

Please Read & Sign...

I confirm that the information about me on these forms is correct and I understand that this information will be used in conjunction with the Data Protection Act 1984. I understand that the service is free to me and I will inform you immediately I am engaged through your introductions. I wish my application to be dealt with by you. I have no unspent criminal convictions and you have my authority to seek references.

Name:	Signature:	Date:
-------	------------	-------

I agree not to smoke in my employers home at all and will never smoke when I am in charge of the children.

Name:	Signature:	Date:
-------	------------	-------

Checklist (If Relevant)

1. Certified copies of your NNEB (or similar) qualifications.
2. Copies of Certificates of Achievement, e.g First Aid, Life Saving.
3. Copy of a Data Protection Act Certificate (criminal record check)
4. Copy of driving licence.
5. Photos of yourself. x1

For office use only:

Date:	Comment:

For office use only:



Date:
Int Date:
Notice:

for carers...

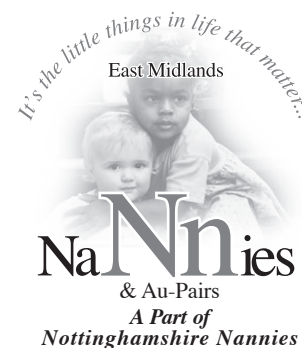
Carer Registration Form

Personal Details

Full Name:	No. of Children	Ages:	
Address:		Married/Single	
Telephone Number:	Mobile:	email:	
Do You Drive?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Test Passed:	Any Driving Convictions?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give details:	Do You Own a Car?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Give Details of Your Interests and Hobbies:			
Date Of Birth:	Place of Birth:	Nationality:	Religion:
Do You Smoke?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Have A Criminal Record?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Can You Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Have a First Aid Certificate?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give details of any serious illness in the last 3 years:			Are You An Approved Nanny? <input type="checkbox"/> Yes <input type="checkbox"/> No

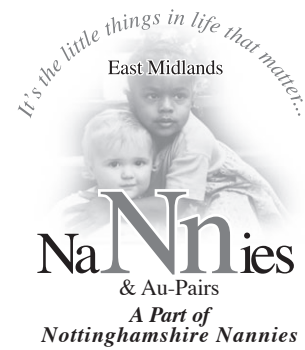
Education, Qualifications, Work Experience Etc. Schools Attended (Secondary School onwards)

Contact Name:	Contact Name:
Name of School:	Name of School:
Address:	Address:
Dates Attended:	Dates Attended:
Examination Results:	Examination Results:



Gibsmere House, Gibsmere, Nottingham, NG14 7FS

Telephone: 01636 830898, Fax: 01636 830300, Mobile 07929 982618
e-mail info@eastmidlandsnanniesandaupairs.co.uk, www.eastmidlandsnanniesandaupairs.co.uk



Education, Qualifications, Work Experience Etc. College/University

Contact Name:
Name of College/University:
Address:
Dates Attended:
Examination Results:

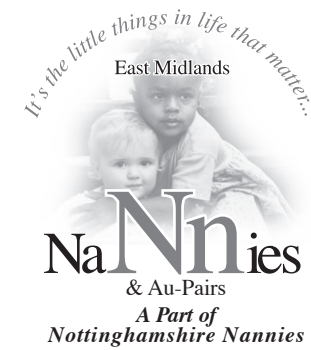
Please Give Details of your childcare experience:

Current/Last Employers

(Please note that we shall only contact with your permission).

Contact Name:	Name of Company:
Address:	
Telephone Number	
Job Title Held	Duties
Reason For Leaving Last/Present Employer	
Date Employed From:	Til:

Contact Name:	Name of Company:
Address:	
Telephone Number	
Job Title Held	Duties
Reason For Leaving Last/Present Employer	
Date Employed From:	Til:



Your Requirements

Do You Require a Live In Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Areas of Work:	Max Travelling Time:
Do You Prefer The Town or the Countryside?: <input type="checkbox"/> Town <input type="checkbox"/> Countryside	Minimum Salary Required (Gross)? £	No. of days per week required?
Give further details:		

Are You Prepared To Do The Following?

Children's Ironing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning Children's Room? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking for Children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Light Housework? <input type="checkbox"/> Yes <input type="checkbox"/> No
Families Washing/Ironing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Babysitting <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Paid <input type="checkbox"/> Time in Lieu
Care for pets <input type="checkbox"/> Yes <input type="checkbox"/> No

Further Details of your Requirements:

References

(In all Cases references are Checked)

Contact Name:	Name of Company:
Address:	
E.Mail	
Telephone Number	

Contact Name:	Name of Company:
Address:	
E.Mail	
Telephone Number	

If This is Your First Job, We Would Like you to Include a Report From Your Class Tutor.