

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

SEA / WATER SPORTS

IS THE POSITION SOLE CHARGE Yes: No: WORKING PARENTS: FATHER Yes: No:

MOTHER Yes: No:

WORKING HOURS

DAYS OFF / WEEK

ACCOMMODATION OFFERED

LOCATION OF THE FAMILY RESIDENCE : COUNTRY SIDE SML TOWN

CITY SUBURB FARM

BRIEFLY DESCRIBE THE FAMILY RESIDENCE

FORMAL / INFORMAL FAMILY

PROXIMITY TO THE BUS STOP / STATION

NAME OF THE STATION BUS NO

ARE THE PARENTS SMOKERS / NON SMOKERS

LANGUAGE SPOKEN ATHOME

KNOWLEDGE OF ANY ADDITIONAL LANGUAGES

ARE THERE ANY HOUSEKEEPING RESPONSIBILITIES

IF YES - PLEASE SPECIFY

IS THERE ANY OTHER DOMESTIC HELP

HOLIDAY PAID PER YEAR (INSUALLY 4 WEEKS MIN / YEAR)

CANDIDATE INFORMATION

EXPERIENCE: ESSENTIAL PREFERABLE QUALIFIED: ESSENTIAL PREFERABLE

NET SALARY PER WEEK

WILL YOU ACCEPT A VEGETARIAN Yes: No:

A PERSON WITH A SPECIAL DIET Yes: No:

MINIMUM AGE MAXIMUM AGE

CANDIDATE TO BE A SWIMMER Yes: No:

DRIVING REQUIREMENTS

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 TOT 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