

## Registration Form: Childcarers

Please complete using BLACK BIRO.

Please provide as much information as possible. Applications forms are not sent to clients. Instead, we send a candidate profile which is compiled using only relevant details from your application form. To avoid discrimination, we do not include certain information such as race or marital status in your candidate profile, and we do not divulge any personal details such as medical history.

Please feel free to attach your CV or use the profile section at the end to outline your skills, aspirations etc.

**Security Note:** Your landline telephone number must be provided, as well as a mobile telephone number.

PERSONAL DETAILS		
Forenames:	Title: Miss/Mrs/Ms/Mr	Date of Birth:
Surname:	Home Tel No:	
(Maiden Name)	Mobile Tel No:	
Address:		
Email:		
Do you have children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many?
Are you registered disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
National Insurance Number:		
Do you hold a valid passport?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If outside the EEC, do you have a work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date passed test:
Is your licence clean?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, give details
Have you got use of a car for work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Full Name:		Tel No:
Address:		Mobile No:
		Relationship:
WORK & FLEXIBILITY PREFERENCES		
Please state preferred role by ticking relevant box(es). All assignments are part-time and live-out.		
	Regular	Ad hoc/Occasional
Before School Care		
After School Care		
Parent Help		
Weekend Care		
Holiday Care		
Emergency Care		
Babysitting		
How many hours?		
Days & times		
When is the earliest you can start?		
Please list any other preferences e.g. location, age range of children,		

pets		
Hobbies & interests:		
Community/Volunteer experience:		
<b>EDUCATION/ TRAINING &amp; EXPERIENCE</b>		
Educational establishment i.e. college, school	Dates	Qualification obtained i.e. NNEB, NVQ
Any other relevant training i.e. First Aid, Child Protection?		
Do you have any new born experience? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:		
Have you had any experience caring for children with special needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details.		
Do you speak any other languages? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:		
<b>HEALTH DETAILS</b>		
Have you any health problems that could affect your ability to care for children? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:		
Have you ever received Psychiatric treatment or advice? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:		
Are you currently taking any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:		
Have you any special dietary requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:		
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you agree to never to smoke at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consent to a written report from your GP, if necessary? Ref: Access to Medical Report Act 1988 Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>EMPLOYMENT HISTORY – Last 7 years</b>		
Employer Details	Dates	Duties/Responsibilities
1, Present/Last Position		Job title:
Name:		
Address:		
Tel No:		Reason for leaving:
Email address:		

Employer Details	Dates	Duties Performed
2. Name:  Address:  Tel No: Email address:		Job title:  Reason for leaving:
Employer Details	Dates	Duties Performed
3. Name:  Address:  Tel No: Email address:		Job title:  Reason for leaving:
Employer Details	Dates	Duties Performed
4. Name:  Address:  Tel No: Email address:		Job title:  Reason for leaving:

### REFERENCES

Please give full details of 2 people we can contact to obtain references. These must not be friends or relatives. Your referees should be able to comment on your experience and skills in childcare, such as your last childcare employer.

Name:  Address:  Tel. No: Email:	Name:  Address:  Tel. No: Email:
Occupation:  Relationship:	Occupation:  Relationship:

Do we have your permission to contact these people for a reference? Yes  No

### CRIMINAL CHECKS

Do you have any spent or unspent criminal convictions? Yes  No

If yes, please give details below:

Details:

Have you had a CRB Enhanced Disclosure? Yes  No

If yes, please give date:

As a childcare worker, the Rehabilitation of Offenders Act 1974 does not apply to you, and we are entitled to take into account any spent convictions that you may have when considering your suitability for a particular position. You are therefore required to declare all criminal convictions or cautions. This information will be treated in confidence and only taken into account where the offence is relevant to the post for which you are applying. Failure to declare a conviction may require us to exclude you from our register if the offence is not declared but later comes to light.

### DECLARATION

I confirm that I have read the above and that all the information given on this application form to be true and correct. I agree to treat all information given to me regarding all assignments as confidential, and agree not to pass names and addresses of potential hirers to any other person.

I agree that if I am offered any employment I will inform @Home Childcare immediately.

SIGNED: .....

DATE: .....

### EQUAL OPPORTUNITIES MONITORING

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

Male  Female  Religion: Practising: Yes  No

**Ethnic Group:**

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

Indian  Pakistani  Chinese  Mixed-race  (please specify)

### PROFILE

You may use the following space to outline any skills, experience or interest in support of your application.

Please return completed application form to:  
**@Home Childcare, Mercury House, Shipstones Business Centre, Northgate,  
Nottingham, NG7 7FN**