

# Nanny Accreditation Application Form

Jersey  
Child  
Care  
Trust

## Prior to completing this form, please read the following:

To be considered as an Accredited Nanny, you are required to hold a Level 2 or Level 3 Childcare and Education Qualification.

(If you hold a Level 2 qualification, you may be asked for further information to ensure you fulfil our criteria).

### PERSONAL DETAILS

Full Name

Previous Names

Date of Birth  
dd/mm/yyyy

Address  
(include Parish and Postcode)

Telephone Number

Mobile Number

Email Address

Nationality

Social Security  
Number

### RESIDENCY STATUS

Entitled

(Someone who has lived in Jersey for a continuous period of 10 years)

Entitled to Work

(Someone living in Jersey for last 5 years or married to an Entitled, Licensed or Entitled to Work person)

Registered

(Someone who does not qualify under the other categories)

Do you hold a current full driving licence?

Yes

No

Licence Number

Does your motor insurance cover you for business use as a Nanny?

Yes

No

Policy Number

Do you have Public Liability Insurance?

Yes

No

Policy Number

Do you hold a full passport?

Yes

No

Passport Number

Have you applied to the Nanny Accreditation Scheme before?

Yes

No

If Yes, when?

Where did you hear about the Nanny Accreditation Scheme?

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## EDUCATION AND QUALIFICATIONS

### SECONDARY EDUCATION

Secondary School

Address  
(include Postcode)

Dates attended: From  
dd/mm/yyyy

To  
dd/mm/yyyy

Qualifications gained  
including grades

### FURTHER EDUCATION

College/University

Address  
(include Postcode)

Dates attended: From  
dd/mm/yyyy

To  
dd/mm/yyyy

Qualifications gained

### FURTHER PROFESSIONAL QUALIFICATIONS

## FIRST AID

**(A current Paediatric First Aid certificate must be held for Accreditation)**

Date of First Aid Qualification (must be valid for accreditation)  
dd/mm/yyyy

## SAFEGUARDING TRAINING

**(Must have been undertaken within the last three years for Accreditation)**

Date of Safeguarding Training  
dd/mm/yyyy

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## EMPLOYMENT HISTORY

### CURRENT EMPLOYMENT - (PLEASE INCLUDE ADDITIONAL SHEET IF REQUIRED)

Please start with your current employer and give reasons for any gaps in employment

Current Employer

Address  
(include Postcode)

Telephone Number

How many children  
do you care for and  
what are their ages?

When did you start  
working for this family?  
mm/yyyy

What days and  
hours are you  
contracted to work?

### PREVIOUS EMPLOYMENT - (PLEASE INCLUDE ADDITIONAL SHEET IF REQUIRED)

Previous Employer 1

Address  
(include Postcode)

Telephone Number

Position held

Dates: From  
mm/yyyy

To  
mm/yyyy

How many children  
did you care  
for and what age  
were they?

Reason for leaving

Previous Employer 2

Address  
(include Postcode)

Telephone Number

Position held

Dates: From  
mm/yyyy

To  
mm/yyyy

How many children  
did you care  
for and what age  
were they?

Reason for leaving

Please continue on a separate sheet if necessary

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## EMPLOYMENT HISTORY

### PREVIOUS EMPLOYMENT - (CONTINUATION SHEET)

Previous Employer 3

Address  
(include Postcode)

Telephone Number

Position held

Dates: From  
mm/yyyy

To  
mm/yyyy

How many children  
did you care  
for and what age  
were they?

Reason for leaving

Previous Employer 4

Address  
(include Postcode)

Telephone Number

Position held

Dates: From  
mm/yyyy

To  
mm/yyyy

How many children  
did you care  
for and what age  
were they?

Reason for leaving

Previous Employer 5

Address  
(include Postcode)

Telephone Number

Position held

Dates: From  
mm/yyyy

To  
mm/yyyy

How many children  
did you care  
for and what age  
were they?

Reason for leaving

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## REFEREES

Please give the name of your present employer, another recent employer and a professional who can give you a character reference. College leavers should give the names of lecturers/tutors or family placement. You should not give friends or relatives as referees.

### REFEREE 1 - (PRESENT EMPLOYER)

**(Please advise the JCCT if you do not wish for your present employer to be approached at this time)**

Name

Occupation

Address  
(include Postcode)

Telephone Number

### REFEREE 2 - (PREVIOUS EMPLOYER)

Name

Occupation

Address  
(include Postcode)

Telephone Number

### REFEREE 3 - (CHARACTER)

**(This referee needs to have known you for a minimum of three years)**

Name

Occupation

Address  
(include Postcode)

Telephone Number

**Please seek permission from your referees before submitting their details.**

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**PERSONAL HEALTH**

**QUESTIONNAIRE AND HEALTH AND SAFETY DECLARATION**

**(Please delete where applicable)**

**Do you or have you ever suffered from:**

- Ear trouble or deafness Yes  No
- Eye trouble or defective vision Yes  No
- Heart trouble Yes  No
- High blood pressure Yes  No
- Back trouble Yes  No
- Giddiness Yes  No
- Other muscle or joint trouble Yes  No
- Fits or blackouts Yes  No
- Fainting attacks Yes  No
- Recurring stomach trouble Yes  No
- Recurring bowel trouble Yes  No
- Mental illness Yes  No
- Recurring headaches Yes  No
- Stress/Depression Yes  No
- Panic/anxiety attacks Yes  No
- Asthma Yes  No

