



SUB CONTRACTOR REGISTRATION FORM 2022

Section 1 – PERSONAL DETAILS

Family/Surname: _____
Given Names/s: _____
Address: _____
Postal Address: _____
Date of Birth: _____ Gender: _____
Occupation: _____ Religion: _____
Mobile No: _____ Ph: _____ Work Ph: _____
Email Address: _____

Please note: we assume that mobile numbers and email will be the primary contact unless you indicate otherwise

Section 2 – YOUR EMERGENCY CONTACT

Your Emergency contact must be someone local who can be there for you at the scene of an emergency should you require a support person. Your Emergency Contact must not enter the premises of care unless lives or safety is at risk.

Contact Name: _____
Contact Number: _____
Relationship to you: _____

Section 3 – QUALIFICATIONS – MINIMUM REQUIREMENTS

Please provide a copy of all documents below when submitting this form

BLUE CARD (P) REQUIRED	BLUE CARD NO.	EXPIRY:
FIRST AID – C	COURSE CODE:	EXPIRY:
DRIVERS LICENSE	TYPE: NO.	EXPIRY:
VEHICLE DETAILS	REGISTRATION NO:	MAKE:
PLEASE PROVIDE A PHOTO	REGISTERED UNTIL DATE:	ROAD WORTH
OR YOUR VEHICLE	ROAD WORTHY CERTIFICATE NO:	DATE:

Section 4 – QUALIFICATIONS (CERTIFICATES AND DEGREE’S)

Do you have any qualifications Y / N
(minimum Certificate III) that
are child care, health or
education related? _____

If you answered ‘Y’ please
detail your qualifications _____

Are you currently studying or Y / N
enrolment in a course
(minimum Cert III) in childcare,
health or education? _____

If you answered ‘Y’ please
detail all qualifications you are
currently enrolled in _____

Do you intend to enroll in a Y / N
course in the next 6 months
(minimum Cert III) related to
childcare, health or education? _____

If you answered ‘Y’ please
detail what you intend to study _____

Section 5- Immunization Recommendations

- Hepatitis A
- Measles
- Chicken Pox
- Pertussis (Whooping Cough)
- COVID 19 & Flu Shot

Please Provide Proof of Immunization (or exemption)

Recommendations by Work safe Qld – See more at;

<https://www.worksafe.qld.gov.au/education/articles/immunisation-in-early-childhood-education-and-care-services>

Section 6 – YOUR PAYMENT DETAILS

BANK NAME: _____

BRANCH ADDRESS: _____

ACCOUNT NAME: _____

BSB: _____

ACCOUNT NUMBER: _____

Section 7- Experience

Please detail any relevant experience you have with children and the approximately time of experience you might have in each role

- Babysitter Nanny Mothers Helper Sick Carer Teacher
- Teacher's Aide Disability Carer Parent Nurse Foster Carer
- Governess Volunteer Child Care Creche Other

BABYSITTER	YEARS: _____	MONTHS _____
NANNY	YEARS: _____	MONTHS _____
MOTHERS HELPER	YEARS: _____	MONTHS _____
SICK CARER	YEARS: _____	MONTHS _____
TEACHER	YEARS: _____	MONTHS _____
TEACHERS AIDE	YEARS: _____	MONTHS _____
DISABILITY CARER	YEARS: _____	MONTHS _____
PARENT	YEARS: _____	MONTHS _____
NURSE	YEARS: _____	MONTHS _____
FOSTER CARER	YEARS: _____	MONTHS _____
GOVERNESS	YEARS: _____	MONTHS _____
VOLUNTEER	YEARS: _____	MONTHS _____
CHILD CARE	YEARS: _____	MONTHS _____
CRECHE	YEARS: _____	MONTHS _____
OTHER (SPECIFY)	YEARS: _____	MONTHS _____

Section 8 – Describe Your Home Status & Availability

- Single Single (divorced/separated) Re-married/Step-parent Married
- Relationship (live alone) Defacto Live with Family Live with Housemates
- Other _____

