

Membership Form: Families

Membership forms are not sent to candidates. Instead, we send a job profile which is compiled using only relevant family details from your membership form and information discussed during our family visit.

FAMILY DETAILS			
Family Name:			
Mother's Name:		Father/partner's Name:	
Address:			
Home Tel no:			Email Address:
Mother's mobile no:			Father's mobile no:
Mother's work Tel:			Father's work Tel:
Family Nationality:			
Family Religion (and any bearing this may have on daily life):			
Please state if either parent works from home:			
Family Pets:			
EMERGENCY CONTACT			
Full Name:		Relationship:	
Home tel:	Mobile tel:	Work tel:	
Address:			
CHILDREN'S DETAILS			
Name:	Gender: M/F	DOB:	
Name:	Gender: M/F	DOB:	
Name:	Gender: M/F	DOB:	
Name:	Gender: M/F	DOB:	
Name:	Gender: M/F	DOB:	
Any more children expected? Yes/No		Due Date:	
Please provide the following information. Please write N/A rather than leaving any blank.			
Does your children have any:			
Allergies: Yes/No	Details:		
Medications: Yes/No	Details:		
Phobias: Yes/No	Details:		
Other health information:			
CHILDREN'S G.P. DETAILS			
Name:		Tel No:	
Address:			

SERVICE/S REQUIREMENTS

Please tick services required and include other information where applicable.
All roles are part-time and live-out. We have a non-smoking policy whilst on duty.
 Tick this box if you would prefer an introduction service where you employ the
childcarer yourself.

	Regular	Occasional	Days & Hours
Before School Care			
After School Care			
Sole Charge			
Parents' Help			
Holiday Care			
Weekend Care			
Emergency Care			
Babysitting			

Earliest start date _____ Sole charge/Shared Care _____
Qualifications essential: Yes/No _____ Non-smoker: Yes / No / Pref. _____
Driver req. Yes / No / Pref. With own car Family car avail. for work use

Personality/Skills:

 Active Quiet/Calm Traditional Swimmer Flexible

How did you hear about @Home Childcare?

PREFERENCES

Earliest start date:

Please list any other preferences e.g. location, personality, skills etc

ATTACHED ADDITIONAL INFORMATION

Additional information such as an outline of daily routines, names of schools, school run times etc can be enclosed/attached with this form on a separate piece of paper. Alternatively, you may wish to wait until we conduct the family visit when we can obtain this information from you personally.

OFFER ACCEPTANCE

- I confirm that the information of this Client Membership Form is accurate and supplied in good faith to the best of my knowledge and belief.
- I confirm I have read, understood and agree to the enclosed Terms and Conditions of Business and agree to be bound by them and including the current fees table of @Home Childcare.
- I can confirm that I would like a family visit in order to proceed to the next state of @Home Childcare matching my family to potentially suitable candidates as soon as possible.
- I understand that should any details that I have given to @Home Childcare change, or should I secure childcare elsewhere I will inform the employment business as soon as possible.
- I understand that I should contact @Home Childcare within 48 hours after meeting candidates so as to discuss opinions and consequent actions.

Signed:

Print Name:

Date:

EQUAL OPPORTUNITIES MONITORING

Please tick relevant boxes below to enable us to monitor our equal opportunity policy, as recommended by the Codes of Standards of Practice, for the elimination of discrimination on the grounds of race, gender, disability or marital status. This information is confidential and will be used for no other purpose.

Male Female

Registered Disabled: Yes/No

Ethnic Group:

White Black-Caribbean Black-African Black-other (please specify)

Indian Pakistani Chinese Mixed-race (please specify)