failure to implement the Education and Care Programme as set up by the Programme Coordinator

I certify that the above information I have provided is true and correct and I have agreed to comply with all of the Kiwikidz Home-Based Educare Policies and Procedures and will fulfill my requirements as a Home Educarer

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **DISMISSAL**

#### **DISCIPLINE AND DISMISSAL**

We have the right to dismiss the family on the following grounds:

- Fail to comply with health and safety Guidelines as set out in MINISTRY OF EDUCATION REGULATIONS 2008
- Fail to make payments as agreed with in the "Terms and Conditions"
- Give false details

We have the right to dismiss the educator on the following grounds:

- Fail to comply with health and safety Guidelines as set out in MINISTRY OF EDUCATION REGULATIONS 2008
- Fail to comply with any other part of or Guidelines as set out in MINISTRY OF EDUCATION REGULATIONS 2008
- Are in breach of any of our policies
- Fail to implement the education and care programme as set-up by the programme coordinator

I have read and understood the above information regarding Dismissal

#### **Public Liability and Statutory Liability Insurance**

Kiwikidz is insured with Vero Insurance and our educarers are covered for Public Liability and Statutory Liability under this scheme at no cost. In the event of a claim, educarers pay any applicable excess or cost.

Signed \_\_\_\_\_ Name \_\_\_\_\_ (Educarer) Date: \_\_\_\_\_

Signed \_\_\_\_\_ Name \_\_\_\_\_ (Kiwikidz) Date: \_\_\_\_\_