



Application for New Shine Bright EYM Staff Member

We would like to take this opportunity to thank you for your interest in becoming part of our Shine Bright EYM team. We endeavour to provide the highest quality level of education and care to our children, families and staff.

Please complete this form and use the Submission Checklist at the end to ensure all information and tasks have been completed. Don't hesitate to contact HR if you have any queries. HR@shinebright.org.au

Section 1:			
Personal Details			
Full Name		Date of Birth	
Address		Postcode	
Home Phone		Mobile	
Email address			
Emergency Contact Name		Emergency Contact Relationship	
Emergency Contact Number			
Medical condition E.g., Asthma diabetes, Anaphylaxis		💡 <i>Ensure medical management plan attached (Refer to relevant policy)</i> <input type="checkbox"/>	

Section 2:			
Qualifications			
Qualification name: <i>Please attached certified copy</i>			
Tertiary institute:		Date completed:	
Updated qualification <i>Please attached certified copy</i>			
Tertiary institute:		Date completed:	
💡 <i>Please attach certified copy of qualifications</i> <input type="checkbox"/>			

Section 3:			
<i>NB: This is Mandatory for Permanent Educators only</i>			
First aid course code		Date completed	
CPR course code		Date completed	
Anaphylaxis course code		Date completed	
Asthma course code		Date completed	
💡 <i>Please attach copy of current Training certificates (Mandatory for Permanent Employees only)</i> <input type="checkbox"/>			

Section 4:**Assessment Notice**

NB: Educators who have a current VIT card are not required to provide a Working with Children's card.

VIT reference card no:		Expiry Date:	
Working with Children's Card reference card no.: (Employee Status required)		Expiry Date:	
<i>(Long Day Care Staff ONLY)</i>			
Current* Police Check Organisation reference no.: *No older than 3 months		Report Run Date:	
☀ Please attach copy of current VIT or WWCC card <input type="checkbox"/>			
☀ Please attach copy of Police Check Certificate (Mandatory for Long Day Care Staff only) <input type="checkbox"/>			

Section 5:**Previous Employment**

NB: If you have been validated in accordance with MECA 2005 attach validation document

Employer Name:		Phone:	
Address:		Post Code:	
Staff Name:		Position	
Start date	End date	Workplace	Position
			Hours per week

NB: Please add an additional page to form to accommodate relevant information above due to limited space.

Previous VECTEA Rate if known	
Please detail any periods where there is a break in service, for example maternity leave, resignation, leave without pay, etc. Privacy statement: These details will be provided to ELAA our Industrial Advisor for salary classification purposes	

Section 6:

Work/Relief availability

NB: role employed as, is rate paid eg. Bachelor qualified staff relieving an Cert III role will be paid at the Cert III rate

Preferred relief position:	Teacher <input type="checkbox"/>	Diploma <input type="checkbox"/>	Certificate III <input type="checkbox"/>
Day	Tick day you are available	Times	
Monday	✓		
Tuesday	<input type="checkbox"/>		
Wednesday	<input type="checkbox"/>		
Thursday	<input type="checkbox"/>		
Friday	<input type="checkbox"/>		

Section 7:

Preferred work location – tick your preferred locations

Southern Services - Bendigo

<input type="checkbox"/>	Axedale	<input type="checkbox"/>	Elmore	<input type="checkbox"/>	Epsom	<input type="checkbox"/>	Flora Hill	<input type="checkbox"/>	Heathcote
<input type="checkbox"/>	Helm Street	<input type="checkbox"/>	Huntly	<input type="checkbox"/>	Kangaroo Flat	<input type="checkbox"/>	Kennington	<input type="checkbox"/>	Maiden Gully (Kindergarten)
<input type="checkbox"/>	Maiden Gully (Long Day Care)	<input type="checkbox"/>	Marong	<input type="checkbox"/>	Neale Street Nth	<input type="checkbox"/>	Neangar	<input type="checkbox"/>	Spring gully
<input type="checkbox"/>	Strathfieldsaye	<input type="checkbox"/>	White Hills						

