

# Au Pair Registration form

Country: I apply for \_\_\_\_\_

Start date:	Final return date:
Length of stay:	
<input type="checkbox"/> On holiday from ...../...../..... till ...../...../..... and unable to conduct family interviews	

## Personal details

First name	<input type="checkbox"/> Mr <input type="checkbox"/> Miss		
Surname			
Address			
Postal code/city			
Country			
Telephone			
Mobile			
E-mail address			
Skype address			
Date of birth		Place of birth	
Nationality		Passport number	

What is your religion?		Do you practise? <input type="checkbox"/> Yes <input type="checkbox"/> No

## My family

<input type="checkbox"/> Father	Occupation:	Age:
<input type="checkbox"/> Mother	Occupation:	Age:
<input type="checkbox"/> Brothers	How many:	Age:
<input type="checkbox"/> Sisters	How many:	Age:

<input type="checkbox"/> I do not authorise you to use extracts of my application for marketing purposes <i>* We only use first name and nationality in marketing material.</i>
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## Children + Childcare experience

*My childcare experience summary:*

Age groups:				
<input type="checkbox"/> 0-12 months	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 6-8 years	<input type="checkbox"/> 9+ years
Child with special needs (disabled) <input type="checkbox"/> Yes <input type="checkbox"/> No				
My skills:				
<input type="checkbox"/> Nappy changing	<input type="checkbox"/> Light housework	<input type="checkbox"/> Playing & reading	<input type="checkbox"/> Help with homework	<input type="checkbox"/> Caring for sick child
<input type="checkbox"/> Bath time	<input type="checkbox"/> Child under 2	<input type="checkbox"/> Bed time	<input type="checkbox"/> Food shopping	<input type="checkbox"/> Simple cooking
<input type="checkbox"/> Potty training	<input type="checkbox"/> Bottle feed & preparation	<input type="checkbox"/> Help getting dressed	<input type="checkbox"/> Bed time/spoon feeding	<input type="checkbox"/> Outings & excursions

*My childcare experience in detail:*

Number of children and ages:			
Tasks			
Duration	<input type="checkbox"/> 50-100 hours	<input type="checkbox"/> 100-200 hours	<input type="checkbox"/> 200 + hours

Number of children and ages:			
Tasks			
Duration	<input type="checkbox"/> 50-100 hours	<input type="checkbox"/> 100-200 hours	<input type="checkbox"/> 200 + hours

Number of children and ages:			
Tasks			
Duration	<input type="checkbox"/> 50-100 hours	<input type="checkbox"/> 100-200 hours	<input type="checkbox"/> 200 + hours

I have 1 year of fulltime work experience in a childcare job and would like to upgrade to a <b>Mother's Help (only in UK available).</b> <sup>1</sup>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<sup>1</sup> *Mother's Helps are paid more pocket money in exchange for more responsibility. You may be asked to care for children under the age of two and/or longer hours for more money. You need to have a confident level of English.*

Can you swim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have first aid certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**My driving skills:** *All candidates should pass their test prior to registration. All families are expected to arrange a couple of hours driving lessons*

I have had a driver's license since:		
My experience:		
<input type="checkbox"/> 50 – 100 hours	<input type="checkbox"/> By rain	<input type="checkbox"/> Country
<input type="checkbox"/> 100 – 150 hours	<input type="checkbox"/> By snow	<input type="checkbox"/> City centre
<input type="checkbox"/> 150 – 200 hours	<input type="checkbox"/> By heavy wind	<input type="checkbox"/> Suburb
<input type="checkbox"/> 200 or more hours		
How often do you drive?		
<input type="checkbox"/> Daily	<input type="checkbox"/> Several times a week	
<input type="checkbox"/> Several times a month	<input type="checkbox"/> Not often	

**My language skills:**

My native language: _____				
<b>English</b>	<input type="checkbox"/> Poor	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Other: _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Other: _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Have you ever spent time abroad? (except holiday) <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain _____				

**My Household experience/skills:**

<input type="checkbox"/> Light cleaning	<input type="checkbox"/> Vacuum cleaning	<input type="checkbox"/> Baking	<input type="checkbox"/> Cooking
<input type="checkbox"/> Laundry	<input type="checkbox"/> Ironing	<input type="checkbox"/> Tidying up	<input type="checkbox"/> Folding clothes

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, we expect you to give up for the program and sign the following declaration</i>		
<b><u>Non Smoking Declaration</u></b>		
I (name of candidate) ..... hereby agree that when accepting a host family, I am no longer a smoker. I gave up smoking on (date) ..... and agree not to smoke during my entire au pair placement, not even off-duty.		
I understand that breaking this promise may result in termination of the au pair program.		
Date	_____	
Signature	_____	

## My preferences

Although we cannot guarantee placement in line with any of these preferences, we will take them in consideration when placing you with a family.

