

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:			
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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 Mother's Help (only in UK available). ¹	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

¹ *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: _____				
English	<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>		
<u>Non Smoking Declaration</u>		
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:

0-12 months (no sole care) 1-2 years 3-5 years 6-8 years 9+ years

No of children:

1-3 3-4 4+ (not all at once/often together with mom)

Care for child with special needs (disabled) Yes Yes, but no sole care No

Area

No preference (If you cross no preference, you will automatically be given priority)

or

Regional Town Suburb City Centre

Other preferences

Do you have dietary preferences

Yes No

If yes please explain _____

Do you have allergies?

Yes No

If yes please explain _____

Are you a vegetarian

Yes No

If yes, are you willing to prepare meat for the family?

Yes No

Single parent

Yes No Single mother only

Accept pets in the house?

Yes, to all Yes, to outside pets No, to dog No, to cat No, to all

Accept family of different race or religion?

Yes 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	