



Huddersfield
and
Holmfirth

Nannies

NANNY REGISTRATION FORM

Date			
Full Name/s			
Maiden Name			
Address			
Postcode			
Date of Birth			
Marital Status			
Day Tel			
Eve Tel			
Mobile			
Email			
Preferred Method of Contact			
Nationality		Passport Number	
If not UK citizen, do you have permission to work in UK?			
Do you smoke?			
Do you have a driving license?			
If yes, what date did you pass your test?			



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Do you have any points on your license? If yes please give details.	
Do you own your own car?	
Are you willing to use your car for work purposes?	
Are you registered as a nanny with OFSTED?	

Do you have any children of your own? If yes please give details below.

Have you ever had a criminal record? If yes please give details below.

Have you had a CRB check? If yes please give details of who carried it out and on what date.



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Please provide details of any qualifications, including dates and place of study, below.

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Present employer (if applicable)			
From		To	
Job title			
Duties			
Preferred Gross Salary		Notice period	
No of hours worked		Reasons for leaving	

Previous Employer 1	
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(if applicable)			
From		To	
Job title			
Duties			
Preferred Gross Salary		No of hours worked	
Reasons for leaving			

Previous Employer 2 (if applicable)			
From		To	
Job title			
Duties			
Preferred Gross Salary		No of hours worked	
Reasons for leaving			



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Previous Employer 3 (if applicable)			
From		To	
Job title			
Duties			
Preferred Gross Salary		No of hours worked	
Reasons for leaving			

Previous Employer 4 (if applicable)			
From		To	
Job title			
Duties			
Preferred Gross Salary		No of hours worked	
Reasons for leaving			

Please tick the type of position you are looking for:	
Full Time:	Part Time:
Live Out:	Live In:



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What date are you available to commence work?	
What days/hours are you available to work?	
Preferred Gross Salary per hour?	
Would you consider travelling abroad with the family?	

Do you have any medical/psychiatric conditions that may affect you doing your job?	If yes please give details:
Have you had any serious illness/operations that may affect your work?	If yes please give details:
Have you got any allergies?	If yes please give details:
Are you a vegetarian?	
If yes, would you still be prepared to cook with meat?	
Do you have a first aid certificate?	If yes please give date gained:

Please give details below of 2 professional referees – i.e. employer, previous employer or college tutors. (If employed 1 must be current employer)



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Name			
Job Title/Relationship			
Address			
Telephone Number		Email address	
Are you prepared for us, and prospective employers to contact this person now?			

Name			
Job title/Relationship			
Address			
Telephone Number		Email address	
Are you prepared for us, and prospective employers to contact this person now?			

Are you registered with any other agencies?			
Where did you hear about us?			

Please provide any further information that you believe to be relevant.



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DECLARATION

I declare that the above information is, to the best of my knowledge, true and correct at the time of signing and that there have been no relevant omissions.

I declare that I have read and understood the Applicant Terms and Conditions and Our Policies and Procedures.

I give my consent for information held within this document to be given solely only to prospective employers.

No information shall be given to any other third party unless my consent has been requested.

I have read, understand and agree with the Declaration above:

Sign _____

Print _____