

Safehands Network Ltd  
Royal Bank Chambers  
Victoria Square  
Thornton Cleveleys  
Lancashire  
FY5 3LU

Telephone 01253 822907

Thank you for your interest in working for Safehands Network Ltd. Please complete the enclosed application form and return to the above address, marking it for the attention of HR Department. Due to the nature of the business we also require a copy of a current CRB and any relevant certificates/ qualifications.

Good luck with your application and I hope to be in touch shortly with the outcome. In the mean time if you have any queries please do not hesitate to contact the department either via telephone or email [sarah@safehandsnetwork.com](mailto:sarah@safehandsnetwork.com) / [netta@safehandsnetwork.com](mailto:netta@safehandsnetwork.com) / [james@safehandsnetwork.com](mailto:james@safehandsnetwork.com) .

Yours Truly

James Bigwood  
Human Resources



# Safehands<sup>TM</sup> NETWORK LTD

## SAFEHANDS NETWORK LTD JOB APPLICATION FORM

Please complete in own handwriting in BLACK INK, or type if preferred.

JOB APPLIED FOR: NANNY/ MOTHERS HELP/ AU PAIR

DEPARTMENT: NANNYING

### PERSONAL DETAILS

TITLE:.....

SURNAME:.....PREVIOUS SURNAME(S).....

FIRST NAME(S):..... (Including maiden name).....

ADDRESS:.....

.....

.....

POSTCODE:.....

TELEPHONE No: WORK/ MOBILE..... HOME.....

EMAIL ADDRESS: .....

NATIONAL INSURANCE NO:

--	--	--	--	--	--	--	--	--	--

WHEN ARE YOU AVAILABLE TO START (approximate time): .....

DO YOU HAVE A DIGITAL PHOTO YOU CAN SEND US: Yes/ No

If yes, please attach this application form. If no, please arrange for a photo to be taken and emailed us.

### DRIVING

Do you hold a current driving licence? Yes/No

If so, what type? Car PSV HGV Motorcycle Full Provisional

Do you have any license endorsements/driving convictions? Yes/No

If yes, please give

details.....

.....

Do you own or have personal use of a vehicle? Yes/No

### EMPLOYMENT (Present or most recent job)

Job Title:.....

Employer and Address:.....

Date started:.....Date left (if relevant):.....

Outline of main

duties:.....

.....

.....

**PREVIOUS EMPLOYER** Please list all previous relevant child care employment (Please continue on a separate sheet if necessary).

Employer and Address	Dates To/From	Position and Grade/Salary	Outline of main duties	Reason for leaving

Do you have any gaps in your employment history? YES/NO  
 If yes, please give details.....  
 .....  
 .....

**QUALIFICATIONS**(including N V Q's) (Most applicable/ recent)

University/College	Dates of attendance And year attained	Qualification/Course With grades/results

**COURSES/ TRAINING/ EXPERIENCE**

Please give details of any other courses/training you have undertaken, with dates and grades (where applicable). Please give details of any experience, skills and aptitudes which you think makes you suitable for this post. You may include voluntary work that may be relevant. (Please continue on a separate sheet if necessary.)

**HOBBIES / INTERESTS**

Please describe below your interests, using a maximum of 100 words. Start with "In my spare time...".

Please describe below your personality, using a maximum of 100 words.

Please tell us below, using a maximum of 80 words what kind of food you enjoy eating.

Please tell us below, using a maximum of 80 words what kind of food you enjoy preparing and cooking.

Please tick any other languages that you speak.

		Beginner	Advanced	Fluent
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state).....				

**REFERENCES**

Please give details of two referees-one of whom should be your present or most recent employer.  
**Please note that we reserve the right to contact any previous employer for a reference.**

<b>Name</b> ..... <b>Position</b> ..... <b>Address</b> ..... ..... ..... <b>Telephone Number</b> ..... <b>How long have known this referee and in what capacity ?</b> ..... ..... <b>Please tick the box if you do not wish this referee to be Contacted before interview</b> <input type="checkbox"/>	<b>Name</b> ..... <b>Position</b> ..... <b>Address</b> ..... ..... ..... <b>Telephone Number</b> ..... <b>How long have known this referee and in what capacity ?</b> ..... ..... <b>Please tick the box if you do not wish this referee to be Contacted before interview</b> <input type="checkbox"/>
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In line with the Disability Discrimination Act would you require any assistance in attending the interview if shortlisted? YES/NO

If yes, Please give details.....  
.....  
.....

**HEALTH**

Do you consider yourself to be in good health? YES/ NO

Have you suffered from any illnesses in the last five years? YES/ NO  
If YES please state .....

Are you taking any medications? YES/ NO  
If YES please state.....

Do you smoke? YES/ NO

Are you allergic to any animals? YES/ NO

Do you have any allergies? YES/ NO

**CRB CLEARENCE**

I have/ have not got a CRB Clearance (formerly known as a police clearance)

**DECLARATION**

To the best of my knowledge the information I have given on this form is correct, and may be used as part of my Contract of employment.

I understand that: The provision of false information may result in disqualification of my employment.

Signed.....Date.....



## SAFEHANDS EQUAL OPPORTUNITIES AND DIVERSITY MONITORING FORM

Safehands Network Ltd is committed to equal opportunities within employment. This extends to both job applicants and existing employees. The information you provide below will enable Safehands Network Ltd to monitor and evaluate the effectiveness of external and internal job advertising, recruitment and employment practice. This process also promotes the equality of opportunity and good race relations between people of all sections in the community.

This information is exclusively for the purpose of equal opportunities and diversity monitoring. It will be kept strictly confidential and will not be included as part of the selection process.

Please return this form WITH your completed application form to the address given in the advertisement or with the job details.

1. Date of birth:    /    /                      Age .....

2. Postcode .....

3. Post applied for: .....

4. Where did you see the post advertised? .....

5. Gender:                      Male                                            Female                     

6. Please tick the box which best describes your ethnic/ cultural/ racial origin.

A            White

British   

Irish    

Other White, please state .....

B            Mixed

White and Black Caribbean                     

White and Black African                        

White and Asian                                  

Other Mixed background, please state .....

C            Asian or Asian British

Indian    

Pakistani    

Bangladeshi                                      

Other Asian background, please state .....

D Black or Black British

Caribbean

African

Other Black background, please state .....

E. Chinese or other ethnic group

Chinese

Other, please state .....

5. Do you have a disability?

Yes

No

Is your disability:

Visible

Non-visible

Thank you for your assistance.

Your co-operation will help to promote equality of opportunity.