



SUPPLY TEACHERS AND SHORT TERM CHILD CARE APPLICATION FORM

Name:	Date:	
Address:		
City:	Province:	Postal Code:
Home Telephone:	Cell/Pager/Alternative #:	
Email Address:		
Fax Number:		
Languages Spoken:	Languages Written:	
Sign Language: Yes No		

Are you interested in Supply Teaching Work: Yes No

Please check the program(s) you are interested in working at:

- Thursday's Child Nursery School – 235 Donald St., Room 161
- Riverview Alternative School – 260 Knox Crescent
- Stittsville Public School – 40 Granite Ridge Drive
- George St. Group Day Care Center – 195 George St.
- STCC – Women's Shelter Caregivers – various locations in Ottawa Region

Short Term Child Care consists of two separate programs with very different funding and operating systems. In the **shelter program**, STCC caregivers provide weekly, early learning and respite child care sessions at Women's Shelters. In the **consortium members program**, STCC caregivers provide emergency back-up care in the child/children's own home.

Are you interested in Short Term Child Care's work in the child/children's homes?

Yes No

SECTION A:

<p>Do you have any allergies which would impact your ability to accept certain assignments? Yes No</p> <p>If yes, please elaborate:</p>
<p>What days of the week would you be available to work?</p> <p>How much notice do you require to go on an assignment?(i.e. 1 day, 2 hours, etc.)</p> <p>Is there any reason you would be unable to remain with the children for an extended period of time during a day (i.e. 4-6 hours or more)?</p>
<p>Do you have a Current Criminal Reference Check to work with a vulnerable sector? (Current meaning – within a year).</p> <p>YES DATE ISSUED: NO</p> <p>If you indicated NO for this question, would you be willing to obtain one as it is a requirement of our agency? YES NO</p>
<p>Do you have a valid First Aid Certificate? YES EXPIRY DATE: NO</p> <p>Do you have a valid CPR Certificate? YES EXPIRY DATE: NO</p>
<p>Please indicate your highest level of education:</p> <p>Do you have any other relevant certificates/training?</p>
<p>Please indicate the key areas of your experience in working with children:</p>
<p>Do you have any experience working with children with special needs? If yes, please elaborate:</p>
<p>Any other experience in a care-related field?</p>
<p>Tell us why you are interested in working as a supply teacher in one of our licensed day care centers:</p>

SECTION B:

If you marked **YES** to being interested in working for the *Short Term Child Care Program* in the **CLIENT'S HOME** – Please complete Section B:

Are you able to provide care during: <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight <input type="checkbox"/> Early Mornings (5:00 - 7:00 a.m. starts) <input type="checkbox"/> Daytime only - Identify day time hours you are available to work What days of the week are you available to work?
Are there areas in the City of Ottawa that you would not be willing to go to for a caregiver assignment?
Some positions may require access to a vehicle. Please confirm if you can meet this need < Yes No
Do you smoke? Yes No
Are you allergic or do you have a fear of any pets? Yes No If yes, which pets?
Do you prefer working with any particular age group of children?
Are you willing to consider providing care for a child with special needs? Yes No
Are you comfortable with mildly ill children? Yes No Please indicate any experience you have caring for mildly ill children:
What appeals to you about working with STCC?

SECTION C:

Please provide your written response to the following scenario questions:...

A two-year old child becomes upset at the thought of his/her parent leaving. What would you do?

What do you do if a child bites another child for whom you are caring?

Discuss how you would approach a challenging behavioural situation with a child? Discuss some techniques you would use.

REFERENCES:

<p>Name of Reference: E-mail address: Telephone # (hm/wk): Position/Organization: Relationship to You:</p>
<p>Name of Reference: E-mail address: Telephone # (hm/wk): Position/Organization: Relationship to You:</p>
<p>Name of Reference: E-mail address: Telephone # (hm/wk): Position/Organization: Relationship to You:</p>

I give Andrew Fleck Child Care Services permission to contact the above individuals for all reference checking purposes. Please note that all references will be conducted via e-mail.

Signature

Date