

Child Carer Application Form

Personal Details

Last Name: _____

Previous Names: _____

Address: _____

Post Code: _____

Home Phone: _____

Email: _____

D.O.B. _____ Age: _____

First Names: _____

Town/City: _____

Mobile: _____

Do you have any children and what are their ages? _____

Do you have permission to work in the U.K.? _____

National Insurance No: _____

Birth Certificate No: _____

Driving Licence No: _____

Points: _____

Passport No: _____

Next of Kin: Name: _____ Address: _____

Phone Number: _____

Position Required or Considered (please tick all that apply):

Live-in

Babysitting

Live-Out

Maternity Nurse

Permanent

Additional Needs Nanny

Temporary

Full-time

Nanny

Part-time

Parent's Help

Nanny Share

If there is a specific job you are applying for please provide the job reference number: _____

Other Conditions:

Nursery Duties Only*

Family Shopping

Family Laundry

Pet care

Family Cooking

Take your own child

Household Chores

Accompany on Holiday

Willing to travel

If you would like to take your own child to a job please give the details of that child?

*Nursery duties are the duties a nanny is normally expected to do. Nursery Duties includes cooking for the children, tidying the children's bedroom and children's laundry (washing & ironing).

Preferences

Ages (please tick all that apply):

☆ Newborn (0-6 mths)

☆ Preschool (2 1/2yrs-5yrs)

☆ Infant (7mths-1yr)

☆ School age (5yrs+)

☆ Toddler (1-2 1/2 yrs)

☆ Any age

Maximum number of children: _____

Preferred location: _____

Sole Charge or Shared Charge: _____

Start Date: _____ If Temporary, Date from: _____ to _____

How long are you willing to commit? _____

Do you want to be put on our babysitting register? _____

Minimum weekly net salary: _____ Ideal: _____

Education

| | Starting Date | Leaving Date | School & Location | Examinations passed |
|------------------|---------------|--------------|-------------------|---------------------|
| Secondary School | | | | |
| College | | | | |
| University | | | | |

Do you have a First Aid Certificate? _____

Have you obtained any other qualifications or certificates? _____

Experience

Please start with your current or most recent employer and include all work and voluntary experience. Please follow on another page if necessary.

| Employer Details | Dates | Duties |
|--|------------------------------|---|
| 1. Present/ Last Employer Name: Address: Tel. No. Email address: ☆ Please tick if you would not like us to contact this employer. | From To Salary | No. of Children & ages at start of job: _____ _____ Position held: _____ Sole Charge: _____ Reason for Leaving: _____ _____ Do you have written reference? ___please provide |

OFFICE USE ONLY: REF CHECK ☆

Date: _____ Checked by: _____

| Employer Details | Dates | Duties |
|---|------------------------------|---|
| 2. Name: Address: Tel. No. Email address: | From To Salary | No. of Children & ages at start of job: _____ _____ Position held: _____ Sole Charge: _____ Reason for Leaving: _____ _____ Do you have written reference? ___please provide |

OFFICE USE ONLY: REF CHECK ☆

Date: _____ Checked by: _____

| Employer Details | Dates | Duties |
|---|------------------------------|---|
| 3. Name: Address: Tel. No. Email address: | From To Salary | No. of Children & ages at start of job: _____ _____ Position held: _____ Sole Charge: _____ Reason for Leaving: _____ _____ Do you have written reference? ___please provide |

OFFICE USE ONLY: REF CHECK ☆

Date: _____ Checked by: _____

| Employer Details | Dates | Duties |
|---|------------------------------|---|
| 4. Name: Address: Tel. No. Email address: | From To Salary | No. of Children & ages at start of job: _____ _____ Position held: _____ Sole Charge: _____ Reason for Leaving: _____ _____ Do you have written reference? ___please provide |

OFFICE USE ONLY: REF CHECK ☆

Date: _____ Checked by: _____

| Employer Details | Dates | Duties |
|---|------------------------------|---|
| 5. Name: Address: Tel. No. Email address: | From To Salary | No. of Children & ages at start of job: _____ _____ Position held: _____ Sole Charge: _____ Reason for Leaving: _____ _____ Do you have written reference? ___please provide |

OFFICE USE ONLY: REF CHECK ☆

Date: _____ Checked by: _____

References

We would be grateful if you could specify which past or present employers you wish to be used as references.

No1. Name:

Address:

No2. Name:

Address:

Additional Needs Experience (Please tick all areas of experience):

- | | |
|--|--|
| <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Makaton Sign Language | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Portage | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> PEC's |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Learning Difficulties |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Moving and Handling |
| <input type="checkbox"/> Lovaas/ABA | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Conductive Education | <input type="checkbox"/> Tracheotomies |
| <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Premature Births |
| <input type="checkbox"/> Challenging behaviour | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mainstream Childcare |

Please state any other areas that you have experience of: _____

Medical Information

Do you smoke? _____ Would you accept not to smoke whilst on duty? _____

Do you have any allergies? i.e. food or animals _____

How many days off sick have do you have in an average 12 months? _____

Have you had any serious illnesses or operations that may affect your work?

_____ If yes, please give details _____

Are you currently taking any medication? _____ If yes, please give details _____

Have you ever received Psychiatric treatment? _____ If yes, please give details _____

Do you have any dietary requirements? _____

Hobbies and Interest

Do you swim? _____ Do you play any musical instruments? _____

Do you speak any languages? _____ If yes, which one(s) and to what standard?

Do you have any other hobbies or interest that you feel are of relevance?

How did you hear of Glasgow Childcare Solutions? _____

Declaration

I confirm that the information on this Application Form is true, accurate and complete. I have received and read a copy of the Agency's Terms and Conditions and agree to be bound to them. I authorise the Agency to verify any references which I have supplied.

Signed: _____

Print Name: _____

Date: _____

Please return this form to Glasgow Childcare Solutions, 91 Wilton Street, Glasgow, G20 6RD