

3.4.1.2

APPLICATION FOR RELIEF EMPLOYMENT

IACC Policy & Procedures Manual
Section 3 - Policies

Confidential

Position Applied For:

- | | |
|---|--|
| <input type="checkbox"/> Early Childhood Teacher | <input type="checkbox"/> Early Childhood Educator |
| <input type="checkbox"/> Early Childhood Worker | <input type="checkbox"/> Cook (Long Day Care Centres only) |
| <input type="checkbox"/> Administrative Assistant | |

Title: _____ **Surname:** _____

Given Names: _____

Gender: Female Male

Address: _____

Post Code _____

Telephone: Home: _____

Work: _____

Mobile: _____

Email: _____

Date of Birth: ____/____/____ **Drivers Licence No:** _____

Best time to contact: _____

Application taken by Date

OFFICE USE ONLY	DATED AND SIGNED
APPLICATION COMPLETED	
DISCLOSURE OF INFORMATION FORM COMPLETED	
TAX FILE NUMBER DECLARATION FORM COMPLETED	
WWCC NUMBER INCLUDED	
WWCC VERIFICATION COMPLETED	
CERTIFIED COPY OF QUALIFICATIONS	
COPY OF FIRST AID/ASTHMA/ ANAPHYLAXIS/	
SUPERVISOR QUALIFICATIONS	
REFEREE CHECKS COMPLETED	
ORIENTATION PROCEDURE COMPLETED	
PLACED ON THE RELIEF LIST	

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What days are you available to work: (Please Circle?)

Monday Tuesday Wednesday Thursday Friday

I am available to work at:

- | | |
|---|---|
| <input type="checkbox"/> Alunga Child Care Centre
32 Robyn Road
Albion Park Rail, 2527 | <input type="checkbox"/> Wallaroo Child Care Centre
Cnr Wallaroo Dr & Glider Ave
Blackbutt, 2529 |
| <input type="checkbox"/> Smith Street Child Care Centre
64a Smith Street
Wollongong, 2500 | <input type="checkbox"/> Keiraview Child Care Centre
2a New Dapto Road,
Wollongong 2500 |
| <input type="checkbox"/> Hospital Hill Occasional Care
377 Crown Street
Wollongong 2500 | <input type="checkbox"/> Short Street Occasional Care
18 Short Street
Corrimal 2518 |
| <input type="checkbox"/> Warilla Occasional Child Care
3/14 Belfast Avenue
Warilla 2528 | <input type="checkbox"/> Clipper Road Children's
42 Clipper Road
East Nowra 2541 |
| <input type="checkbox"/> Sanctuary Point Children's <input type="checkbox"/>
210 Kerry Street
Sanctuary Point 2540 | <input type="checkbox"/> The Basin Preschool
34 Paradise Beach Road
Sanctuary Point 2540 |
| <input type="checkbox"/> Jerry Bailey Children's Centre
16 Celia Place
Shoalhaven Heads 2535
(Located 15 mins south of Gerringong) | |

Personal Details:

Community Language _____

Are you an Australian citizen? Yes No

Are you?

Aboriginal Torres Strait or South Sea Islander

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If no, do you have the legal right to work in Australia?
(You will be asked to provide proof of your right to work) Yes No

Have you been convicted of a criminal offence in any way related to this position? Yes No

Have you ever been subject to any compliance action or disciplinary proceedings under the National Education and Care Services National Law or any Education and Care Services Regulations Yes No

Have you any physical or health problem, including a physical condition, injury or psychiatric condition which may impinge your performance of the duties required in this position?
If yes, please give details: _____

Have you sustained a work related injury and received Workers Compensation payments in the past 5 years?
If yes, please give details: _____

School Education

Name of School _____

Highest level reached _____ Year Completed _____

Qualification obtained _____ + _____

Tertiary Education

Name of Institution _____

During Years _____

Qualification _____

Degree, Diploma or Certificate conferred _____

(Please attach a certified copy to your application)

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Working With Children Check

Working With Children Check number (or application no.) _____

First Aid Certificate Yes expiry date ____ / ____ / ____ No

First Aid Provider _____

First Aid Qualification _____

(Please attach a certified copy to application)

Please Note: It is a requirement of the IACC Teachers Collective Agreement 2016 and Children Services Award 2010 that Early Childhood Teachers, Early Childhood Educators and Advanced Early Childhood Workers hold a current First Aid Certificate.

