



## PERSONAL DETAILS

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_  
Mother's Mobile: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_  
Mother's Work Number: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_  
Mother's Fax Number: \_\_\_\_\_ Father's Fax Number: \_\_\_\_\_  
Mother's e-mail: \_\_\_\_\_ Father's e-mail: \_\_\_\_\_  
Home Contact Number: \_\_\_\_\_

## CHILDREN'S DETAILS

Name:	Date of Birth:	Sex:	Hobbies:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any children with special needs? Yes  No

If yes, please state requirements:

\_\_\_\_\_  
\_\_\_\_\_

Description of Family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Nanny Required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are looking for a Nanny, please complete the following section. If you are looking for a Maternity Nurse please complete the Maternity Nurse section only.

## POSITION DETAILS: NANNY

Permanent  Full Time  Part Time  Temporary   
Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_  
Work Requirements: Days: \_\_\_\_\_ Hours: \_\_\_\_\_  
Live In  Live Out  Live In/Out   
If Live In please provide details of accommodation:

\_\_\_\_\_  
\_\_\_\_\_

Driving Requirements:

Essential  Preferred  Not Essential  Car Required  Car Provided  Private Use   
Require Nanny to travel: Yes  No   
Sole Charge: Yes  No   
Babysitting Required: Yes  No  If yes, how many evenings per week: \_\_\_\_\_

Gross Salary Offered: \_\_\_\_\_

Age preferred? \_\_\_\_\_ Min: \_\_\_\_\_ Max: \_\_\_\_\_ Flexible: \_\_\_\_\_

Open to other Nationalities? Yes  No

Have you employed a Nanny previously? Yes  No

Would your previous Nanny be prepared to give a reference for you, recommending you as an employer? N/A  Yes  No

Please provide your previous nanny's name, contact number and length of time employed by you:

\_\_\_\_\_  
\_\_\_\_\_

Specific Nanny Duties Required:

\_\_\_\_\_  
\_\_\_\_\_

Special Dietary Requirements:

\_\_\_\_\_  
\_\_\_\_\_

Any Other Relevant Information?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_