Age groups:				
<input type="checkbox"/> 0-12 months (no sole care)	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 6-8 years	<input type="checkbox"/> 9+ years
No of children:				
<input type="checkbox"/> 1-3	<input type="checkbox"/> 3-4	<input type="checkbox"/> 4+ (not all at once/often together with mom)		
Care for child with special needs (disabled)				
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, but no sole care	<input type="checkbox"/> No		
Area				
<input type="checkbox"/> No preference (If you cross no preference, you will automatically be given priority)				
<b>or</b>				
<input type="checkbox"/> Regional	<input type="checkbox"/> Town	<input type="checkbox"/> Suburb	<input type="checkbox"/> City Centre	

## Other preferences

Do you have dietary preferences	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes please explain _____			
Do you have allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes please explain _____			
Are you a vegetarian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, are you willing to prepare meat for the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Single parent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single mother only
Accept pets in the house?	<input type="checkbox"/> Yes, to all		
	<input type="checkbox"/> Yes, to outside pets	<input type="checkbox"/> No, to dog	<input type="checkbox"/> No, to cat
		<input type="checkbox"/> No, to all	
Accept family of different race or religion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*My hobbies (explain your hobbies in more detail in the letter)*

Sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	What sport(s):
Musical instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No	What instrument(s):
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Childcare reference 1 *This person is applying to be an au pair abroad:*

Au pair name	
Date of birth	

*I know this person as our:*

<input type="checkbox"/> Babysitter	<input type="checkbox"/> Nanny/au-pair	<input type="checkbox"/> Employee (nursery-school)	<input type="checkbox"/> Club leader	<input type="checkbox"/> Trainee (learning to be child-carer)	<input type="checkbox"/> Other (please specify)
I have known this person since:					

*Ages, sex and number of children the candidate:*

.....Boy(s)	Age(s):.....	.....Girl(s)	Age(s):.....
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*Duties included*

<input type="checkbox"/> Nappy changing	<input type="checkbox"/> Light housework	<input type="checkbox"/> Playing & reading	<input type="checkbox"/> Help with homework	<input type="checkbox"/> Caring for sick child
<input type="checkbox"/> Bath time	<input type="checkbox"/> Child under 2	<input type="checkbox"/> Bed time	<input type="checkbox"/> Food shopping	<input type="checkbox"/> Simple cooking
<input type="checkbox"/> Potty training	<input type="checkbox"/> Bottle feed & preparation	<input type="checkbox"/> Help getting dressed	<input type="checkbox"/> Bed time/spoon feeding	<input type="checkbox"/> Outings & excursions

*Please rate*

	Excellent	Good	Fair	N/A
Communication with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertain/play with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General work quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this person to work with children?  Yes  No

Any comments?	
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Referee's name/position*		Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Other languages:
Address		
Telephone	Daytime:	Evening:
Signature & date		

By giving your reference you give permission to be contacted.

## Childcare reference 2 *This person is applying to be an au pair abroad:*

Au pair name	
Date of birth	

*I know this person as our:*

<input type="checkbox"/> Babysitter	<input type="checkbox"/> Nanny/au-pair	<input type="checkbox"/> Employee (nursery-school)	<input type="checkbox"/> Club leader	<input type="checkbox"/> Trainee (learning to be child-carer)	<input type="checkbox"/> Other (please specify)
I have known this person since:					

*Ages, sex and number of children the candidate:*

.....Boy(s)	Age(s):.....	.....Girl(s)	Age(s):.....
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*Duties included*

<input type="checkbox"/> Nappy changing	<input type="checkbox"/> Light housework	<input type="checkbox"/> Playing & reading	<input type="checkbox"/> Help with homework	<input type="checkbox"/> Caring for sick child
<input type="checkbox"/> Bath time	<input type="checkbox"/> Child under 2	<input type="checkbox"/> Bed time	<input type="checkbox"/> Food shopping	<input type="checkbox"/> Simple cooking
<input type="checkbox"/> Potty training	<input type="checkbox"/> Bottle feed & preparation	<input type="checkbox"/> Help getting dressed	<input type="checkbox"/> Bed time/spoon feeding	<input type="checkbox"/> Outings & excursions

*Please rate*

	Excellent	Good	Fair	N/A
Communication with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertain/play with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General work quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this person to work with children?  Yes  No

Any comments?	
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Referee's name/position*		Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No
		Other languages
Address		
Telephone	Daytime:	Evening:
Signature & date		

By giving your reference you give permission to be contacted .

# Character reference

*This person is applying to be an au pair abroad:*

Au pair name	
Date of birth	

*I know this person as our:*

<input type="checkbox"/> Teacher-Tutor	<input type="checkbox"/> Employer	<input type="checkbox"/> Religious leader	<input type="checkbox"/> Other
I have known this person since:			

*No family members or best friend*

*Please rate*

	Excellent	Good	Fair	N/A
Communication with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertain/play with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General work quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this person to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any comments	

Referee's name/position*		Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
Telephone	Daytime:	Evening:
Signature & date		

By giving your reference you give permission to be contacted  
No family members or best friend accepted.

# Medical

(Either provide medical certificate from your doctor or ask this form to be completed and signed by your doctor) *This person is applying to be an au pair abroad:*

Au pair name	
Date of birth	

*Has the applicant suffered from/been treated for any of the following in the past 2 years:*

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nervous illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stress/Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eating disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant taking medication?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the applicant pregnant?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the patient have any pre-existing medical conditions				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, please give details:					

Would you consider this person fit to work with children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any comments			

Physicians name		Stamp
Phone number		
Signature		
Date		
<i>By giving your signature you give permission to be contacted.</i>		

**This section must be signed by the au pair applicant**

If my medical condition changes (including pregnancy), between the time of signing this document and my departure, I understand that I am required to notify my agency and resubmit another medical form prior to my arrival. I also understand that failure to adhere to this policy may result in my termination of the program.

I accept responsibility for any medical expenses which are not covered by my insurance policy, and understand that pre-existing medical conditions will not be covered.

I also give my full consent to release this information to potential host families

Au pair signature			
Print name		Date	