



Application Form

Please complete all sections as fully as possible, in clear handwriting. All information provided will be treated in confidence, and only used in connection with securing employment for you.

1. Personal details

Surname	First names
Address	
Home telephone	Work telephone
Email address	
Date of birth	Nationality
Religion	Marital status

2. Employment sought

Permanent Live-in Daily
Temporary Part-time Overseas

If temporary, for how long

When could you start Salary required £ (*net per week*)

Preferred number of children Age range

Do you prefer sole charge?

Are you willing to undertake any of the following?

Cooking Light housework Take over in parent's absence



3. Education

Date	School/Colleges attended	Examinations passed

4. Employment

Date	Name, address and telephone number of employer	Job title or description of duties	Number of children and ages
1			

Reason for leaving

Date	Name, address and telephone number of employer	Job title or description of duties	Number of children and ages
2			

Reason for leaving



Date	Name, address and telephone number of employer	Job title or description of duties	Number of children and ages
3			
Reason for leaving			

Date	Name, address and telephone number of employer	Job title or description of duties	Number of children and ages
4			
Reason for leaving			

Date	Name, address and telephone number of employer	Job title or description of duties	Number of children and ages
5			
Reason for leaving			

Date	Name, address and telephone number of employer	Job title or description of duties	Number of children and ages
6			
Reason for leaving			



6. Other information

Do you drive? Yes No Licence No Year of test

Have you any convictions (*driving or other*)? Please specify

Can you swim? Yes No Do you smoke? Yes No Social

How many per day?

Do you speak any foreign languages (*please indicate degree of proficiency*)

Have you any dependants? If so please give details.

Are you in good health? Yes No Date of last medical examination

(We will require an up to date medical certificate)

Please give details of any medication currently taken and any allergies.

Do you have any special dietary requirements?

Do you like animals?

Please detail your hobbies/interests.

How did you hear of Nannies of St James?

Are you registered with other agencies?

Other relevant information or requirements (Please continue on additional sheets if necessary).



Other information continued

Passport No Date and place of issue

Height Weight

Details of current work visas

Have you lived abroad before? Please give details.

Father's Name Occupation

Address

Work telephone Home telephone

Mother's name Occupation

Address

Name of other next of kin Relationship to you

Occupation

Address

Work telephone Home telephone

7. Declaration *Please read carefully, date and sign*

A I certify that the information supplied on this form is true and accurate and grant Nannies of St James and its affiliates permission, without prejudice, to use this information at their discretion. Furthermore, I am willing to allow Nannies of St James to verify any references supplied if they should consider it necessary.

I agree to treat all information given to me with regard to vacant positions as confidential and not to pass names and addresses of potential employers to employees, or employees to employers. Should I obtain a position through this agency, directly or indirectly, I will notify you at once and notify the employer concerned that the agency fee will be applicable on all occasions.

Signature

Date