

REGISTRATION FORM

NANNY SA / ENHANCE RECRUITMENT

DATE OF REGISTRATION: \_\_\_/\_\_\_/\_\_\_

Surname \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Numbers: HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Position Wanted: NANNY / CHILD CARE RELIEF / BABYSITTING / FSA

For office use only <b>Current Status:</b>
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WHAT LEVEL CHILD CARE WORKER?	WHAT TEACHING QUALIFICATION HAVE YOU ACHIEVED OR ARE YOU STUDYING?	HAVE YOU ANY EXPERIENCE IN THE FOLLOWING:	ARE YOU STUDYING AT THE MOMENT?
Nanny Certificate <input type="checkbox"/>	Kindergarten <input type="checkbox"/>	Social Work <input type="checkbox"/>	YES / NO  IF SO, WHAT ARE YOU STUDYING?
Certificate 2 <input type="checkbox"/>	Primary <input type="checkbox"/>	Disabled Care <input type="checkbox"/>	
Certificate 3 <input type="checkbox"/>	Junior Primary <input type="checkbox"/>	Youth work/Counselling <input type="checkbox"/>	
Diploma <input type="checkbox"/>	Senior <input type="checkbox"/>	Indigenous Care <input type="checkbox"/>	

Do you have?

- First Aid Y/N
- Police Clearance Y/N
- Child Safe Environments Y/N
- Medical Clearance Y/N
- Public Risk Insurance (nanny & contractors only) Y/N
- Driver's Licence Y/N
- Food Handling Y/N
- Are you prepared to do light house work? Y/N
- Can you swim? Y/N

Type of First Aid: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Type of Clearance: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_

ABN: Y/N If Yes: \_\_\_\_\_  
 Own Car: Y/N L's P's Full Licence (please circle)

How long are you prepared to take a position? \_\_\_\_\_ Month/Years  
 Languages spoken other than English \_\_\_\_\_

DAYS AND TIMES AVAILABLE (if all day please write across both areas)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

PREVIOUS EMPLOYMENT (child care related)

Employer	FROM	TO	CONTACT NUMBER	POSITION DETAILS

REFERENCES (child related and personal)

NAME	ADDRESS	CONTACT NUMBER	RELATIONSHIP

<table> <tr> <td></td> <td>Ability</td> <td>Preference</td> </tr> <tr> <td>Babies</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Toddlers</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pre-Kindy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Kindy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>OSHC 5-12 years</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Ability	Preference	Babies	<input type="checkbox"/>	<input type="checkbox"/>	Toddlers	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Kindy	<input type="checkbox"/>	<input type="checkbox"/>	Kindy	<input type="checkbox"/>	<input type="checkbox"/>	OSHC 5-12 years	<input type="checkbox"/>	<input type="checkbox"/>	How did you find out about NANNY SA and Enhance Services?
	Ability	Preference																	
Babies	<input type="checkbox"/>	<input type="checkbox"/>																	
Toddlers	<input type="checkbox"/>	<input type="checkbox"/>																	
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OSHC 5-12 years	<input type="checkbox"/>	<input type="checkbox"/>																	

For office use only

- Emailed Resume     
  Bank Details     
 Copies of:     
  Police Clearance     
  Child Safe Environments     
  Medical Clearance     
  Senior First Aid  
 Superannuation Details     
 Birth Certificate     
 Proof of Name change     
 Drivers Licence  
 Independent Contractor's Agreement     
 ABN     
 Offer of Casual Employment