Do you have children of your own? (including foster children) yes – foster parent Y / N

If you answered 'Y' are these children still in your care currently? (under 16) Y / N

Do you have someone who is able to care for your children if you are required for care? Y / N

Does your child/children have any alternative addresses with secondary care givers or parents? Y / N

If you answered 'Y' above, please provide details _____

On occasion some parents may request care in a nannies (subcontractors) residence if their residence is not suitable – would you be comfortable caring for children in your own residence should a situation call for it? (please note: you are responsible for your own insurances and are liable for any damages. Little Wonders accepts no affiliation or responsibility for damages or costs associated to care in your own residence) Y / N

If you answered 'Y' above, please provide details _____

Do you have any pets at home? Y / N

If you answered 'Y' above, are any of the pets support animals? Y / N

If you answered 'Y' above, are any of the pets guard animals or dangerous animals? Y / N

If you answered 'Y' to the questions above, please provide details: _____

Section 9 – Medical Questionnaire

Do you or have you ever suffered from any of the following (if yes please detail in the others section below)

High blood pressure	Yes	No		Migraines	Yes	No	
Respiratory disorders or asthma	Yes	No		High Cholesterol	Yes	No	
Heart disease/heart attack	Yes	No		Hernia	Yes	No	
Stroke	Yes	No		Mental Illness	Yes	No	
Blood disorders	Yes	No		Arthritis	Yes	No	
Glandular fever	Yes	No		Neck Pain	Yes	No	
Epilepsy or seizures	Yes	No		Back Pain	Yes	No	
Diabetes	Yes	No		Obesity	Yes	No	
Bone or joint problems	Yes	No		Sight Impairment	Yes	No	
Pelvic floor issues	Yes	No		Hearing impairment	Yes	No	
Premature birth conditions	Yes	No		Asthma	Yes	No	
Breathing conditions	Yes	No		Down Syndrome	Yes	No	
Autism Spectrum Disorder	Yes	No		ADHD	Yes	No	
Food allergies	Yes	No		Medication allergies	Yes	No	
If 'Yes' – anaphylactic reaction?	Yes	No		If 'Yes' – anaphylactic reaction?	Yes	No	

Other (please provide details): _____

If you answered yes to any of the above questions, please provide additional details, including dates of illness and extent of illness (and provide copies of any medical management plans).

Do any of you have any of the following dietary requirements? (please circle yes or no- if yes please detail below)

Lactose free	Yes	No		Organic only	Yes	No	
Gluten free	Yes	No		Low GI	Yes	No	
No preservatives	Yes	No		Alkaline	Yes	No	
Paleo	Yes	No		Limited sugar	Yes	No	
Vegetarian	Yes	No		Limited starches	Yes	No	
Vegan	Yes	No		FODMAP	Yes	No	

Other (please provide details): _____

Section 10 – QUESTIONNAIRE

Getting to know you is important to us and our families! This allows us to best match you to the families you might work with!

What do you typically get up to on the weekend? _____

Favourite Colour: _____

Hobbies & Interests: _____

A quote you live by: _____

Describe yourself as a babysitter and/or Nanny in 3 words: _____

What can you bring to Little Wonders as a nanny? (What makes you awesome!) _____

Do you have a super awesome skill you can bring to the team? Perhaps is super organization or balloon animal twisting?!

Tell us about your last childcare/ babysitting position ...what was it? What did you enjoy? What did you like least? _____

If you owned a childcare what would you differently to places you've previously worked in?

What has been your most rewarding experience looking after children so far?

We've all at least had one! Describe your least enjoyable experience looking after children?

How do you prefer to be rewarded as part of a team?

Taking care of your mental and physical wellbeing is vital – what do you currently do to take care of yourself daily, weekly and monthly?