**Have you any disability affecting:**

- Standing Yes  No
- Walking Yes  No
- Co-ordination Yes  No
- Stair climbing Yes  No
- Lifting Yes  No
- Use of hands Yes  No
- Ability to drive a motor vehicle Yes  No

If you have answered "Yes" to any issues listed above, please give brief further details:

Do you consider yourself in good health at present? Yes  No

Are you at present attending the doctor for any reason? Yes  No

If "Yes", please give details:

Have you had any previous operations? Yes  No

If "Yes", please give details:

Are you on a waiting list to have an operation? Yes  No

Are you taking any medication on a regular basis? Yes  No

If "Yes", please give details:

Do you suffer any side effects as a result of taking the medication listed above? Yes  No

If yes, how do these display themselves and affect you?

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## PERSONAL DECLARATION

Have you been refused membership of any professional body/bodies? Yes  No

Are you aware of any disciplinary procedures being or having been taken against you? Yes  No

If "Yes", please give full details:

Have you ever been dismissed from any employment? Yes  No

If "Yes", please give full details:

Have you been cautioned by the Police or convicted by a court (whether civil or military) for offences? Yes  No

If "Yes", please give full details:

Have you had a child removed from you care by order of a court? Yes  No

Have you ever been the subject of a complaint? Yes  No

If "Yes", please give details:

If you do not hold a driving licence, was it refused on health grounds? Yes  No

If "Yes", please give details:

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## DECLARATION

I hereby declare that the details shown are correct and complete to the best of my belief. I understand that any false statements, or the withholding of any relevant information, may provide grounds for rejection of my application, or termination of my accreditation to this service in future.

Applicant's Signature

Date  
dd/mm/yyyy

Applications that are unsuccessful will be kept for a period of three years from the date of receipt, following which they will be destroyed.

Applications of successful candidates will form part of the accreditation file. This information will be stored both in hard copy and electronically for the duration of the accreditation and three years after the accreditation has ceased. After this time, the contents of the file will be stored in electronic form only at the Trust in line with our Retention Policy.

## DATA PROTECTION

The information provided on this form will be processed in accordance with the Data Protection (Jersey) Law 2018. Please see our Privacy Policy: <https://www.jcct.org.je/privacy-statement-and-disclaimer/>

I confirm that I have read and understood the Privacy Policy.

Applicant's Signature

Date  
dd/mm/yyyy



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## SUPPORTING DOCUMENTS

### TO BE ENCLOSED WITH COMPLETED APPLICATION FORM

<b>Photograph</b>	1 Passport sized photograph or email a head and shoulders photograph of yourself taken in the last 12 months to <a href="mailto:jane@jcct.org.je">jane@jcct.org.je</a>	Enclosed? <input type="radio"/>
<b>Certificate of Qualification</b>		Enclosed? <input type="radio"/>
<b>First Aid Certificate</b>	A current Paediatric and Anaphylaxis First Aid Certificate is required.	Enclosed? <input type="radio"/>
<b>Safeguarding Certificate</b>	A current Safeguarding Children Certificate awarded within the last 3 years is required.	Enclosed? <input type="radio"/>
<b>Personal Liability Insurance</b>	<p>A current Personal Liability Insurance Certificate must be in place for you to be accredited. You may wish to visit Morton Michel on <a href="http://www.mortonmichel.com">www.mortonmichel.com</a> (other providers will exist). When completing your application, please note the following question:</p> <ul style="list-style-type: none"><li>Are you registered on or have applied to be registered on the voluntary part of the register for Ofsted in England, Care Inspectorate (Wales) in Wales, Care Inspectorate in Scotland and Northern Irish Health and Social Care Trust in Northern Ireland <b>or your local registering bodies in the Isle of Man and Channel Islands?</b></li></ul> <p>Select yes to entitle you to a discounted rate (when prompted for a registration number – leave blank).</p>	Enclosed? <input type="radio"/>
<b>Motor Insurance</b>	A current certificate of motor insurance that covers you to transport children in your role as a nanny.	Enclosed? <input type="radio"/>
<b>Enhanced DBS Clearance</b>	A suitable enhanced DBS clearance is required.	Enclosed? <input type="radio"/>

### DOCUMENTS FOR VERIFICATION FOR DBS PURPOSES

If you have had a DBS check conducted and have joined the Update Service, you will be required to bring in the original of the DBS certificate together with proof that you have subscribed to the update service. If you have not had a DBS check conducted, please contact the JCCT on 01534 629901 and we will advise you of the process.

**If you have any queries on any of the above, please telephone the Jersey Child Care Trust on 01534 629901.**

**“Putting Families First”**