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**ONGOING BOOKING FORM**

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| **FAMILY INFORMATION** |
| **FAMILY NAME** |  |
| **PRIMARY CAREGIVER 1 NAME** |  | **CONTACT NO** |  |
| **OCCUPATION** |  |
| **PRIMARY CAREGIVER 2 NAME**  |  | **CONTACT NO** |  |
| **OCCUPATION** |  |
| **STREET ADDRESS** |  |
| **SUBURB** |  | **POSTCODE** |  |
| **EMAIL ADDRESS** |  |
| **EMERGENCY CONTACT (NAME)** |  | **PH NUMBER** |  |
| **DO YOU HAVE ANY PETS? (IF YES, PLEASE PROVIDE DETAILS BELOW)** |
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| **CHILD INFORMATION** |
| **CHILD 1** |
| **CHILD NAME** |  |
| **DATE OF BIRTH** |  | **GENDER** |  |
| **ALLERGIES OR DIETARY RESTRICTIONS?** |  |
| **MEDICAL CONDITIONS?** |  |
| **VACCINATION STATUS?** |  |
| **INTERESTS?** |  |
| **SLEEPING SCHEDULE?** |  |
| **TOILET TRAINED? (Y/N)** |  | **SPECIAL THINGS? (DUMMIES, BLANKIES, TOYS)** |  |
| **CHILD 2** |
| **CHILD NAME** |  |
| **DATE OF BIRTH** |  | **GENDER** |  |
| **ALLERGIES OR DIETARY RESTRICTIONS?** |  |
| **MEDICAL CONDITIONS?** |  |
| **VACCINATION STATUS?** |  |
| **INTERESTS?** |  |
| **SLEEPING SCHEDULE?** |  |
| **TOILET TRAINED? (Y/N)** |  | **SPECIAL THINGS? (DUMMIES, BLANKIES, TOYS)** |  |
| **CHILD 3** |
| **CHILD NAME** |  |
| **DATE OF BIRTH** |  | **GENDER** |  |
| **ALLERGIES OR DIETARY RESTRICTIONS?** |  |
| **MEDICAL CONDITIONS?** |  |
| **VACCINATION STATUS?** |  |
| **INTERESTS?** |  |
| **SLEEPING SCHEDULE?** |  |
| **TOILET TRAINED? (Y/N)** |  | **SPECIAL THINGS? (DUMMIES, BLANKIES, TOYS)** |  |
| **INDICATED HOURS REQUIRED** |
| **DAY** | **TIME** | **PICK-UP/DROP-OFF?** |
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| **REQUIRED START DATE** |  |
| **POSITION DESCRIPTION** |
| **REQUIRED DURATION OF POSITION? (PLEASE SELECT)**(\*PLEASE NOTE\* for positions less than 3 months in duration, we would recommend considering the casual arrangement instead. Please contact us for further information). |
| [ ] less than 3 months [ ] 3 – 6 months [ ] 6 – 12 months [ ] 12 + months |
| **ARE YOU FLEXIBLE WITH YOUR REQUESTED DAYS AND HOURS?** |
| [ ] Yes [ ] No |
| **IF YES, PLEASE PROVIDE FURTHER DETAILS SURROUNDING YOUR FLEXIBILITY** |
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| **ARE YOU OPEN TO HAVING TWO DIFFERENT NANNIES SHARING THE POSITION ACROSS THE WEEK?** |
| [ ] Yes [ ] No |
| **DO YOU ANTICIPATE THE HOURS OF THE POSITION CHANGING AT ALL? (I.E. INCREASING HOURS DURING SCHOOL HOLIDAYS ETC.)** |
| [ ] Yes [ ] No |
| **IF YES, PLEASE EXPLAIN** |
|  |
| **ARE YOU AWARE OF ANY EXTENDED PERIOD IN THE NEXT 12 MONTHS WHERE YOU WON’T REQUIRE YOUR NANNY?** |
| [ ] Yes [ ] No |
| **IF YES, PLEASE PROVIDE DETAILS** |
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| **IS THIS A MOTHER’S HELPER POSITION?** |
| [ ] Yes [ ] No |
| **IS DRIVING A REQUIREMENT FOR THE POSITION?** |
| [ ] Yes [ ] No |
| **IF YES, PLEASE PROVIDE DETAILS ON THE DRIVING ARRANGEMENT (I.E. WILL YOU PROVIDE A VEHICLE FOR THE NANNY TO USE? IF THE NANNY IS REQUIRED TO USE THEIR OWN VEHICLE WILL YOU PROVIDE CAR SEATS AND AGREE TO REIMBURSE THE NANNY FOR FUEL USAGE?)** |
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| **NANNY PREFERENCES** |
| **DO YOU HAVE AN AGE PREFERENCE FOR YOUR NANNY?** |
| [ ] 18 – 25 years [ ] 25 – 30 years [ ] 30 + years [ ] no preference |
| **DO YOU HAVE A PREFERENCE OF EXPERIENCE LEVEL?** |
|  |
| **PLEASE PROVIDE THREE CHARACTERISTICS YOU WOULD LIKE YOUR NANNY TO HAVE? (I.E. EXPERIENCED, MOTIVATED, CONFIDENT, COMMITTED, FLEXIBLE, PROFESSIONAL ETC.)** |
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| **PLEASE RANK THE FOLLOWING IN TERMS OF IMPORTANCE WHEN SELECTING YOUR NANNY?** |
| [ ] Experience [ ] Personality [ ] Flexibility [ ] Commitment [ ] Professionalism [ ] Initiative |
| **HOW DID YOU HEAR ABOUT THE NANNY DIARY?** |
| [ ] Friends/Family [ ] Colleagues [ ] Search Engine [ ] Social Media |
| [ ] Other: |

