

**Personal Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Previous Names or Alias: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Placement Details:**

Training Organisation: \_\_\_\_\_

Course Studying: \_\_\_\_\_ Course Code: \_\_\_\_\_

Practical Experience being Undertaken: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Start of Experience: \_\_\_\_\_ End of Experience: \_\_\_\_\_

**Qualifications and Training:** *Certificates and transcripts must be presented for verification. Copies will be retained*

Child Protection Training Course Code: \_\_\_\_\_ Date Attained: \_\_\_\_\_

Child Safety Training Course Code: \_\_\_\_\_ Date Attained: \_\_\_\_\_

First Aid Training Course Code: \_\_\_\_\_ Date Attained: \_\_\_\_\_

Emergency Asthma Training Course Code: \_\_\_\_\_ Date Attained: \_\_\_\_\_

Emergency Anaphylaxis Training Course Code: \_\_\_\_\_ Date Attained: \_\_\_\_\_

CPR Training Course Code: \_\_\_\_\_ Date Attained: \_\_\_\_\_

Food Handling and Safety Training Course Code: \_\_\_\_\_ Date Attained: \_\_\_\_\_

**Working With Children Check:**

Working with Children Check Number: \_\_\_\_\_

Are you currently subject to a prohibition notice under the Education and Care Services National Law?

Yes ☐ No ☐

Are you currently prohibited or restricted from working with children under any other law?

Yes ☐ No ☐**Emergency and Medical Information:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Do You Have Ambulance Cover: Yes ☐ No ☐ Insurer: \_\_\_\_\_

In the event of an emergency would you like an ambulance called; at your expense, if it was deemed necessary?

Yes ☐ No ☐

Please list any ongoing medical conditions or allergies we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
*Please provide a medical management action plans if required*

Please list any regular medications you take that we should be aware of: \_\_\_\_\_

**Student and Volunteer Handbook Acknowledgement:**

I confirm that I have reviewed and comprehended the Student and Volunteer Handbook, as indicated by returning the signed Student Handbook Acknowledgement Form (Student and Volunteer Handbook p.28). Yes ☐ No ☐

**Personal Electronic Device Statement**

Bright Start adopts and aligns with the National Model Code and guidelines and ongoing safety reforms for the protection and safety of the children in relation to the taking images or videos.

Educators and support teams are strictly prohibited from using personal electronic devices to take photos, record audio or capture video of children who are being educated and cared for at Bright Start. This includes items such as tablets, phones, smart watches, digital cameras, META sunglasses and personal storage and file transfer media (such as SD cards, USB drives, hard drives and cloud storage) and other new and emerging technologies.

Please leave mobile phones, smart watches and other electronic devices in your car or with our office during your visit.

**Compliance History Statement**

Have you ever been subject to any compliance action or disciplinary proceedings in any Australian state or territory, in relation to the Education and Care Services National Law (including Education and Care Services National Regulations); or any other state or territory relevant law including children’s services laws, education laws, former education and care laws Yes ☐ No ☐

Have you ever been subject to a prohibition, supervision or suspension notice under the Education and Care Services National Law? Yes ☐ No ☐

Have you ever held or applied for a licence, approval, registration, certification or other authorisation under National Law which the regulatory authority refused, refused to renew, suspended or cancelled (nominated supervisor, a person in day-to-day charge, a person with management or control) Yes ☐ No ☐

If yes to any of the above, please provide details: \_\_\_\_\_

**Declaration**

- I have read and understand this information.
- I have not withheld any information requested and the statements provided on this form is true, complete and correct
- The approved provider or a representative of the approved provider is authorised to verify any information provided in this form.
- I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.
- I understand that any omission or misrepresentation of fact in this application may result in refusal of engagement or that any subsequent discovery of omission or misrepresentation of fact may result in termination of engagement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_