

Please Read & Sign...

I confirm that the information about me on these forms is correct and I understand that this information will be used in conjunction with the Data Protection Act 1984. I understand that the service is free to me and I will inform you immediately I am engaged through your introductions. I wish my application to be dealt with by you. I have no unspent criminal convictions and you have my authority to seek references.

Name:	Signature:	Date:
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I agree not to smoke in my employers home at all and will never smoke when I am in charge of the children.

Name:	Signature:	Date:
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Checklist (If Relevant)

1. Certified copies of your NNEB (or similar) qualifications.
2. Copies of Certificates of Achievement, e.g First Aid, Life Saving.
3. Copy of a Data Protection Act Certificate (criminal record check)
4. Copy of driving licence.
5. Smiling photos of yourself. x1

For office use only:

Date:	Comment:



Proprietor: Anne-Marie Waghorne
 Gibsmere House, Gibsmere, Nottingham, NG14 7FS
Telephone: 01636 830898, Fax: 01636 830300, Mobile 07929 982618
 e-mail anne@nottsnannies.co.uk, www.nottsnannies.co.uk
 Hours of business: Monday-Friday, 10.00am-3.00pm

Reg:
Int Date:
Start Date:



for carers... Carer Registration Form

Personal Details

Full Name:	No. of Children	Ages:
Address:		Married/Single
Telephone Number:		email:
Do You Drive?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Test Passed:	Any Driving Convictions?: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Do You Own a Car?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Give Details of Your Interests and Hobbies:		
Date Of Birth:	Place of Birth:	Nationality:
		Religion:
Do You Smoke?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Have A Criminal Record?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Can You Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Do You Have a First Aid Certificate?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give details of any serious illness in the last 3 years:		

Education, Qualifications, Work Experience Etc. Schools Attended (Secondary School onwards)

Contact Name:	Contact Name:
Name of School:	Name of School:
Address:	Address:
Dates Attended:	Dates Attended:
Examination Results:	Examination Results:

