

# The National Childcare Agency Candidate Application Form

## Personal Details

Surname: \_\_\_\_\_ Current Address: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Next of Kin: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Contact Details: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Dependants: Yes/No    Ages: \_\_\_\_\_  
Convenient calling time: \_\_\_\_\_  
Do you have any Criminal Convictions? Yes/No    Give details: \_\_\_\_\_  
Are you willing to apply for Garda Vetting? Yes/No  
Do you smoke? Yes/No  
Do you have a Driving Licence? Yes/No    Full Licence/Provisional Licence  
Do you have your own car/use of a car? Yes/No \_\_\_\_\_  
Do you speak any foreign languages? \_\_\_\_\_

## Education and Qualifications:

### Secondary Education

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_  
Qualifications obtained: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

### Further Education

Name of College/University: \_\_\_\_\_ Location: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Qualifications Obtained: \_\_\_\_\_  
Full time/Part time/ Correspondence (Please circle appropriate answer)

Name of College/University: \_\_\_\_\_ Location: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Qualifications Obtained: \_\_\_\_\_  
Full time/Part time/ Correspondence (Please circle appropriate answer)

Name of College/University: \_\_\_\_\_ Location: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
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Full time/Part time/ Correspondence (Please circle appropriate answer)

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Course Title: \_\_\_\_\_  
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Full time/Part time/ Correspondence (Please circle appropriate answer)

**Position Details**

Type of position applying for: Please tick any that apply  
Nanny \_\_\_\_\_ Junior Nanny \_\_\_\_\_ Au Pair Plus \_\_\_\_\_ Babysitter \_\_\_\_\_ Childcare Staff \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_ Weekend \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_  
Sole Charge \_\_\_\_\_ Shared Care \_\_\_\_\_ Live In \_\_\_\_\_ Live Out \_\_\_\_\_ Live In/Out \_\_\_\_\_

Preferred Age group: \_\_\_\_\_  
When are you available to start? \_\_\_\_\_  
Preferred Location: \_\_\_\_\_  
Preferred days to work: \_\_\_\_\_  
Are you available to do weekend/evening babysitting? Yes/No (Please circle)  
Are you willing to relocate? Yes/No If so, Where: \_\_\_\_\_  
Are you willing to travel with the family? Yes/No  
Do you have an up to date passport? Yes/No If yes, Passport No: \_\_\_\_\_  
Expected Gross Weekly Salary? \_\_\_\_\_

**Employment History:**

Please start with your most recent first. Only give details of work history related to childcare, this can include babysitting. Your CV must contain ALL work history including that not related to childcare.

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Position held: \_\_\_\_\_  
\_\_\_\_\_ No. Of Children: \_\_\_\_\_  
Referees Name: \_\_\_\_\_ Ages of Children: \_\_\_\_\_  
Referees No: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Live In \_\_\_\_\_  
Referees email: \_\_\_\_\_ Sole Charge \_\_\_\_\_ Shared Care \_\_\_\_\_ Live Out \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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**Please ensure the following information is included with your application form:**

- A copy of your most up to date CV
- Copy of Qualifications held/ Certificates
- Written references from previous employers
- Copy of your passport
- Copy of your driving licence
- Passport size photo and some photos to show employers

You must bring the originals to the interview.

## **The National Childcare Agency** **Candidate Application Form**

### **Declaration/Agreement**

I confirm that all the information provided in this application form is correct. I understand that should I take a position directly or indirectly through the National Childcare Agency that I will notify the Agency immediately. I acknowledge that all information provided to me regarding potential employers is confidential and I agree not to discuss this information without consent. I give my consent to The National Childcare Agency to verify the information provided in this application form and contact previous employers. I give consent to The National Childcare Agency to apply for Garda Vetting on my behalf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**POST** THIS FORM COMPLETED TO : THE NATIONAL CHILDCARE AGENCY,  
192 SEAPARK, MALAHIDE, CO. DUBLIN.

**OR**

SCAN COMPLETED FORM AND **EMAIL** TO : [INFO@NATIONALCHILDCARE.IE](mailto:INFO@NATIONALCHILDCARE.IE)