



**SMILEYS WEST MIDLANDS LTD™**

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Affix  
Photo  
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**NANNY APPLICATION FORM**

<b>PERSONAL DETAILS:</b>	
Name:	Address:
Home Tel No:	Mobile Tel no:
Age:	D.O.B:
Nationality:	Religion:
Marital Status:	Next of Kin:
Email Address:	NI Number:

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

<b>EMPLOYMENT HISTORY:</b>	
<b>PRESENT POSITION</b>	
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 WEST MIDLANDS**'? \_\_\_\_\_

**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: \_\_\_\_\_