Section 11 – SCENARIO'S

You have 3 children in your care, Billy (4) & twins Zara and Zoe (2). The twins have just woken up, Billy wants to go outside- often he won't eat any afternoon tea but is hungry closer to dinner, as a result he won't eat dinner. It is hard to get Billy inside after he is outdoors. You have yet to prepare afternoon tea. What do you do?

Quite often care givers won't get a lunch break and as a result must manage their own breaks. When are some great times to take advantage of situations for a break without compromising your supervision/care duties?

You are at a wedding, there 4 nannies for 19 children ages 4-9 years of age. How would you work as team to ensure all children are looked after & supervised? Care includes 1 indoor 1 outdoor space.

Weddings also mean full time care however bookings over 4 hours, nannies will have breaks in accordance with state laws. Nannies are expected to manage their breaks as a team. How do you ensure everyone gets their allocated breaks?

Planning and providing fun play experiences is part of the role and ensures children can experience a fun memorable time with you as their babysitter. We encourage our team to use reusable/recycled material as part of play and creations to reduce costs and environmental impact– what are 5 reusable/recycled resources you could source?(i.e. cardboard boxes/boardgames)

A Boredom Buster Kit (BBK) is something our team members are encouraged to create for some quick easy resources on the go should you take on a last minute babysitting booking or you run out of fun idea's to do! (usually stored in your vehicle in a container or bag) A boredom buster kit is made from low/no cost items that are useful, quick to prep and easy to access. What are 5 items you could source to create a BBK? (i.e pencils/stickers)

You have a 5 Hour booking with a family of two children Brock (3) and Ella (6) 10am-3pm. Ella is known to be very impatient and wants to do everything at once...how to you encourage Ella to do one activity at a time so she enjoys it more? Brock and Ella's parent have a lot of expensive white furniture that stains easily... You have brought painting today. How do you prevent stains? Ella gets paint on her dress- what do you do?

It's a cold, wet and rainy day. Going to the park is not an option... Angus is scared of lighting and thunder...how can you make Angus feel comfortable?

You have a 4-hour evening booking starting at 6pm. The parents have requested no television or technology as part of their bed routine. The children are to be in bed by 8.30/9pm at the latest. What do you do to make the evening fun without TV or iPad time?

As a babysitter we often provide care for children staying in accommodation such as hotels/apartments and Airbnb's – sometimes it can be easier to bring along activities that don't involve hours of cleaning afterwards. Name 3 activities that could be perfect for play in a hotel room.

Do you have any preferences of activities you don't like to do- messy play, mud etc.?

Section 12 – YOUR AVAILABILITY

Please select what best describes your best current availability.

Mondays	Early Morning	Morning	Day	Afternoon	Evening
Tuesdays	Early Morning	Morning	Day	Afternoon	Evening
Wednesdays	Early Morning	Morning	Day	Afternoon	Evening
Thursdays	Early Morning	Morning	Day	Afternoon	Evening
Fridays	Early Morning	Morning	Day	Afternoon	Evening
Saturdays	Early Morning	Morning	Day	Afternoon	Evening
Sundays	Early Morning	Morning	Day	Afternoon	Evening
Are you interested in doing overnight care for families?				Yes	No
Are you interested in providing sick care?				Yes	No
Are you interest in providing temporary live in care at the families residence for families who are away for a period of more then 24 hours?				Yes	No
				Yes	No

Section 3 – Acknowledgement

By signing this Subcontractor Registration Form, you hereby acknowledge and agree that:

- (a) your email address will be added to our mailing list and you will receive emails from Us from time to time;
- (b) you may be added by relevant Little Wonders personnel on social media for work related purposes
- (c) the information provided in this Membership Application Form is accurate, honest, true and correct;
- (d) you will provide a copy of all requested qualifications, certifications and memberships requested by Little Wonders Creative Childcare Australia PTY LTD.
- (e) you will promptly notify Us of any changes to the details provided in this Subcontractor Registration Form; and
- (f) you have read the Privacy Policy;

Signed by Subcontractor: _____ Date: _____