

NANNY ACCREDITATION APPLICATION



Jersey
Child
Care
Trust

Our Nanny Accreditation Service checks and approves nannies to ensure they meet strong standards of care, safety and professionalism, giving families confidence in the quality of their childcare.

Prior to completing this form, please read the following:

There are two parts to this form:

- Part A – main application
- Part B – health declaration form

Both parts, together with all supporting documents specified on page 8, must be submitted at the same time to avoid delays in the application process either:

- by post to the Jersey Child Care Trust, Pip's Place, 15 Union Street, St. Helier, Jersey JE2 3RF
- or via email to info@jcct.org.je

To be considered as an Accredited Nanny, you are required to hold a Level 2 or Level 3 Childcare and Education Qualification (evidence of this must be provided – see page 8.) If you hold a Level 2, additional information may be required to ensure you fulfil our criteria. Alternative qualifications may be considered (subject to meeting additional criteria).

If unsure, please contact the JCCT on **01534 629901** or email info@jcct.org.je

Personal Details

Full Name(s)			
Previous Name(s)		Date of Birth DD/MM/YYYY	
Address (include Parish & Postcode)			
Mobile Number		Social Security Number	
Email Address			

NANNY ACCREDITATION APPLICATION - PART A



Personal Details (continued)

Do you hold a current driving licence?

If yes, please add Licence Number and state the categories you hold.

☐ Yes ☐ No

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

If yes, please add Policy Number

☐ Yes ☐ No

Do you have Public Liability Insurance?

If yes, please add Policy Number

☐ Yes ☐ No

Have you applied to the Nanny Accreditation Scheme before?

If Yes, when did you apply?

☐ Yes ☐ No

Where did you hear about the Nanny Accreditation Scheme?

Qualifications

Details of qualifications in childcare:

Institute attended:

Details of any further professional qualifications:

NANNY ACCREDITATION APPLICATION - PART A



First Aid A current Paediatric First Aid certificate must be held for Accreditation

Date of Paediatric 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

(must be valid for accreditation) DD/MM/YYYY

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 To / From
DD/MM/YYYY

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

Reason
for leaving

NANNY ACCREDITATION APPLICATION - PART A

Previous Employment - (please include additional sheet if required)

Previous
Employer 2

Address
(include Postcode)

Telephone
Number

Position
Held

Dates To / From
DD/MM/YYYY

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

Reason
for leaving

Previous
Employer 3

Address
(include Postcode)

Telephone
Number

Position
Held

Dates To / From
DD/MM/YYYY

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

Reason
for leaving

Previous
Employer 4

Address
(include Postcode)

Telephone
Number

Position
Held

Dates To / From
DD/MM/YYYY

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

Reason
for leaving

NANNY ACCREDITATION APPLICATION - PART A



Referees

We require three referees:

Referee 1 – present employer. We will automatically request a reference from your current employer (unless you specifically advise otherwise)

Referee 2 – another recent employer

Referee 3 – a professional who can provide a character reference. College leavers should give the names of lecturers/tutors or family placement.

You should not give friends or relatives as referees.

Please seek permission from your referees before submitting their details.

Referee 1 - (Current Employer - details on page 3)

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

Referee 2 - (Previous Employer)

Referee Full Name(s)			
Referee Occupation		Telephone Number	
Address (include Parish & Postcode)			

Referee 3 - (Character)

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

Referee Full Name(s)			
Referee Occupation		Telephone Number	
Address (include Parish & Postcode)			

NANNY ACCREDITATION APPLICATION - PART A



Personal Declaration

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 your care by order of a court?

☐ Yes ☐ No

If "Yes", please give full details:

Have you ever been the subject of a complaint?

☐ Yes ☐ No

If "Yes", please give full details:

Have you ever had a driving licence refused or revoked on health grounds?

☐ Yes ☐ No

If "Yes", please give full details:

NANNY ACCREDITATION APPLICATION - PART A



Declaration

I declare that the answers given to the questions in this document are full and correct and have been answered to the best of my knowledge, that I have read and understood the Data Protection Statement below and that the information on this form will be processed in accordance with the Data Protection (Jersey) Law 2018.

