

Rockmybaby™ Registration Form



Name	Town/Surburb
What are the best times to ring for an interview?	
Cell no	Landline number

Persons you authorize us to contact who will attest to you suitability for Rockmybaby™

Referee 1	Referee 2
Contact Name:	Contact Name:
Phone NO:	Phone NO:
Cell NO:	Cell NO:
Email address:	Email address:
Referee 3	Referee 4
Contact Name:	Contact Name:
Phone NO:	Phone NO:
Cell NO:	Cell NO:
Email address:	Email address:

Do you hold a current First Aid Certificate	YES/NO
Do you consent to us contacting your current or previous employers or training providers for a reference?	YES/NO
Have you ever been charged with a criminal offence or do you know of any reason why the police might consider you a risk to children or as an employee?	YES/NO
Has any previous employee taken disciplinary action regarding you?	YES/NO
If so, please explain	

Health Matters	
Have you ever been treated or hospitalized for a mental illness or injury or condition that would have affected your ability to carry out fully the functions and responsibilities of the position applied for?	YES/NO
Have you had any condition, problems, injury, illness, disability or condition that would have affected your ability in the past or may affect your ability to carry out fully the functions and Responsibilities of the position applied for?	YES/NO
Are you on any medication or under medical treatment or regularly ingest any substances that may affect your ability to carry our fully the functions and responsibilities of the position applied for?	YES/NO
Have you ever suffered from a back injury?	YES/NO

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Have you ever suffered from any injury requiring time off work/studies?	YES/NO
Have you ever claimed accident compensation?	YES/NO
Are you suffering from any infectious disease or have any condition which is capable to being passed on to children and is likely to have a detrimental effect if passed on to them	
YES/NO	
If you answered yes to any questions above please details:	
Do you smoke?	YES/NO
Do you have any physical or other conditions that would make it difficult for you to:	
Hear a child cry from 6m away? YES/NO	See a child clearly from 6m away? YES/NO
Sit on the floor without support? YES/NO	Pick up a child? YES/NO
Move very quickly? YES/NO	Pick up toys and equipment? YES/NO
If you answered yes to any of the above please explain:	

Availability	Am	PM	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Date: