

BLOOM GARDEN SCHOOLS



MALEZI CAREGIVING PROGRAM APPLICATION FORM

For Nannies and Caregivers Working with Children with Autism and Special Needs

SECTION A: PERSONAL INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

ID/Passport Number: _____

Phone Number: _____

Email Address (if any): _____

Residential Area: _____

SECTION B: CURRENT OCCUPATION

Are you currently employed?

Yes No

If Yes, state your employer/school/organization:

Current Role/Position: _____

Years of Experience as a Nanny/Caregiver:

Less than 1 year 1–3 years 4–6 years 7+ years

SECTION C: EXPERIENCE WITH SPECIAL NEEDS

Have you worked with children with autism or other special needs?

Yes No

If Yes, briefly describe your experience:

Do you have any previous training in caregiving or special needs?

Yes No

If Yes, specify: _____

SECTION D: MOTIVATION

Why do you want to join the MALEZI Caregiving Program?

What skills do you hope to gain from this program?

SECTION E: AVAILABILITY

Are you available for weekend classes beginning February 2026?

Yes No

Preferred Mode of Communication:

Phone Call SMS WhatsApp

SECTION F: DECLARATION

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature: _____

Date: ____ / ____ / ____