Asthma Management Training Yes expiry date ____ / ____ / ____ No

Asthma Training Provider/Code
(Please attach a copy to your application)

Anaphylaxis Management Training Yes expiry date ____ / ____ / ____ No

Anaphylaxis Training Provider/Code
(Please attach a copy to your application)

Grant of Supervisor Certificate Yes date approved ____ / ____ / ____ No

(Please attach a copy to your application)

Teacher Accreditation

All NSW early childhood teachers (ECTs) working in approved centre based early childhood services must be accredited. Please provide evidence of your teacher accreditation with this application.

NESA Certificate of Accreditation Yes No

(Please attach a certified copy to your application)

Other

Any other educational, professional or technical qualifications including membership of professional bodies, associations, trade unions, licences, registrations etc.

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Employment History

(Show present or most recent employer first)

FROM	TO	NAME OF EMPLOYER	POSITION HELD

Do you wish to add anything further in support of this application?

Referees

Please provide details of 2 work related referees from previous employment who may be contact to provide information on your past and/or present employment.

Name _____

Position _____

Company _____

Contact Phone Number _____

Name _____

Position _____

Company _____

Contact Phone Number _____

I have no objection to any of my employers (other than my present employer) being requested to furnish a confidential report in regard to my services, the reason for the termination of my employment or any other relevant particulars, which will assist in determining my suitability for employment.

Signature _____ **Date** _____

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All persons applying for a position within an education and care service must hold a Working with Children Check number. I have no objection to the Working With Children Check being verified.

Signature _____ Date _____

Statements found to be false within the knowledge of the applicant will make him or her, if employed, liable for dismissal.

Illawarra Area Child Care Privacy Statement

I understand that under the Privacy Amendment (Private Sector) Act 2000, all personal and private information collected by the organisation cannot be disclosed to another party without my knowledge unless the organisation is obligated to do so by law.

Signature _____ Date _____

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Banking Details

Name of Bank _____

Name on Account _____

BSB Number _____ **Account Number** _____

Superannuation Company (if known) _____

Superannuation Number (if known) _____

Tax File Number _____

I hereby authorise for any monies owed to me to be directly deposited into the above account.

Signature _____ **Date** _____

This form will be kept and referred to in any matters relating to you. It is important that the information be kept up to date. Any additions or changes please contact the IACC office.

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Emergency Contact Information:

Date form was complete: _____

Personal Details

Name: _____ Position: _____

Address: _____

Home phone: _____ Mobile: _____

Email _____

Medical condition: _____

(if applicable)

Allergies: _____

(if applicable)

Doctor: _____

Address: _____

Contact Number: _____

In Case of an Emergency Please Notify

Name: _____ Relationship: _____

Address: _____

Telephone (h) _____ (w) _____ (m) _____

Name: _____ Relationship: _____

Address: _____

Telephone (h) _____ (w) _____ (m) _____

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Applicant Immunisation Record

Name _____

Date of Birth _____

Address _____

_____ Postcode _____

Phone Number _____ Position _____

Do you have any allergies or medical condition? If yes please provide details.

Please complete the following:

The National Health and Medical Research Council (NHMRC) (Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition) recommend that educators should be immunised against:

Disease/Vaccine	Disease (Yes/No)	Vaccine (Yes/No)	Date Completed
Hepatitis A			
Measles, Mumps and Rubella*			
Varicella (Chickenpox)			
Pertussis (Whooping Cough)			

* Educators born during or since 1966 who do not have vaccination records of two doses of MMR or do not have antibodies for rubella require vaccination.

I understand that if I am not immunised or this record is incomplete in the instance of an outbreak of a vaccine preventable disease, the service director will seek advice from the local Public Health Unit, regarding my potential exclusion from the work place.

Signed _____ Date _____

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Disclosure of Information

(Employees, Students, Volunteers)

In the course of work, child care workers come into contact with information, which must be kept confidential at all, times.

It is this organisation's policy that all employees, students and volunteers are made aware of the fact that irresponsible discussion of any matters regarding the organisation, employees and in particular, the clients, is contrary to our policy.

Any breach of confidentiality may result in termination of employment, termination of practicum placement or volunteer work.

As acknowledgement that you have read this memorandum and you understand the policy on disclosure of information, would you please place your signature below?

I, _____ have read the above and understand the policy of disclosure of information.