Applicant's
Signature

Date

DD/MM/YYYY

The Jersey Child Care Trust is a Controller under the Data Protection (Jersey) Law 2018. All personal information including special category data provided by you, either on this form or separately is collected and processed for the purpose of the Nanny Accreditation Programme.

We have a duty to share information:

1. if required by law; by order of the Court; or to protect the safety of a data subject;
2. with relevant professional agencies where there is a child protection or safeguarding concern

You have a right to:

- access the personal information we hold about you;
- correct your personal data;
- withdraw your consent for the purpose for which the information is held but it may affect the service we provide to you
- erase personal data from our records (unless there is a reason not to do so);
- restrict the processing of your data;
- raise a concern with the Jersey Child Care Trust about the handling of your personal information. If you are not satisfied with the result of your enquiry you have the right to complain to the Information Commissioner's Office by emailing enquiries@joic.org.je

Unsuccessful applications will be kept for a period of three years from the date of receipt, following which they will be destroyed.

Applications submitted by successful applicants will form part of the accreditation file, which will primarily be held in electronic format. After the accreditation ceases, the records will be held in electronic format only in line with our retention policy.

To view our full Privacy Policy visit <https://jcct.org.je/privacy-policy/>

Should you wish to receive a hard copy of our Privacy Policy, please let us know.

If you have any questions in relation to this policy on our website, please email us at info@jcct.org.je

Address: Jersey Child Care Trust, Pip's Place, 15 Union Street, St Helier JE2 3RF

Telephone: 01534 629901

Website: jcct.org.je

NANNY ACCREDITATION APPLICATION - PART A



Supporting Documents

Photograph

1 Passport sized photograph of yourself taken in the last 12 months



Enclosed

Certificate of Qualification

Evidence of Childcare and Education Qualification



Enclosed

First Aid Certificate

A current Paediatric and Anaphylaxis First Aid Certificate



Enclosed

Safeguarding Certificate

A current Safeguarding Children Certificate awarded within the last 3 years



Enclosed

Public Liability Insurance

A current Public Liability Insurance Certificate must be in place for you to be accredited. Various providers exist (an insurance broker can advise). Please note to benefit from the discount offered by Morton Michel, you should answer 'Yes' to the following question when prompted:

Are you registered on or have you 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 or your local registering bodies in the Isle of Man and Channel Islands? (when prompted for a registration number – leave blank).



Enclosed

Motor Insurance

A current certificate of motor insurance that covers you to transport children in your role as a nanny.



Enclosed

Enhanced DBS Clearance

A suitable enhanced DBS clearance is required.



Enclosed

Evidence that you have:

- had a DBS enhanced check conducted to work with children
- have subscribed to the Portability/Update Service and that your subscription is current

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.

Now complete Part B – Health Declaration Form

NANNY ACCREDITATION APPLICATION - PART B



Health Declaration Form

Full
Name(s)

This form must be completed by an applicant who wishes to become an Accredited Nanny.

How to complete this form:

- ensure you put your name at the top of each page
- complete pages 2 to 4
- if you answer 'Yes' to any of the questions on pages 2 or 3, you must take the completed form to your General Practitioner (GP) / Medical Practitioner to complete pages 5 and 6 (you may need to pay a fee for this)
- no medical examination is required unless requested by your GP / Medical Practitioner.

Next steps:

- The JCCT will notify you of the outcome of this declaration.

Notes: If you consider any of the information provided by your GP / Medical Practitioner to be inaccurate, you may provide a written statement giving your views.

Applicant's Personal Details

Full
Name(s)

Previous
Name(s)

Date of
Birth

Current
Address

Post
Code

Mobile
Number

Email
Address

NANNY ACCREDITATION APPLICATION - PART B



Applicant's Health Declaration - (To be completed as fully as possible)

Full
Name(s)

Contact Details of your GP / Medical Practitioner including name, address and any hospital departments you may attend.

Are you taking any medication?

☐ Yes

☐ No

If "Yes", please provide the following information: Name of medication and why you take it / Dosage and frequency / How long you have been taking the medication.

Do you suffer any side-effects as a result of taking the medication listed above?

☐ Yes

☐ No

If 'Yes' how do these affect you?

