



## Application Form

### Personal Information

Miss/ Mrs/ Ms/ Mr First Name:

Last Name:

Address

Telephone number

When is the best time to call you

Email:

Age

Date of birth

Nationality:

Religion:

NI Number:

Marital Status

Do you have any children  Yes  No

No of Children:

Ages of Children

**POSITION APPLIED FOR:**

**Salary Expectation:**

Do you smoke?  Yes  No

If you smoke, do you agree not to smoke in the family's home?  Yes  No

Do you swim?  Yes  No .

Are you happy to take children swimming:  yes  No

Education:

Qualifications:

Do you have a First Aid certificate?

(Copy required)

Do you like pets/animals?  Yes  No Please specify

Are you able to use a computer?  Yes  No

Do you hold a Criminal Records/ Police Check/  Yes  No (Copy required)

Do you have any criminal convictions?  Yes  No

Do you have a valid UK or EU driving licence?  Yes  No No of years:  
(Copy required)

Have you committed any driving offences?  Yes  NO . If yes please provide details:

### **Childcare Experience**

What ages of children do you have experience with?

What type of childcare experience do you have?  Nanny  Siblings/family  Babysitting   
Teaching  Nursery  Au Pair  Mother's Help  Other

Do you have any experience with special needs children?  Yes  No

Would you consider working in a family with special needs children?  Yes  No

What childcare duties are you willing to do?

- Cook for children  Take & collect from Nursery or School  Sole charge care  Babysitting
- Dressing/ Undressing  Bath time  Put to bed  Play with children  Feed children
- Sterilise Bottles  Change Nappies

Do you follow a special diet (vegetarian etc)?  Yes  No If yes, specify:

Are you happy to handle & cook meat/fish?  Yes  No If No, please give details

### **Health**

Are you in good health:  Yes  No

Do you take any medication:  Yes  No

Do you have any serious allergies (dust, pollen, fruit, milk etc)?  Yes  No

If yes, specify:

Number of days off sick in the last 2 years

Please provide more details

### **Hobbies and interests:**

When are you available from?

Do you have any holidays booked:  Yes  No when



**References**

Name of Referee

Address

Tel No:

Email:

Name of Referee

Address

Tel No:

Email:

Name of Referee

Address

Tel No:

Email:

**I certify that the answers to the above questions are correct to the best of my knowledge. I understand and acknowledge that should I knowingly make a false statement in answering the above questions, or should I wilfully conceal any material fact this may affect my employment. By completing this form, you agree to the agency representing you and contacting your referee's. (Please note that the agency will not send your details to a family without your knowledge.) I confirm that I am legally eligible to work in the UK.**

**Date:** .....

**Signature:** .....

**Contact us: Tel: 0845 601 3945 / 0161 980 0996. Email: [enquiries@childcarerecruitment.co.uk](mailto:enquiries@childcarerecruitment.co.uk)**

**Address: 12, Delahays Road, Hale, Cheshire WA15 8DY**