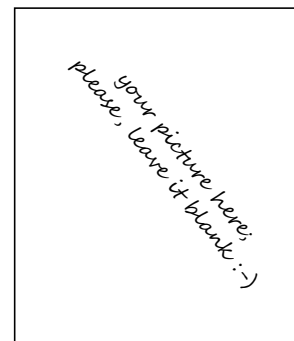


Application Form for an Au Pair placement in: _____

Personal details

Name: _____ Surname: _____
Height: _____ Date of birth: _____
Weight: _____ Place of birth: _____
Sex: male female Nationality: _____



Contact details

Address: _____
When can we call? _____
Home Phone No.: _____ Skype address: _____
Mobile Phone No.: _____ E-mail address: _____

Religion

Religion: _____ Do you practise? yes no

Length of the stay

Earliest arrival date: _____ Latest arrival date: _____
Length of the stay: 1-4 3-4 4-6 6-9 9-12 >12 months
summer programs

For summer programs only: exact length of the stay (weeks): _____

Languages spoken

What language are you going to use in the Host Country? _____
Your level of this language: starter elementary intermediate
 advanced proficient

Other foreign languages spoken, level of fluency: _____

Would you like to attend language classes abroad? yes no

Family background

Father's occupation: _____
Mother's occupation: _____
Do you have siblings? (name, age) _____

Education and work background

What is your school education? _____

What is your work experience? _____

What is your present occupation? _____

Your future career plans: _____

Are you attending a high school or university at the moment? yes no

Childcare experience

Have you ever lived away from home for more than 2 months? yes no

Have you been an Au Pair before? Where and how long? _____

Which age group are you ready to work with? 0-2 3-5 6-8 9-11 >11

Which age group are you experienced in? 0-2 3-5 6-8 9-11 >11

What kind of experience do you have with children?

- | | | |
|--|--|---|
| <input type="checkbox"/> changing diapers | <input type="checkbox"/> preparing baby's bottle | <input type="checkbox"/> feeding a baby with a spoon/fork |
| <input type="checkbox"/> reading books | <input type="checkbox"/> feeding with a bottle | <input type="checkbox"/> helping with the homework |
| <input type="checkbox"/> bathing a toddler | <input type="checkbox"/> taking a walk | <input type="checkbox"/> bringing children to bed |
| <input type="checkbox"/> bathing an infant | <input type="checkbox"/> playing | <input type="checkbox"/> dressing the children |

Other experience in the childcare: _____

What do you like about childcare: _____

Do you have any talents, skills or specialised training that may be useful (i.e. life saving, childcare course)?

Are you ready for taking care of handicapped children? yes no

Do you have any experience in taking care of handicapped children? yes no

Do you have the first aid certificate? yes no

What kind of housework are you willing to do?

- | | | | |
|---|----------------------------------|--|---|
| <input type="checkbox"/> cleaning up | <input type="checkbox"/> ironing | <input type="checkbox"/> doing laundry | <input type="checkbox"/> preparing snacks |
| <input type="checkbox"/> washing up | <input type="checkbox"/> cooking | <input type="checkbox"/> vacuuming | <input type="checkbox"/> helping with cooking |
| <input type="checkbox"/> buying groceries | <input type="checkbox"/> baking | <input type="checkbox"/> taking care of pets | <input type="checkbox"/> taking care of flowers |

Driver's license

Do you have a driver's license? If yes, since when: _____

Do you have experience in driving car? yes no

Would you be happy to drive in the Host Country? yes no

Matching preferences

Do you smoke? If yes, how many cigarettes a day? _____

Can you smoke outside only? yes no Will you quit if the family wants so? yes no

Are you vegetarian? yes no Any special diet? yes no

Any special diet? If yes, specify: _____

Do you like animals? yes no Preferred region: rural urban

Would you agree to live in area other than your chosen one? yes no

Do you agree to live with: a single father no children 3 or more children

a single mother elderly parents a family of different religion

Do you have any chronic or recurrent health problems, i.e. epilepsy, asthma, diabetes, allergic, nervous or emotional problem? Yes / No - if yes, please specify: _____

Have you been hospitalized or under the care within last 12 months? yes no

If yes, specify: _____

Hobbies and interests

Can you swim? yes no Comment: _____

Can you ride a horse? yes no Comment: _____

Do you play any musical instrument? If yes, what kind and did you learn it at school?

Any other hobbies? _____

Your expectations

How would you describe your expectations of the Host Family? _____

Your questions, wishes, suggestions: _____

Other

How did you find our agency? _____