JOIN OUR TEAM

Child Practitioner Application Enquiry Form

Thank you for your interest in joining our team. Kindly complete all sections in full.

1 Personal Details

FULL NAME

ID CARD / PASSPORT NUMBER

DATE OF BIRTH

ADDRESS

MOBILE NUMBER

EMAIL ADDRESS

NATIONALITY

DATE AVAILABLE TO START

Do you have the legal right to work in Malta?

☐ Yes ☐ No

Preferred Working Hours

☐ Full-Time ☐ Part-Time ☐ Flex

2 Qualifications

PLEASE LIST YOUR CHILDCARE-RELATED QUALIFICATIONS

Highest MQF Level Achieved

☐ MQF Level 4 ☐ MQF Level 5 ☐ Other (specify)

3 Training & Certifications

Do you currently hold any of the following?

First Aid Certification	☐ Yes ☐ No	EXP. DATE	
Pediatric First Aid	☐ Yes ☐ No	EXP. DATE	
Food Handling License	☐ Yes ☐ No	EXP. DATE	

OTHER RELEVANT TRAINING

4 Employment History

MOST RECENT EMPLOYER

EMPLOYER NAME

POSITION HELD

EMPLOYMENT DATES

REASON FOR LEAVING

5 Experience With Children

Age Groups Worked With

- ☐ 0 - 1 years
- ☐ 1 - 2 years
- ☐ 2 - 3 years

Years of Childcare Experience

- ☐ Less than 1 year
- ☐ 1 - 3 years
- ☐ 3 - 5 years
- ☐ More than 5 years

DESCRIBE YOUR CHILDCARE EXPERIENCE

6 Personal Statement

Why would you like to work at Cuddles Childcare Centre, and what qualities would you bring?

7 Applicant Declaration

I declare that the information provided in this application form is true and accurate to the best of my knowledge. I understand that any false information may result in the withdrawal of an offer of employment or termination of employment.

APPLICANT SIGNATURE

DATE

8 Documents to Attach

- [ ] Updated CV
- [ ] ID Card / Passport Copy
- [ ] Pediatric First Aid
- [ ] Other Supporting Documents
- [ ] Copies of Qualifications
- [ ] Police Conduct
- [ ] Food Handling Certificate

Cuddles Childcare Centre

Providing a safe, nurturing and stimulating environment for every child.

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Malta