Signature

Witness

Date

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Education and Care Services National Regulations
Children (Education and Care Services) Supplementary Provisions Regulation 2012 –

Clause 65 Interaction with Children

Education and Care Services National Regulation – Clause 155 Interactions with Children

Clause 65 Interaction with Children

- (1) The approved provider and nominated supervisor of an education and care service must ensure that interactions with children for whom the service is being provided occur in a way that ensures that the children:
- (a) are encouraged to express themselves and their opinions, and
 - (b) are given the opportunity to become self-reliant and to develop self-esteem, and
 - (c) are given guidance as to positive and responsible behaviour, and
 - (d) are not required to perform duties that are inappropriate, having regard to each child's family and cultural values, age and physical and intellectual development.
- (2) The approved provider and nominated supervisor of an education and care service must ensure that the dignity and rights of each child being provided with the service are maintained at all times and that:
- (a) child management techniques do not include physical, verbal or emotional punishment, including, for example, punishment that humiliates, frightens or threatens the child, and
 - (b) the child is not isolated for any reason other than illness, accident or a pre-arranged appointment with parental consent, and
 - (c) a child is given positive guidance directed towards acceptable behaviour with encouragement freely given, and
 - (d) the values of the child's family are respected, and
 - (e) the child is given support in the child's learning experiences, and
 - (f) the child is given emotional support, and
 - (g) the child is not required to sleep or rest against the child's wishes or needs.
- (3) The approved provider and nominated supervisor of an education and care service must ensure that all children enrolled in the service:
- (a) are treated without bias regardless of ability, gender, religion, culture, family structure or economic status, and
 - (b) if they have disabilities, or come from different cultural and linguistic backgrounds, are encouraged to fully participate (with any necessary help and support) in programs at the service, and
 - (c) if they have disabilities, are given access to:
 - (i) buildings, areas and facilities at which the service is provided, and
 - (ii) appropriate support services and specialised equipment and resources

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Clause 155

Clause 155 Interactions with children

An approved provider must take reasonable steps to ensure that the education and care service provides education and care to children in a way that—

- (a) encourages the children to express themselves and their opinions; and
- (b) allows the children to undertake experiences that develop self-reliance and self-esteem; and
- (c) maintains at all times the dignity and rights of each child; and
- (d) gives each child positive guidance and encouragement toward acceptable behaviour; and
- (e) has regard to the family and cultural values, age, and physical and intellectual development and abilities of each child being educated and cared for by the service.

Educators and employees will:

- Respond to children’s communication in a just and consistent manner;
- Respond sensitively to children’s attempts to initiate interactions and conversations;
- Initiate one to one interactions with children, particularly babies and toddlers during daily routines and conversation with each child.
- Support children’s efforts, assisting and encouraging as appropriate;
- Support children’s secure attachment through consistent and warm nurturing relationships;
- Support children’s expression of their thoughts and feelings;
- Encourage children to express themselves and show an interest and participate in what the child is doing;
- Encourage children to make choices and decisions;
- Acknowledge children’s complex relationships and sensitively intervene in ways that promote consideration and alternative perspectives and social inclusion. Guidance strategies should be reflective of this approach;
- Acknowledge each child’s uniqueness in positive ways;
- Respect cultural differences in communication and consider alternative approaches to own.

I have read and understood the above information in relation to interactions with Children.

Name _____

Signed _____ Date _____

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Australian Government
Australian Taxation Office

Choice of superannuation fund Standard choice form – information for employees

You can choose the superannuation fund or retirement savings account (referred to below as superannuation funds) to which your employer will make future superannuation guarantee contributions (9%).

Option 1:

You do not have to choose a fund.

If you do not make a choice, your employer's contributions will be paid into the fund that your employer has chosen (see Part A on the reverse side of this form). This may not be the same as your current fund.

Your employer's chosen fund may be suitable for your needs. You can choose a different fund later if you like.

If you do not want to choose a fund, you do not have to complete this form.

1 Your employer is not liable for the performance of superannuation funds that you choose or they choose on your behalf.

1 Do not seek financial advice from your employer unless they are licensed to provide it.

2 MORE INFORMATION

You can get more information about choice of superannuation fund or superannuation in general from:

- www.superchoice.gov.au, or
- by phoning 13 28 64

If you do not speak English well and want to talk to an Australian government officer, phone the Translating and Interpreting Service on 13 14 50 for help with your call.

If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone 13 36 77. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on 1300 555 727.

3 TIPS FOR COMPARING FUNDS

Fees

Most funds charge fees. Differences in the fees funds charge can have a big effect on what you may have to retire on. This effect may be more than you think and for this reason you need to consider what fees are being charged. For example, your final return could be reduced by up to 20% over 30 years if your total amount of fees and costs are 2% rather than 1% (eg, from \$100,000 to \$80,000). Some funds may also charge an exit fee if you leave the fund.

