



SMILEYS CHILDCARE AGENCY LTD™

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Affix
Photo
Here

NANNY APPLICATION FORM

PERSONAL DETAILS:

| | |
|-----------------|----------------|
| Name: | Address: |
| Home Tel No: | Mobile Tel no: |
| Age: | D.O.B: |
| Nationality: | Religion: |
| Marital Status: | Next of Kin: |
| Email Address: | NI Number: |

EDUCATION AND QUALIFICATION:

| | | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Qualifications Obtained: | NNEB | BTEC | NVQ2 | NVQ3 | P. CHRISTIAN |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of College or University: | CACHE | CHILTERN | NORLAND | ADCE | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Please specify Dates: | | | | | |

EMPLOYMENT HISTORY:

PRESENT POSITION

| | |
|------------------------------|--|
| Name: | Tel No: |
| Address: | Email: |
| Period Worked: | Ages/Sexes (On commencement of employment) |
| Job Title: | Salary: |
| Sole Charge or Shared Care ? | |
| Reason for Leaving: | |

EMPLOYMENT HISTORY CONTINUED:**LAST POSITION**

| | |
|------------------------------|--|
| Name: | Tel No: |
| Address: | Email: |
| Period Worked: | Ages/Sexes (On commencement of employment) |
| Job Title: | Salary: |
| Sole Charge or Shared Care ? | |
| Reason for Leaving: | |

JOB DESCRIPTION:**WHICH POSITION DO YOU WISH TO APPLY FOR: (Please Tick)**

NANNY MOTHERS HELP NURSERY WORK
 PERMANENT TEMPORARY MATERNITY WORK
 PART TIME DAILY FULL TIME LIVE IN

If you require temporary work please state start and finish dates:

If live in do you require OWN ROOM SEPARATE ACCOM

BABYSITTING How many sites per month? Weekends/Weeknights/Both

DO YOU HOLD A FULL DRIVING LICENCE? YES/NO

YEAR TEST PASSED

ANY PENALTIES? YES/NO

OWN CAR? YES/NO

ARE YOU INSURED TO CARRY CHILDREN ? YES/NO

IS SOLE CHARGE ESSENTIAL? YES/NO

IS A CAR ON DUTY ESSENTIAL? YES/NO

ARE YOU WILLING TO DO:

LIGHT HOUSEWORK

FULL HOUSEWORK

NURSERY DUTIES ONLY

FLEXIBLE

PLEASE SPECIFY THE LOCATION(S) YOU WISH TO WORK IN _____

ABOUT YOU:

DO YOU HAVE A CHILD OF YOUR OWN?

YES

NO

If yes please give details

DO YOU SPEAK ANY FOREIGN LANGUAGES?

YES

NO

If yes please specify

ARE YOU A SMOKER?

YES

NO

ABOUT YOU CONTINUED:

DO YOU HAVE ANY EXPERIENCE OF WORKING WITH CHILDREN WITH SPECIAL NEEDS? Y N

If yes please specify _____

CAN YOU SWIM ? YES NO

DESCRIBE YOUR HEALTH ? _____

ARE YOU TAKING **ANY** MEDICATION ? _____

AGES OF CHILDREN PREFERRED _____

NUMBER OF CHILDREN YOU ARE PREPARED TOO LOOK AFTER? _____

HOW MUCH NOTICE IS REQUIRED IN YOUR PRESENT POSITION? _____

WHAT DATE ARE YOU AVAILABLE TO START A NEW POSITION? _____

WHAT NET SALARY ARE YOU SEEKING? _____

DO YOU HOLD A **CRB** POLICE CHECK YES NO If yes date completed _____

DO YOU HOLD A VALID 10 YR PASSPORT ? YES NO PASSPORT NO. _____

HAVE YOU EVER HAD A CRIMINAL RECORD ? YES NO If YES, please provide details on a separate sheet.

ARE YOU LEGALLY ABLE TO WORK IN THE UK ? YES NO

DO YOU HAVE ANY VISA/WORK PERMITS ? YES NO

DO YOU HAVE A FIRST AID CERTIFICATE ? YES NO VALID UNTIL:

ARE YOU OFSTED REGISTERED ? YES NO

HOW DID YOU HEAR ABOUT 'SMILEYS'? _____

YOUR PROFILE: (Any other information or a few lines about yourself)

DECLARATION:

I certify that the information given on this application form to be true and correct for Smileys to verify all references supplied, if considered necessary. I agree to treat all information given to me regarding vacant positions as confidential and agree not to pass names and addresses of potential employers to any other person. If a client introduced through Smileys offers me a position of employment or if my services are re-engaged by a client I agree to advise Smileys of the offer. I have read and agree to Smileys code of conduct.

SIGNATURE: _____