



CLIENT REGISTRATION FORM

REQUIREMENT : NANNY : LIVE-IN DAILY
MATERNITY NURSE
TEMPORARY

ENGLISH SPEAKING FRENCH SPEAKING
ENQUIRY DATE
ENGAGEMENT DATE
LENGTH OF CONTRACT

FAMILY INFORMATION

MR & MRS
ADDRESS

TEL N° WORK
FAX N°
E.MAIL

MR PROFESSION
NATIONALITY

MRS PROFESSION
NATIONALITY

CHILDREN : NAME AGE SEX SCHOOL HOURS/DAY

FAMILY HOBBIES AND INTERESTS

TYPE OF VACATION / ADDITIONAL RESIDENCES

DRIVING REQUIREMENTS

Yes :

No :

USE OF THE CAR OUTSIDE WORKING HOURS

Yes :

No :

SMOKER / NON SMOKER

ANY ADDITIONAL THOUGHTS OR REQUIREMENTS FOR YOUR POSITION

HOW DID YOU HEAR ABOUT INTERNATIONAL NANNIES

PLEASE COMPLETE AND SIGN THE FORM BELOW, TO ENABLE US TO START THE CANDIDATE SELECTION PROCESS.

WHILE INTERNATIONAL NANNIES WILL MAKE EVERY EFFORT TO ENSURE THE SUITABLE OF EVERY CANDIDATE, WE CAN NOT ACCEPT RESPONSIBILITY FOR LOSS, DAMAGE OR PERSONAL INJURY ARISING OUT OF OUR INTRODUCTION.

PLEASE ENCLOSE A CHEQUE FOR 250 €UROS PAYABLE TO **INTERNATIONAL NANNIES** – 32 avenue Charles de Gaulle 92200 NEUILLY SUR SEINE – FRANCE.

NAME

DATE OF COMPLETION

SIGNATURE