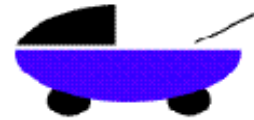


# Mothercraft & Nannies



## Registration Form

Name \_\_\_\_\_ PH (h) \_\_\_\_\_

Address \_\_\_\_\_ (w) \_\_\_\_\_

\_\_\_\_\_ (mob) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Children: **Yes No** Age: \_\_\_\_\_

Smoker **Yes No** Religion \_\_\_\_\_ Nationality \_\_\_\_\_

Drivers License: **Yes No** No: \_\_\_\_\_

Own car **Yes No** Can you transport children **Yes No**

If you are a traveller please provide:

Passport No . \_\_\_\_\_ Visa No . \_\_\_\_\_ Visa Expiry \_\_\_\_\_

Do you have a First Aid Certificate **Yes No** Date Completed \_\_\_\_\_

Are you a registered Carer with the NSW cash rebate scheme **Yes No**

If you are a Mothercraft Nurse your Registration No is: \_\_\_\_\_

Speak other languages **Yes No** Language \_\_\_\_\_ Fluency \_\_\_\_\_

Do you have Insurance Cover related to being a nanny/Mothercraft Nurse **Yes No** give details

\_\_\_\_\_

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Have you had any serious illness in the last 5 yrs **Yes No** if so, give details: \_\_\_\_\_

\_\_\_\_\_

Do you have any health issues or disabilities likely to affect your ability to perform duties? **Yes No**

If so give details \_\_\_\_\_

Why did you leave your last position? \_\_\_\_\_

How did you hear about Mothercraft & Nannies? \_\_\_\_\_

Your interests & Hobbies: \_\_\_\_\_

Can you cook: **Yes No**      Can you Swim: **Yes No**      Housework: **Yes No**      Do you like animals: **Yes No**

**Please circle Yes or No in each section**

	<b>Care of babies 0 to 3 mths</b>	<b>Care of babies 3 to 6 mths</b>	<b>Care of babies 6 to 12 mths</b>	<b>Changing nappies</b>	<b>Preparing bottles and feeds</b>
<b>Are you experienced with</b>	Yes No	Yes No	Yes No	Yes No	Yes No
	<b>Care of children 1 to 2 yrs</b>	<b>Care of children 2 to 5 yrs</b>	<b>Care of children 5 to 10 yrs</b>	<b>Care of children over 10 yrs</b>	
<b>Are you experienced with</b>	Yes No	Yes No	Yes No	Yes No	
	<b>Sole Charge of children</b>	<b>Mothers Help</b>			
<b>Are you experienced with</b>	Yes No	Yes No			
<b>Are you willing to</b>	Yes No	Yes No			

What age group of children would you prefer to work with \_\_\_\_\_

Have you ever worked with children with a disability/asthma/Allergies? If so give details \_\_\_\_\_

Do you have any childcare qualifications (Nanny, Teacher, Nurse etc) if so give details & length of course: \_\_\_\_\_

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Tell us why you make a good nanny/babysitter:

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Are there any other skills etc that sets you apart from others in your field of work: \_\_\_\_\_

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**Type of Position sought** (Please circle relevant areas)

<b>Nanny</b>	<b>Mothercraft Nurse</b>	<b>Babysitter</b>	<b>After School Care</b>
<b>Permanent/Casual</b>	<b>Part Time/Full Time</b>	<b>Live In /Live Out</b>	
<b>Days</b>	<b>Evenings</b>	<b>Night duty</b>	

If Part Time, available hours are \_\_\_\_\_

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**I have read the terms and conditions (of which I have a copy) and understand Mothercraft & Nannies is a referral agency and the client I am referred to is my employer. Accepting work offered through Mothercraft & Nannies is to agree to these terms and conditions. Mothercraft & Nannies is not liable to any injury incurred to me whilst working for a client. I acknowledge that I have been advised that it is my responsibility to take out my own insurance.**

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_