

**REGISTRATION FORM**

Surname: _____ Address: _____

Telephone Nos.: Home: _____ Office: _____ Fax: _____

Mobile: _____ email: _____

First Name: Father: _____ Mother: _____

Occupation: _____

Is Occupation full / part time? _____

Nationality: _____

Religion: _____

Children's Details:

Name: _____ Age: _____ D.o.B. ___/___/___ Sex: _____

Name: _____ Age: _____ D.o.B. ___/___/___ Sex: _____

Name: _____ Age: _____ D.o.B. ___/___/___ Sex: _____

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Do any of the children have special needs? _____

Is house, Detached () Semi Detached () Bungalow ()?

Situated in, Town () Village () Country ()?

Are there any special attractions / amenities locally? _____

Nearest Bus / Rail station: _____ Nearest large town: _____

Pets kept: _____ Other help kept (specify): _____

Any other person living in household? _____ Is a new baby expected? _____ Date: _____

Any business carried on at the premises i.e. guest house, shop, offices, nursery? _____

Non Smoker: Preferred / Essential? _____

Car driver? Preferred / Essential? _____ Is a car provided for their use? _____

Salary per week: _____ Holidays: _____



Position offered: (please tick)

Au pair

Mother's
Help

Nanny

Maternity
Nurse

Is position: Live In: _____

Live out: _____

Accommodation offered: _____

Duties & responsibilities: _____

Working Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Start Date: _____ Length of contract: _____

If the employee is to stay more than 6 months will you pay the return fare? _____

Family interests: _____

How did you hear of our agency? _____

REFEREES: Please supply two references on behalf of the applicant. If the position is outside of Ireland one referee must be a solicitor or doctor.

1. _____ 2. _____

This completed application form must be returned with the Registration Fee of €25 and a signed copy of our Terms and Conditions which indicates understanding and acceptance of these Terms.

Signed: _____

Date: _____

It would be appreciated if you could include a family photograph and a letter introducing the family to applicants.

For office use only

Reg. Fees	_____	References	_____	Guidelines	_____
Placement	_____	Date	_____	Flight	_____
Confirmation	_____	H.H.	_____	A/c	_____

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