

Olabisi Babysitting Service

Caring for our future Generation

Application & Assessment Form

IF completing your application in handwriting please PRINT clearly

FULL Name _____ D.O.B _____
Address _____ Mobile PH No: _____
Suburb _____ P/Code: _____
Email _____ Drivers Licence No: _____

Current Employer _____
Address _____ Telephone _____
Position held _____ From _____

Current Work/Study Commitments

*Describe what motivates you to want to work with children?

.....
.....
.....

List any Previous Babysitting Experience:

Relevant Qualifications:

Languages spoken _____ Smoker / Non Smoker

Please **circle** Expected availability: MON TUE WED THUR FRI Daytime Evening
SAT SUN Daytime Evening

(Once Registered, Specific availability MUST be provided each week for you to be included on Roster)

Preferred Bookings: Casual ___ Ongoing ___ Homes ___ Hotels ___ NDIS___ Anything ___

Preferred Ages: Any ___ 6m^ ___ 12m^ ___ 18m^ ___ 2y^ ___ 3y^ ___ 4y^ ___ 5y^ ___

Travel limits: _____

(Please show maximum km's or a Radius or furthest Suburbs you will travel to)

References (Please provide 2 referees -including email addresses)

Name: _____
Company: _____
Relationship: _____
Ph No: _____
EMAIL _____

Name: _____
Company: _____
Relationship: _____
Ph No: _____
EMAIL _____

Please provide email address for both referees

How would you Describe the Role of a Babysitter/Support Worker?

.....
.....

How would you settle a child who is upset/unsettled because their Parent is leaving?

.....
.....

How would you deal with challenging behaviour?

.....
.....

*List any experience you have in working with children with Additional Needs eg: Autism, Developmental Delay, Trauma, Mental Health issues or any other?

.....
.....

List up to 5 activities you believe are appropriate for children at the following stages?

Babies	Toddlers	Preschoolers

5-8yo	8-11yo	11y+

How would you deal with situations which arise when the family is different to you in the following ways?

Religion	
Culture	
Child raising	
Family Routines	
Values	
Lifestyle choices	

In what area do you believe you need training to develop your childcare skills/knowledge?

.....
.....

I certify that the information I have supplied on this form is true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

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Babysitter - Self Assessment Form

Self Assessment	NAME:
Date Completed:	

Please rate **YOURSELF** for each of the following Qualities.

Feel free to add any other Qualities or comments that you feel are important for me to know about you.

Rating Score: 1 =Needs to improve, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

QUALITY	Rating	Comments
Punctuality		
Communication Skills		
Interactions with Adults		
Interactions with Children		
Respect for Family values		
Respect for Family Routines		
Experience with Additional Needs		
Flexible attitude		
Non Judgmental		
Fair minded		
Supervision skills		
Responsive		
Caring		
Gentle		
Kind		
Consistent		
Firm		
Creative		
Fun to be with		
Reliable		
Trustworthy		
Motivated		
Dedicated		

Additional Comments:

Thank you for your honest assessment.

Agnes Adewale
Owner /Manager

MOB: 0434 269 360
ABN: 93 523 497 907

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