**NANNY/CARER REGISTRATION FORM**

REGISTRATION DATE:

**PERSONAL DETAILS**

NAME

SURNAME

SEX

DATE OF BIRTH

AGE

COUNTRY OF ORIGIN

FULL ADDRESS INCLUDING POSTCODE

TELEPHONE NUMBERS

E-MAIL ADDRESS

NATIONAL INSURANCE NUMBER

RELIGION

DO YOU HAVE ANY MEDICAL CONDITIONS? Please state

DO YOU HAVE ANY ALLERGIES? Please state

DO YOU HAVE ANY DISSASBILITIES? Please state

DO YOU SMOKE?

CAN YOU SWIM? IF YES, WHAT LEVEL?

**PROFESSIONAL DETAILS**

POSITION SOUGHT

FULL TIME OR PART TIME – State which days:

PREFERRED AREA

ARE YOU A DRIVER?

IF YOU ARE A DRIVER IS IT YOUR WISH TO DRIVE TO WORK?

DO YOU HAVE A CLEAN DRIVING LICENCE? If not, please state offence and points:

PLEASE LIST ALL YOUR RELEVANT QUALIFICATIONS INCLUDING CRB, FIRST AID AND OFSTED REGISTRATION AND NUMBER OF YEARS EXPERIENCE­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­:

*NOTES (AGENCY USE ONLY)*