



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"/> |
| | CACHE | CHILTERN | NORLAND | ADCE | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name of College or University: | | | | | |
| Please specify Dates: | | | | | |

EMPLOYMENT HISTORY:

PRESENT POSITION

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

EMPLOYMENT HISTORY CONTINUED:**LAST POSITION**

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

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

NANNY MOTHERS HELP NURSERY WORK
 PERMANMENT 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 CLEAN DRIVING LICENCE?

OWN CAR?

IS SOLE CHARGE ESSENTIAL?

IS A CAR ESSENTIAL?

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

DO YOU SUFFER FROM ANY SERIOUS ILLNESSES/ALLERGIES? YES NO

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

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 HAVE FIRST AID YES NO

ARE YOU OFSTED APPROVED? YES NO

HOW DID YOU HEAR ABOUT '**SMILEYS**'? _____

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

DECLARATION:

I Certify all the information given is true and correct. I agree that all information given to me is confidential and I will not pass details of employers to other parties. I will notify the agency of any interviews arranged and call them afterwards with the appropriate feedback. I give permission for 'Smileys' to contact all referees supplied.

SIGNATURE: _____