Death and disability insurance

Your current fund may insure you against death or an illness or accident that makes you unable to return to work. Other funds may not offer insurance, or you may have to pass a medical examination before they cover you. Check if you'll be covered in any new fund, and the costs and amount of cover, before leaving your current fund.

Option 2:

Choose a fund

You can choose the superannuation fund where you want your future employer contributions to be paid.

Your employer is only required to accept one choice every 12 months.

Step 1

Gather information – work out what's best for you

You will need to find out what superannuation options are available to you.

Find out about the features and benefits of your current fund, the fund chosen by your employer and any other funds you are considering. Your current fund may be different to the fund chosen by your employer.

2 The tips section highlights key issues you should consider when comparing funds.

Step 2

What do I need to tell my employer?

Give your employer details of your chosen fund by completing Part B of this form or by a written statement including the necessary information. This information may be provided by your chosen fund.

Part A shows details of your employer's superannuation arrangements. This includes the fund that your employer has chosen to make all future superannuation guarantee contributions to. If your employer has changed funds recently, the previous fund will also be shown. You may choose to remain in this previous fund.

Step 3

What happens to any superannuation I have in existing funds?

Any money you have in existing funds will remain there unless you make arrangements to transfer it (roll over) to another fund. Check the impact of any exit fees or benefits you may lose before leaving the fund. Your employer cannot do this for you.

Investment choice

Some funds let you choose where the fund will invest your super. Some choices offer higher returns, but with a higher risk that investments may go down as well as up. Other choices offer greater security but with lower expected returns. Choose the level of risk and return that you are comfortable with.

Investment performance

Superannuation is a long term investment for your retirement, so its investment performance needs to be judged over the long term. Short term performance, whether good or bad, may not be repeated. There is no guarantee that a fund that has performed well in the past will do so in the future.

The information you'll need to make these checks is in each fund's product disclosure statement which you can get from the fund. For further information on choosing a fund go to the website www.superchoice.gov.au or phone 13 28 64.

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Australian Government
Australian Taxation Office

Standard choice form

Section A: Employee to complete

1 Choice of superannuation fund

I request that all my future superannuation contributions be paid to: (place an in one of the boxes below)

my employer's superannuation fund named in Section B question 6 Go to question 4

my own choice of superannuation fund

2 Details of my chosen superannuation fund:

Name

Address

Suburb/town State/territory Postcode

Member No. (if applicable)

Account name

Superannuation fund Australian business number (ABN) (if applicable)

Superannuation product identification number (if applicable)

Daytime phone number

3 Appropriate documentation (Place an in the box if you have attached the required information)

- I have attached:
- ⊗ a letter from the trustee stating that this is a complying fund, or for a self managed superannuation fund, a copy of documentation from the Tax Office confirming the fund is regulated
 - ⊗ written evidence from the fund stating that they will accept contributions from my employer, and
 - ⊗ details about how my employer can make contributions to this fund.

4 Your details

Name

Tax file number (TFN)

! Make sure your super fund knows your TFN. You can check just by looking at your latest statement from them. It helps you keep track of your money, allows you to pay extra contributions, and makes sure the money gets taxed at the special low rate. It is not an offence not to quote your TFN. See page 2 of the instructions for more information.

Signature

Date

Day / Month / Year

! Do not send a copy of this form to us, or your superannuation fund.

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Section B: Employer to complete

5 Your details

Business name

ABN

6 Your chosen fund

If the employee does not choose a different superannuation fund, superannuation contributions will be paid to the following superannuation fund on behalf of this employee:

Fund's name

Superannuation product identification number (if applicable)

For the product disclosure statement for this fund (if applicable) Phone

Fund's website

7 Defined benefit fund entitlement

No Yes

8 Previous superannuation contributions

Employer superannuation contributions have previously been made to (if different to above)

If the employer fund has not changed please write 'not applicable' in the 'fund's name' field below.

Fund's name

Superannuation product identification number (if applicable)

Daytime phone number

Fund's website

For your records:

Date valid choice is accepted Day / Month / Year

Date you act on your employee's valid choice Day / Month / Year

Give a copy of this form to your employee after you have completed Section B.

Do not send a copy of this form to us, or your superannuation fund. However, you must keep a copy for your own records for a period of five years.

PRIVACY STATEMENT

The information on this form is for the employee and employer. Do not send this information to us. We do not collect this information. We provide a format for you as an employee to provide that information to your employer.

When you receive this form and all of the required information from your employee, you have two months to pay contributions to your employee's new fund. If they choose to stay with the fund you have chosen, make contributions as you are required.