Central Services – Campaspe

<input type="checkbox"/>	Echuca Central	<input type="checkbox"/>	Echuca East	<input type="checkbox"/>	Echuca Sth	<input type="checkbox"/>	Girgarre	<input type="checkbox"/>	Gunbower
<input type="checkbox"/>	Kyabram	<input type="checkbox"/>	Lockington	<input type="checkbox"/>	Rochester	<input type="checkbox"/>	Stanhope	<input type="checkbox"/>	Tongala

Northern Services – Swan Hill Region

<input type="checkbox"/>	Kunawaa	<input type="checkbox"/>	Nyah West	<input type="checkbox"/>	Shamrock Park	<input type="checkbox"/>	Swan Nill Nth	<input type="checkbox"/>	Swan Hill Sth
<input type="checkbox"/>	Woorinen Sth								

Northern Services – Mildura Region

<input type="checkbox"/>	Merbein	<input type="checkbox"/>	Mildura Sth	<input type="checkbox"/>	St Margarets		Irymple		
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Section 8:

Online questionnaires

Please complete the questionnaires online by following these links:

Item	Date completed:
<input type="checkbox"/> Policy questionnaire - Click Here	
<input type="checkbox"/> Protecting Children eLearning Module Certificate - Click Here	
<input type="checkbox"/> Shine Bright EYM Education and Care Service National Law Act 2010 and Regulations - Click Here	
<input type="checkbox"/> Centre of Excellence in Child & Family Welfare eLearning module: ‘Reportable Conduct’ - Click Here	

☀ Please attach a copy of completed online certificates*

☀ ‘Congratulations’ page for the Reportable Conduct Scheme






Section 9:

Online Shine Bright EYM required reading

Please refer to our website: www.shinebright.org.au

I, _____ here by acknowledge that I have read and understood the following:
Full Name

Policies:

-  *Code of Conduct Policy* for Shine Bright EYM. (QA 4)
-  *Workplace Bullying Policy* for Shine Bright EYM. (QA 4)
-  *Confidentiality and Privacy Policy* for Shine Bright EYM. (QA 7)
-  *Child Safe Environment Policy incl. 'Child Safety Reporting Process Flow Chart'* for Shine Bright EYM (QA 2)
-  *ICT Policy* (QA 7)

Shine Bright Employee Handbook:

 [Click Here](#)

I understand its contents and I agree to abide by the principles, practices and consequences set out within.









I understand that the Approved Provider Shine Bright EYM will address any breach of these policies, and that any *serious* breach could lead to legal or disciplinary action.

I understand that a signed copy of this acknowledgement will be kept on my staff record (at the service and a copy to be forwarded to Central Office to be keep with your staff file) while I am working for Shine Bright EYM.

Signed:		Date:	
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Submission Checklist

Please ensure the following documents are provided with the completed application form.

Tick	Information Required
<input type="checkbox"/>	Completed New Shine Bright EYM Staff member application form. <i>including the following attachments:</i>
<input type="checkbox"/>	 Medical Management Plan (if applicable)
<input type="checkbox"/>	 Certified copy of qualifications
<input type="checkbox"/>	 Copy of current WWCC/VIT card
<input type="checkbox"/>	 Copy of current Police Check Certificate (<i>Long Day Care staff only</i>) – <i>No older than 3mth</i>
<input type="checkbox"/>	 Copy of First Aid, CPR, Asthma & Anaphylaxis training certificates (<i>Mandatory for Permanent Employees only</i>)
<input type="checkbox"/>	 Policy Questionnaire certificate
<input type="checkbox"/>	 Protecting Children eLearning Module Certificate
<input type="checkbox"/>	 Reportable Conduct Scheme ‘Congratulations’ page online training
<input type="checkbox"/>	 Shine Bright EYM Education and Care Services and National Law Act 2010 and Regulations Certificate
<input type="checkbox"/>	Coloured photo of yourself (<i>for Introduction Sheet, Shine Bright to complete</i>)
<input type="checkbox"/>	Current resume, <i>including 3 professional references</i> (<i>Children related is preferred, however not mandatory</i>)
<input type="checkbox"/>	Certified copy of proof of name changes if different on certificate. (e.g. Marriage certificate)
<input type="checkbox"/>	Payroll & Bank Details Form Click Here Fair Work Information Statement Click Here
<input type="checkbox"/>	Superannuation Standard Choice Form Click Here
<input type="checkbox"/>	Tax File Number Declaration Form Click Here

Please return this complete application to HR@shinebright.org.au