

JACQUI NANCEY NEWBORNS
Baby Angels Registration Form

Dear prospective Baby Angels,
You need to register two(2) weeks in advance to book and guarantee your place due to the popularity of our sessions and limited training spaces

TITLE **NAME**.....

Home Address.....

Contact nos:.....

Current occupation.....

Current CRB certificate (*required*)Expiry date.....

Current First Aid certification and CPR trained(*required*)

CONTACT Nos.....*Mob*.....

Have you trained to work with Mothers and their newborns
before.....**When**.....

Where.....**Duration**.....

Can you give us three references to contact about you or your work

1. Name.....**Address**.....
.....**Tel. nos:**.....

2. Name.....**Address**.....
.....**Tel. nos:**.....

3. Name.....**Address**.....
.....**Tel. nos:**.....

BABY AGE

Gender (*male/female*)..... **Nos. of children you have looked after** (*give details*)

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.....
.....

Reasons for attending the Jacqui Nancey BABY ANGEL course:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

How did you hear about this course.....

For our Administration only *(Do not fill in this space)*

CLASS LOCATION.....

.....

Time.....Date.....Day.....

DISCLAIMER

Under no circumstances do we accept any responsibility whatsoever for accidents or injuries suffered by any baby attending the course (either during the course or thereafter) resulting from the client's failure to follow instructions and/or misuse or misinterpretation of our advice.

Clients are also strongly urged NOT TO ADVISE other Mums, Dads or their Nannies to use the techniques applied throughout this course because of the lack of professional follow-up and feedback in such circumstances. In the event that the techniques/advice are shared with persons who did not attend the course, we do not accept any responsibility for any accidents or injuries suffered as a result.

PLEASE NOTE THAT ADVANCE PAYMENT OF YOUR FEES APPLIES BEFORE ATTENDANCE and ALL FEES ARE NON-REFUNDABLE

I confirm that I have read and accept all the above terms of business

Name:.....Signature.....Date.....