



**East Brisbane Community Centre**

*"A voice joining with the Community  
to make a difference"*

East Brisbane In Home Care Service is committed to the safety and well being of all children and young people accessing our Service.  
We support the rights of the child and will act without hesitation to ensure a child safe environment is maintained at all times.  
We also support the rights and well being of Carers, Staff and Volunteers and encourage their active participation in building and maintaining a secure environment for all participants.

**APPLICATION TO BECOME A IN HOME CARER**

**NAME:** .....

**ADDRESS:** .....

.....**POST CODE:**.....

**PHONE:** .....**MOBILE:** .....

**EMAIL:** .....

**DATE OF BIRTH:** .....

**DEPENDENTS: (Name & age)**

(1).....(2).....

3).....(4).....

**PREVIOUS EMPLOYMENT HISTORY**

| EMPLOYER | POSITION HELD | DUTIES |
|----------|---------------|--------|
|          |               |        |
|          |               |        |
|          |               |        |

**EDUCATIONAL BACKGROUND**

| YEAR COMPLETED | SCHOOL/INSTITUTION | QUALIFICATION |
|----------------|--------------------|---------------|
|                |                    |               |
|                |                    |               |
|                |                    |               |

**WHAT ARE YOUR REASONS FOR WANTING TO CARE FOR CHILDREN?**

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**WHAT EXPERIENCE DO YOU HAVE, EITHER WORKING WITH CHILDREN OR SUPPORTING FAMILIES?.....**

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**IF YES FOR WHAT LENGTH OF TIME AND AGES OF CHILDREN?**

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.....  
.....

**DO YOU HAVE AN AGE PREFERENCE?.....**

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**COULD YOU DESCRIBE WHAT YOU WOULD DO IN AN EMERGENCY?**

**(Eg. You became sick, there was a fire, a child was injured).....**

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.....  
.....

**DO YOU HAVE A CURRENT FIRST AID CERTIFICATE?  YES  NO**  
**Certificate Number..... Expiry Date.....**

**IHC CARERS ARE REQUIRED TO MAINTAIN A CURRENT SENIOR FIRST AID CERTIFICATE.**

**WILL YOU BE WILLING TO PARTICIPATE IN AT LEAST FOUR IN-SERVICE TRAINING SESSIONS PER YEAR. EITHER WITH THE SERVICE OR ELSEWHERE, AS PART OF YOUR ANNUAL RE-REGISTRATION WITH EAST BRISBANE IN HOME CHILD CARE SERVICE?  YES  NO**

**DO YOU HAVE A CURRENT DRIVERS LICENCE?  YES  NO**

**IF YES: number: ..... Expiry Date:...../...../.....**

**WILL YOU BE TRANSPORTING IHC CHILDREN IN YOUR CAR?**

YES  NO

**ARE YOU PREPARED TO ENSURE THAT EVERY CHILD IS APPROPRIATELY RESTRAINED?**

**HAVE YOU HAD ANY CRIMINAL CONVICTIONS?  YES  NO**

**IF YES, please give details: .....**

.....  
.....  
**DO YOU SUFFER FROM ANY MEDICAL CONDITION?**     YES     NO

**IF YES, please give details:** .....

.....  
.....  
**ARE YOU REQUIRED TO TAKE ROUTINE MEDICATION?**     YES     NO

**IF YES, please give details:** .....

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.....  
**WHAT ACTIVITIES WILL YOU PROVIDE FOR THE CHILDREN IN YOUR CARE?**.....

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**WORKING AS A IN HOME CARE PROVIDER INVOLVES WORKING CLOSELY WITH FAMILIES FROM VARYING BACKGROUNDS AND CULTURES WHO MAY HOLD VERY DIFFERENT VALUES FROM YOUR OWN. How will you work with these differences?.....**

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**WORKING CLOSELY WITH FAMILIES REQUIRES RESPECT FOR THE CONFIDENTIALITY OF PERSONAL INFORMATION. How would you help maintain confidentiality of the parents home?.....**

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**HOW DO YOU FEEL ABOUT WORKING WITH CHILDREN WITH SPECIAL NEEDS ? .....**

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.....  
**KEEPING IN MIND THAT YOU MAY BE CARING FOR SOMEONE ELSE'S CHILD/REN, What are your views on the following**

**Guiding behaviours ? .....**

**Toilet training ? .....**

**Eating habits ? .....**

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.....  
**Sleep / Rest time ?** .....

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.....  
**Messy play (mud, water, etc) ?**.....

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.....  
**HOW WOULD YOU APPROACH PARENTS IN DISCUSSING THESE MATTERS, AND WHAT COMPROMISES WOULD YOU BE PREPARED TO MAKE ?**.....

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**CAN YOU COMMITT YOURSELF TO IN HOME CARE FOR A MINIMUM OF ONE YEAR ?** .....

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.....  
**DO YOU AGREE TO A TRIAL PERIOD OF THREE MONTHS AFTER YOUR FIRST PLACEMENT ?**  YES  NO

**Signature:** .....  
**Date:** .....

**REFEREES**

Please nominate two people who can be contacted by the service to act as your referees. (preferably one professional and personal).

**1. NAME (in full)** .....  
**Address:**.....  
.....  
**Phone: Home**.....**Mobile:** .....**Work**.....

**2. NAME (in full)** .....  
**Address:**.....  
.....  
**Phone: Home**.....**Mobile:** .....**Work**.....