

PERSONAL INFORMATION

Parent 1

Full name

Home address

Postcode

Home Phone

Work Phone

Mobile Number

E-mail Address

Occupation/Title

Employer

Work Address

Nationality

Main language at home

Religion / Practising

DOB (DD/MM/YYYY)

Does your job regularly take you out of the home in the evening

Yes

No

Parent 2

Full Name

Home address

Post code

Work address

Mobile phone

E-mail address

Occupation / Title

Employer

Work address

Nationality

Main language at home

Religion / Practising

DOB (DD/MM/YYYY)

Does your job regularly take you out of the home in the evening

Yes No

EMERGENCY CONTACT

please detail another person that may be contacted if both parents are unreachable

Name Address Telephone Numbers

Relationship to child / children

CHILDREN

First Child

Name DOB (DD/MM/YYYY) School / Nursery hours

Special Care

Yes No

Gender

Boy Girl

Second Child

Name DOB (DD/MM/YYYY) School / Nursery hours

Special Care

Yes No

Gender

Boy Girl

Third Child

Name DOB (DD/MM/YYYY) School / Nursery hours

Special Care

Yes No

Gender

Boy Girl

Fourth Child

Name DOB (DD/MM/YYYY) School / Nursery hours

Special Care

Yes No

Gender

Boy Girl

Fifth Child

Name DOB (DD/MM/YYYY) School / Nursery hours

Special Care

Yes No

Gender

Boy Girl

Your form question

Are you currently expecting a baby/babies or planning to adopt a child under the age of two?

Yes

No

If Yes, please give details

Do any of your children have a medical condition your candidate needs to be aware of?

INTERESTS

Please indicate what interests or abilities the members of your family have

Swimming	Horse Riding	Cycling	Skiing	Tennis	Running
Soccer	Gym	Reading	Writing	Arts/Crafts	History
Music	Theatre	Cinema	Movies	Museums	Travelling
Socialising	Trips /Tours	Dance	Parks	Eating out	Photography
Picnics	Volunteering	Cooking	Baking	Fast Foods	Computers

Other (please specify)

FAMILY AND HOME

Are there any smokers in the household

Yes No

Other persons living in the house

Any specific dietary restrictions (e.g Vegetarian)

Family religious or cultural practices

Details of any pets

If you have pets do you want them to be cared for

Yes No

Have you ever had residential help before

Yes No

Was it a good experience

Yes Completely

Yes quite good

Not great

No

very bad

Other domestic help employed? e.g. cleaner / gardener / housekeeper and their frequency

Please describe your family home (number of bedrooms, bathrooms, garden etc.)

Description of candidates room

Wifi access available

Yes

No

Local amenities / recreational activities

Nearest bus stop

Nearest train / tube station

PERSONAL SPECIFICATION

Preferred Nationality

Preferred Age Range

Level of English

Driver required

Smoker accepted

Gender preference

Yes No

Yes No

Male

Femaile

No preference

Personality type

JOB SPECIFICATION

Start time

Finish time

Total hours per week

Weekly pay

Working days

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Babysitting required for

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Level of childcare

Level of housekeeping

Free time

Other perks

Start time

Weekly work schedule

Any other details that will help us to select the right candidates for you

AFTERCARE

How did you hear about our agency

Send your family photo to info@allstarsagency.co.uk

So that your candidate can familiarise herself with you before the interview.

I confirm that I haven't given any false or misleading information on my application form and I shall notify the agency immediately in writing if there are any changes to the information given above I understand that AllStars Agency Ltd cannot be held responsible for any action of applicants engaged through the agency. I have received and agree to the Terms & Conditions of business & the scale of charges within them. It is my understanding that the agency charges an annual renewal fee and if I refer any clients to the agency upon completion of their file I shall receive a £100 credit on my file *

Yes