



Nanny Registration Form

Date of Application

Full Name

Present Address

Email Address

Home Telephone Number

Mobile Number

Marital Status

Date of Birth

Age

Nationality

Religion

Do you have any convictions for driving or any other offences? Yes / No

If yes, please give details:

When are you free to start?

For how long?

How many nights a week?

Will you work anywhere? Yes/ No

If no, how far will you travel?

What is your experience with newborn babies? (please provide details)

What age of child or baby do you prefer to look after?

How many children are you happy to care for?

How did you hear about Night Nannies?

Do you have any experience of caring for children with Special Needs? If 'yes', please provide details:

Would you be happy to be a Night Nanny for children with Special Needs?

Do you smoke? Yes/ No

Do you have any children? Yes/ No What ages?

Are you normally in good health?

Do you have any disabilities?

Are you taking any medication? If 'yes', please give details:

What are your hobbies/ interests?

EDUCATION AND TRAINING

School attended

Date

Qualifications obtained

Further education attended

Address

Dates

Qualifications obtained

PLEASE GIVE DETAILS OF EXPERIENCE OBTAINED BEFORE AND AFTER TRAINING:

Dates	Name & Address of employers	Age of child/ children & reason for leaving
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Please send us all recent references and give the names, addresses and telephone numbers of at least 2 recent employers (no relatives please).

Please provide your father and mother's names and addresses:

Telephone numbers: (work) _____ (home) _____

STATEMENT

I certify that this information is true and correct. I accept your Terms and Conditions of business. I also realise that any information given to me about potential employers or other applicants is highly confidential. I agree not to divulge any such information to anyone. Should I obtain a position through your Agency directly or indirectly or be re-employed at any stage, I will notify you immediately and I am responsible for my own tax and National Insurance.

This form will be shown to a prospective client.

Signed

Name

Date
