SITTERS QUESTIONNAIRE

PLEASE IGNORE SECTION 8 ON THE APPLICATION FORM. THIS QUESTIONNAIRE REPLACES SECTION 8 IN THE APPLICATION FORM

IT IS ESSENTIAL THAT YOU COMPLETE THIS QUESTIONNAIRE TO THE BEST OF YOUR ABILITY. THESE QUESTIONS ARE BASED ON THE PERSON SPECIFICATION.

(Please continue your answers overleaf if necessary)

What particular needs do you think a family with a disabled child have?
Give an example of how you have used your own initiative when caring for a child or how you have dealt with an unexpected event
What could you imagine doing during a session with a disabled child?
How would you go about recording the details of the work you have done with a child?
What experience do you have of working with children & families from different ethnic backgrounds? What factors would you need to consider?

6.	Give an example of a situation that may concern you when sitting for a child? What would you do with your concern? How would you keep a child safe whilst you are in the child's home?							
7.	Explain what experience you have of looking after children? (Please specify any experiences you have of looking after a child/young person with a disability)							
Wha r	Saturday workin nat hours are you ninimum of 16 ho Additional availa	availabl	month? (P	ease stat	te times of	availabilit	ty)	
			Wookly	availabili	tv			
		Sun	Mon	Tue	Wed	Thu	Fri	
09	9:00 - 12:00	-		100	1100		1	
10	0:00 - 14:00							
13	3:00 - 16:00							
15	5:00 - 19:00							
17	7:00 - 23:00							
	chool holidays if							
	fferent from							
	pove please							
St	ate times							
10	.Are you available	e to worl	k more tha	n 16 houi	rs a month	?	YES / NO	
11	.Are you able to t	ravel wit	thin the Lo	ndon Bor	ough of Ea	aling?	YES / NO	
12	. Do you have ba	sic comp	outer skills	and acce	ess to the i	nternet?	YES / NO	