NANNY ACCREDITATION

APPLICATION - PART B



Applicant's Health Declaration - (To be completed as fully as possible)

Full
Name(s)

Do you have OR are you affected by any of the health conditions listed below? If so, full details are to be provided in the right column, including any treatments that are currently, have recently been or will be received.

	Yes	No	Details
Asthma or breathing difficulties			
Any form of diabetes			
Blackouts, fits, epilepsy, faints or instances where levels of consciousness, concentration or orientation is affected			
Heart problems			
High blood pressure			
Eyesight impairment (after lens correction)			
Hearing impairment (after hearing aid correction)			
Depression, anxiety, panic attacks, mood swings, anger or other stress-related and / or emotional issues			
Recurring headaches			
Alcohol or drug dependency or misuse			
Excessive drowsiness			
Recurring stomach trouble			
Recurring bowel trouble			
Problems with back, legs, arms, neck or joints			
A disorder which may affect physical / mental abilities to either stand, walk, kneel, bend or lift whilst holding a child			

NANNY ACCREDITATION

APPLICATION - PART B



Applicant's Declaration and Consent

Full
Name(s)

I declare that I have read the information enclosed about medical consent and access to medical reports. I therefore authorise the Jersey Child Care Trust (JCCT) to obtain and use information about my health in the way set out in this document and Part A of the form and in accordance with the Data Protection (Jersey) Law 2018.

I understand that my GP / Medical Practitioner may charge a fee and I agree to settle any such fees directly with my GP / Medical Practitioner.

I declare that the answers given to the questions in this document are full and correct and have been answered to the best of my knowledge.

I agree to notify the JCCT of any changes to my health.

Applicant's
Signature

Date
DD/MM/YYYY

NANNY ACCREDITATION APPLICATION - PART B



General Practitioner (GP) / Medical Practitioner Verification

Full
Name(s)

This section is to be completed by the applicant's GP / Medical Practitioner

The applicant wishes to become an Accredited Nanny which includes taking sole charge of children from birth upwards. Part of this process is to establish the person's physical and mental suitability. To help the Jersey Child Care Trust (JCCT) make a fair and balanced judgement about the applicant's suitability, this Health Declaration is to be completed by an applicant and their GP / Medical Practitioner.

How to complete the form:

- Ensure that pages 2 to 4 have been completed by the applicant
- Check the information provided, compare it against your own records and complete pages 5 and 6
- Once this section has been completed, the form is to be returned to the applicant
- No physical examination is required unless deemed necessary
- Any fee related to this check will need to be settled directly with the applicant
- The information given will be treated with confidentiality and in accordance with the Data Protection (Jersey) Law 2018.

Any questions regarding this form can be directed to the **Jersey Child Care Trust (JCCT)** on **01534 629901**.

Do you hold the applicant's records from birth?

☐ Yes

☐ No

Are your records for a continuous period?

☐ Yes

☐ No

If you have answered 'No' to either of the above, state from what date the records commence and give a reason, if known, for any gaps.

Where the health declaration form from the applicant omits significant information, please give brief details of the omission.

Provide details of any significant condition(s) from which the applicant is suffering, or that may recur, and the severity of the condition.

Based on the information above, what is the prognosis and likely outcome? Is the applicant likely to suffer any complications and how may this impact the applicant's ability to work as a nanny (the ability to take sole charge of children from birth upwards)?

NANNY ACCREDITATION APPLICATION - PART B



General Practitioner (GP) / Medical Practitioner Recommendation

Full
Name(s)

I confirm the health information on the previous page is correct and a true reflection of the applicant's health; and in my opinion the applicant's medical/health notes to date suggest that she/he is medically... (select one option from below):

- ☐ a. ... suitable to work as a nanny
- ☐ b. ... currently unsuitable to work as a nanny
- ☐ c. ... unsuitable to work as a nanny
- ☐ d. the applicant has not co-operated with the process or has knowingly withheld information about her/his medical suitability and therefore not enough information is presently held to make a recommendation.

This information is based on:

Signature

Date

Printed
Name

Telephone
Number

Practice
please specify

Email
Address

Practice Stamp

mandatory to
validate the form