

## FAMILY REGISTRATION FORM

### **Family details:**

Mother's Name: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_

Contact Telephone Number:

- Work \_\_\_\_\_
- Mobile \_\_\_\_\_
- Landline \_\_\_\_\_

Mother's Email Address (please use capital) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Nationality: \_\_\_\_\_

Contact Telephone Number:

- Work \_\_\_\_\_
- Mobile \_\_\_\_\_
- Landline \_\_\_\_\_

Father's Email Address (please use capital) \_\_\_\_\_

Family Address:

\_\_\_\_\_

\_\_\_\_\_

Any hobbies or family interests?

\_\_\_\_\_

\_\_\_\_\_

Do any family members smoke?

\_\_\_\_\_

Do you have any pets? If so, please specify \_\_\_\_\_

Languages spoken in the household \_\_\_\_\_

**Children's Information:**

Name and Date of Birth of Children:

- Name of Child \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_
- Name of Child \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_
- Name of Child \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Ethnic & Religious/ Background \_\_\_\_\_

Child's medication requirements:

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Child's food intolerance:

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Child's allergies:

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Please provide information about your child's general routine:

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Any additional Information you feel is important:

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**Nanny Requirements:**

Please circle:

Do you need?	Nanny	Mothers Help	Maternity Nurse
	Live in	Live out	
	Permanent	Temp	
	Full Time	Part Time	

Desired starting date: \_\_\_\_\_

Salary offer: \_\_\_\_\_ net / gross (please circle)

Length of employment required (min/max): \_\_\_\_\_

**Tax is required to be paid by employers. The agency can provide you with full details on how to process Tax and National Insurance.**

Dates and times do you require your nanny/mothers help/Maternity Nurse to work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

Please give details of duties you require the nanny/mothers help to undertake:

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Do you need a driver? Y      N

If so, will a car be provided? Y      N

Will you consider a male carer? Y      N

Will you require a carer with a first aid certificate? Y      N

Will you require a carer with childcare qualifications? Y      N

Will you require your carer to travel on holidays with the family? Y      N

If you require a live in nanny please give information about the accommodation provided (e.g. own bathroom, etc):

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Do you employ other staff in your home?

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Have you employed a nanny/mother's help/Maternity Nurse before? (If yes, please comment on your experience)

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**Additional Information:**

Do you give the Agency consent to advertise your position? Y N

Do you consent for Hopes and Dreams to give your details to potential candidates? Y N

Please give us any other information you consider important for the agency to find the right candidate for you

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**I agree to engage Hopes and Dreams as sole Nanny Agency benefitting from the discount rates (please tick the box if you wish to use this option)**

**I hereby understand and agree to the terms and conditions and give my consent to the Agency to use my details. I also confirm the above information is correct**

Print Full Name:

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Position in household: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_