Application form

Name:

Address:

Phone:

Email:

D.O.B:

Drivers licence:

Own car:

Current DBS:

Any convictions? Please state here:

Smoker:

Are you in good health? Any medical conditions that would affect you working as a nanny?

Any allergies? Example: Pets/Dietaries

Current first aid:

Can you swim:

Can you cook:

Are you eligible to work in the UK?

Please tick:

Full time

Part time

Live in

Overnight stays

Weekend/evening babysitting

Light chores/cooking

Before and after school

How far are you willing to travel?

Please tick any experience with the following

|  |  |
| --- | --- |
| ADD/ADHD |  |
| Autism |  |
| Down syndrome |  |
| Asthma |  |
| Learning difficulties |  |
| Cerebral palsy |  |
| Physical impairment |  |
| Hearing impairment |  |
| Food allergies |  |

Availability:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Before school |  |  |  |  |  |  |  |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| After school |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Overnight |  |  |  |  |  |  |  |

When are you available to start?

How did you hear about us?