

Apply for work

KARITANE REGISTRATION

Date _____ Date Free to Begin _____

Name _____

Address _____

Phone: Home _____ Bus/Work _____ Mobile _____

Email address _____

Date of Birth _____ Age _____ Nationality _____

Any Medical Conditions That The Bureau Should Be Aware Of: _____

How many years have you had a full Drivers Licence _____ Own Car? YES NO

Date Current First Aid Certificate Obtained _____ Do You Smoke _____

QUALIFICATIONS

Karitane Nurse / NNEB / Trained Nanny / Kindergarten / Primary / Childcare Courses Completed / Other _____

SITUATIONS PREFERRED

Permanent Nanny _____ Full time _____ Part time _____

Temporary Nanny _____ Full-time _____ Part-time _____

Mothers Help _____ Babysitter _____ Special Needs _____

If Temporary or Permanent - Days Preferred _____

Area Preferred _____ Ages of Children Preferred _____

Salary Range Sought : _____ Give Length of Commitment _____

EXPERIENCED AND CONFIDENT WITH

Birth - 3 months _____ 3 - 12 months _____ 1 - 5 yrs _____

5 - 12 yrs _____ Twins _____ Teenagers _____

Special Needs (EXP) _____

Change Nappies _____ Make Formulas _____ Preparing and Cooking Meals _____

Are you prepared to help with house work: _____

Hobbies and Interests _____

What Makes a Good Nanny _____

What Do You Think About Smacking Children (please explain) _____

DETAILS OF PREVIOUS AND CURRENT EXPERINCE/EMPLOYMENT WITH CHILDREN - (People who you have worked for)

1. Name & Address of Employer _____
Number and age of children _____
Phone _____ Length of employment _____ Reason for leaving: _____

2. Name & Address of Employer _____
Number and age of children _____
Phone _____ Length of employment _____ Reason for leaving: _____

3. Name & Address of Employer _____
Number and age of children _____
Phone _____ Length of employment _____ Reason for leaving: _____

4. Name & Address of Employer _____
Number and age of children _____
Phone _____ Length of employment _____ Reason for leaving: _____

Do You Mind Your Past Employers Being Telephoned _____

All convictions including spent ones must be disclosed. By signing this registration form you consent to the agency passing information about any convictions you may have to prospective employers.

Do you have a prosection pending or been convicted at a court or cautioned by the police for any offence: _____

If yes please provide details: _____

It is a condition of your registration with the Bureau that the Karitane Nurses and Nannies Bureau cannot be held responsible for any problems that may arise between you and your employer.

A **Recruitment Fee** is payable each year by the Nanny to Karitane Nurses and Nannies Bureau.

DECLARATION

I certify that the information given on this application form be true and correct and give permission for Kartiatne Nurses and Nannies Bureau to verify any references supplied, if considered necessary. I agree to treat all information given to me regarding vacant positions as confidential and agree not to pass names and addresses of potential employers to any other person.

I _____ acknowledge that I have read, understood and accept the
above registration with Karitane Nurses and Nannies Bureau.

Signed _____ Date _____
