|  |  |
| --- | --- |
| Full Name |  |
| Month & Year of Birth |  |
| Location / District |  |
| Email address |  |
| Contact number |  |

Please tell us your preferences:

|  |  |
| --- | --- |
| Are you a driver? |  |
| Are you willing to travel? (if yes, how many miles?) |  |
| Do you have a current DBS? |  |
| Do you have Paediatric First Aid? |  |
| Do you have experience with babies? |  |
| Do you have experience with SEN? |  |
| How many years’ experience with children? |  |
| Are you willing to sit after midnight? | Are you willing to sit in the evenings? |
| Are you offering to work weekends? | Are you offering to work weekdays? |

|  |
| --- |
| Please tell us about yourself for your biography: |

|  |  |
| --- | --- |
| Please list any relevant qualifications: | Reference Contact Details:  Reference 1:  Email/Phone:  Capacity:  Reference 2:  Email/Phone:  Capacity: |

Please ensure you attach the following to your form:

|  |  |  |  |
| --- | --- | --- | --- |
| First Aid Certificate |  | DBS Certificate |  |
| Recent photo ID |  | Relevant qualifications |  |