

REGISTRATION FORM

*As you type in the boxes they will expand

NAME	
ADDRESS	
POSTCODE	
DOB	
HOME PHONE NUMBER	
WORK NUMBER	
MOBILE	
EMAIL	
FAX	
NATIONALITY	
OCCUPATION	
PLEASE STATE YOUR REQUIREMENTS	
HUSBAND/PARTNER'S OCCUPATION	
NUMBER OF CHILDREN IN HOUSEHOLD	
DO YOU HAVE ANY OTHER STAFF	

DO YOU HAVE ANY PETS	
DO YOU WANT PERMANENT/ TEMPORARY STAFF	
IF TEMPORARY, HOW LONG WILL THE THE ASSIGNMENT BE?	
COMMENCEMENT OF ASSIGNMENT	
DO YOU REQUIRE A DRIVER	
SMOKING/NON SMOKING	
EXPERIENCE REQUIRED	
PLEASE STATE SOLE CHARGE / SHARED CHARGE / BOTH	
PLEASE STATE DUTIES REQUIRED	

Please email back to THEGIRLS@WITHWOMANCOMPANY.CO.UK

OR PRINT AND POST TO:
The WithWoman Company
2 Spruce Way
Bath
BA2 2DY