



Sitters Application Form

I just need some details about you, so I know who you are and what you would like to do.

Personal Details

Full Name: _____

Address: _____

Date of Birth: _____ Age: _____

Dependants (names and ages): _____

Contact Details

Phone: _____

Mobile: _____

Email: _____

Nationality?: _____

If not British do you have a Work Permit?:
 Yes No

Childcare qualifications: _____

First Aid: Yes No **CRB:** Yes No

Ofsted Registered: Yes No

Employment History

Date of Employment	Name, address and telephone of employer	Role and Responsibility	Reason for leaving

Phone: 01622 299556 Mobile: 07736844442 E-Mail: sam@sammysitters.co.uk

363 Tonbridge Road, Maidstone, Kent, ME16 8NH

Do you have experience with children of the following ages?

New born 1-3 years 3-5 years Over 6 years

What is your preferred age group?

New born 1-3 years 3-5 years Over 6 years

How many children can you cope with at any one time? _____

Type of position you want to register for?

Temporary work Evening sitter Ironing sitter Lie in sitter Creche

Do you?

Drive: Yes No Have access to a car: Yes No

Smoke: Yes No Own a car: Yes No

References (name, address and contact phone number/email)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attach a copy of your C.V to this application form

Signed: _____

Date: _____

By signing this application form you agree that the information you have provided is correct, to the best of your knowledge and are happy that contact is made with your references.

Thank you for taking time to complete this application form and I will be in touch soon.