

PRIVATE & CONFIDENTIAL – NEW CANDIDATE REGISTRATION FORM

Please Provide A Current Photo that is suitable to send to a potential employer:

Position Type:

Available Hours:

Job Location Preference:

Specific Location Preference:

Salary Expectations in GBP (£): £ - £

Date of last DBS Check:

Are you on the DBS update system?

Provide Dates of Pre-Booked Holidays If Applicable:

Your Available Start Date:

First Aid Certificate:

First Aid Expiry Date:

Suitable Children's Age Range:

PERSONAL BACKGROUND – PLEASE COMPLETE FULLY EVEN IF YOU ARE PROVIDING A CV

Full Name:

Current Home Address:

Date of Birth:

Email:

Contact Number:

Marital Status:

Total Number & Age of Own Children:

Nationality:

Religion:

Dietary Requirements:

Are you allergic to pets?

Are you willing to live in / live out in a house with pets?

Will you Prepare & Cook Meat Products?

Do you swim:

Smoking Status:

Can you speak another language?

If Yes, Please State:

Can you play a musical instrument?

Criminal Convictions (Non-Driving Offences):

If Yes, Please State:

Interests / Hobbies:

DRIVING INFORMATION

Type of Driving Licence:

Date Passed:

Car Owner:

Transmission Type:

Confident Driver?

Driving Convictions:

If yes, please provide details:

EDUCATION INFORMATION

Secondary School Name:

Secondary School Address:

Start Date:

Finish Date:

Exams Passed:

College / University Name:

College / University Address

Start Date:

Finish Date:

Examinations / Qualifications:

YOUR EMPLOYMENT BACKGROUND (IF NONE STATE WHY)

Do we have your consent to apply to your referees?

Please list ALL positions below, start with current or most recent, including non-childcare related positions.

Please indicate in the notes field provided below, the reason if and why you were dismissed from any of those positions. If you have had more than four positions, please provide full additional details of your employment as an attachment using the document upload section option below.

Additional Employment Notes:

Upload Supporting Employment Documents:

1. CURRENT EMPLOYMENT OR MOST RECENT

Position Held:

Employers Name:

Employers Address:

Telephone:

Salary:

Age of Children (at start of employment):

New-born or Additional Children (since start of employment):

Start Date:

Finish Date:

Reason for Leaving:

AGENCY USE ONLY

Contact Name:

Written Reference Provided:

Outcome:

PH:

Mail:

Date:

Additional Notes:

2. EMPLOYMENT HISTORY – PREVIOUS EMPLOYMENT

Position Held:

Employers Name:

Employers Address:

Telephone:

Salary:

Age of Children (at start of employment):

New-born or Additional Children (since start of employment):

Start Date:

Finish Date:

Reason for Leaving:

AGENCY USE ONLY

Contact Name:

Written Reference Provided:

Outcome:

PH:

Mail:

Date:

Additional Notes:

3. EMPLOYMENT HISTORY – PREVIOUS EMPLOYMENT

Position Held:

Employers Name:

Employers Address:

Telephone:

Salary:

Age of Children (at start of employment):

New-born or Additional Children (since start of employment):

Start Date:

Finish Date:

Reason for Leaving:

AGENCY USE ONLY

Contact Name:

Written Reference Provided:

Outcome:

PH:

Mail:

Date:

Additional Notes:

4. EMPLOYMENT HISTORY – PREVIOUS EMPLOYMENT

Position Held:

Employers Name:

Employers Address:

Telephone:

Salary:

Age of Children (at start of employment):

New-born or Additional Children (since start of employment):

Start Date:

Finish Date:

Reason for Leaving:

AGENCY USE ONLY

Contact Name:

Written Reference Provided:

Outcome:

PH:

Mail:

Date:

Additional Notes:

FURTHER INFORMATION

Are you prepared to complete the following?

Nursery duties:

The weekly shop:

Light housework:

Light errands:

Do you enjoy cooking:

Provide a nutritious diet:

WORK EXPERIENCE

I have experience caring for (please select all that apply)

Babies - Birth to 6 Weeks:

Babies – 0 to 1 years old:

Children – 1 to 5 years old:

Children – 6 to 12 years old:

Teenagers:

Special Needs / Disable Children:

I have experience of the following tasks (please select all that apply)

Changing nappies:

Weaning a baby:

Preparing food for a baby:

HEALTH DECLARATION

Are you receiving medication?

If Yes, Please State:

Is there any Medical, Physical or Mental health condition that may impair your ability to carry out a role of this nature?

Do you have any Allergies?

Any additional information you may wish to provide:

NEXT OF KIN / EMERGENCY CONTACT INFORMATION:

Next of kin name:

Address:

Contact Number:

Consent obtained to provide this information:

TERMS & CONDITIONS AGREEMENT TO PROCURE EMPLOYMENT THROUGH THE AGENCY

I, (Name)

Of (address)

Agree as follows:

The Agency shall under no circumstances be liable to pay for the services by me to clients of the Agency.

I declare I have no criminal convictions (except those which I have expressly disclosed in writing).

I do not suffer from any health disorders which might in any way prevent me from duly and properly carrying out the services.

I give permission for the Agency to use the contents of this application in its endeavours to find a suitable position for me.

Signature:

Date:

Interviewed By:

Date:

Passport Sighted:

Visa Status (if Applicable):

Driving Licence Sighted: