



## Registration Form (EN)

### Availability

Start date:	Final return date:
Length of stay:	

### Personal details

First name	<input type="checkbox"/> Mr <input type="checkbox"/> Miss		
Surname			
Address / Postal code/city			
Country			
Telephone / Mobile	(+ 39)		
E-mail address			
Skype address			
Date of birth		Place of birth	
Passport (ID) number		Nationality	
<i>Person to contact in case of emergency:</i>			
Name and surname		Tel: (+39)	
Kind of relationship		E-mail:	

What is your religion?		Do you practise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to attend services in the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### My Family

<input type="checkbox"/> Father	Occupation:	Age:
<input type="checkbox"/> Mother	Occupation:	Age:
<input type="checkbox"/> Brothers	How many:	Age:
<input type="checkbox"/> Sisters	How many:	Age:

### My actual situation

<input type="checkbox"/> I study	What are you studying?  When will you finish? ... / ... / ...
<input type="checkbox"/> I work	What are you doing?
<input type="checkbox"/> I am unemployed	
<input type="checkbox"/> other (volunteering, au-pair, babysitting)	Please explain



*My childcare experience summary:*

Age groups:				
<input type="checkbox"/> 0-12 months	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 6-8 years	<input type="checkbox"/> 9+ years
Child with special needs (disabled)				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
My skills:				
<input type="checkbox"/> Nappy changing	<input type="checkbox"/> Light housework	<input type="checkbox"/> Playing & reading	<input type="checkbox"/> Help with homework	<input type="checkbox"/> Caring for sick child
<input type="checkbox"/> Bath time	<input type="checkbox"/> Child under 2	<input type="checkbox"/> Bed time	<input type="checkbox"/> Food shopping	<input type="checkbox"/> Simple cooking
<input type="checkbox"/> Potty training	<input type="checkbox"/> Bottle feed & preparation	<input type="checkbox"/> Help getting dressed	<input type="checkbox"/> Bed time/spoon feeding	<input type="checkbox"/> Outings & excursions

*My childcare experience in detail:*

Number of children and ages:			
Tasks			
Duration	<input type="checkbox"/> 50-100 hours	<input type="checkbox"/> 100-200 hours	<input type="checkbox"/> 200 + hours

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Tasks			
Duration	<input type="checkbox"/> 50-100 hours	<input type="checkbox"/> 100-200 hours	<input type="checkbox"/> 200 + hours



*My driving skills:*

I have had a driver's license since:			
I am available driving the family car	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
My experience:			
<input type="checkbox"/> 50 – 100 hours	<input type="checkbox"/> By rain	<input type="checkbox"/> Country	<input type="checkbox"/> Automatic
<input type="checkbox"/> 100 – 150 hours	<input type="checkbox"/> By snow	<input type="checkbox"/> City centre	<input type="checkbox"/> Manual
<input type="checkbox"/> 150 – 200 hours	<input type="checkbox"/> By heavy wind	<input type="checkbox"/> Suburb	
<input type="checkbox"/> 200 or more hours			
How often do you drive?			
<input type="checkbox"/> Daily	<input type="checkbox"/> Several times a week		
<input type="checkbox"/> Several times a month	<input type="checkbox"/> Not often		

*My language skills:*

My native language: _____				
<b>English</b>	<input type="checkbox"/> Poor	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Other: _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Other: _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

*My experience abroad:*

Have you ever been abroad before (not for holiday)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Please explain (when, where, why)</i>		

*My Household experience/skills:*

<input type="checkbox"/> Light cleaning	<input type="checkbox"/> Vacuum cleaning	<input type="checkbox"/> Baking	<input type="checkbox"/> Cooking
<input type="checkbox"/> Laundry	<input type="checkbox"/> Ironing	<input type="checkbox"/> Tidying up	<input type="checkbox"/> Folding clothes

*My other skills:*

Can you swim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have first aid certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you ride a bicycle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:		



### My preferences

Although we cannot guarantee placement in line with any of these preferences, we will take them in consideration when placing you with a family.

Age groups:	<input type="checkbox"/> 0-12 months	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 6-8 years	<input type="checkbox"/> 9+ years
Number of children:	<input type="checkbox"/> 1-3	<input type="checkbox"/> 3-4	<input type="checkbox"/> 4+ (not all at once/often together with mom)		
Care for child with special needs (disabled)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, but no sole care	<input type="checkbox"/> No		
Area	<input type="checkbox"/> No preference (If you cross no preference, you will automatically be given priority)				
or					
	<input type="checkbox"/> Regional (rural area)	<input type="checkbox"/> Town	<input type="checkbox"/> Suburb	<input type="checkbox"/> City Centre	

### Other preferences

Do you have dietary preferences	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes please explain: _____				
Do you have allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes please explain: _____				
Are you a vegetarian	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, are you willing to prepare meat for the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Would you accept to work for a single parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single mother only	
Would you accept pets in the house?				
<input type="checkbox"/> Yes, to all	<input type="checkbox"/> Yes, to outside pets	<input type="checkbox"/> No, to dog	<input type="checkbox"/> No, to cat	<input type="checkbox"/> No, to all
Would you accept to take care of the pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Would you accept family of different race or religion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		



*My hobbies (explain your hobbies in more detail in the letter)*

Sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	What sport(s):
Musical instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No	What instrument(s):
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you smoke?     Yes     No

<p>If yes, how many cigarettes do you smoke a day? ____</p> <p>Would you declare to smoke only outside the house and never in front of the children? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p>
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I certify that the information given above is complete, true and correct,

Date \_\_\_\_\_

Signature \_\_\_\_\_