

CLIENT REGISTRATION FORM

Nursery Name: _____

Contact Name: _____

Designation: _____

Address: _____

Post code: _____

Tel: _____

Email: _____

Mobile: _____

Public Transport servicing the setting: _____

Age Range of Children: _____

Number of Registered Places: _____

What services do you require?

(Tick all that apply)

Manager Deputy Manager Room Supervisor Nursery Assistant

N.N.E.B/H.N.C S.V.Q 3 S.V.Q 2 Experienced

Permanent Temporary Full time Part time

Emergency Temporary Cover

Working in which age group: _____

DAY	START	FINISH
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Start Date: _____

Salary: _____ Weekly/Monthly/Annually/Gross/Net (delete as appropriate)

I have read and agree to the Terms and Conditions

Signed: _____ Date: _____

Please return completed registration form to:

Carolyn Glen – Childcare Recruitment
34 The Circle,
Danderhall,
Midlothian
EH22 1NR