



OPENING DOORS TO THE WORLD SINCE 1980!

• **CULTURAL HOMESTAY INTERNATIONAL** •

— A NON-PROFIT EDUCATIONAL EXCHANGE PROGRAM —

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AU PAIR INFANT CARE REFERENCE

“OPEN YOURSELF TO THE WORLD, THE WORLD WILL BECOME YOUR HOME”

INFANT CARE UNDER THE AGE OF 2 YEARS OLD

THIS IS TO BE COMPLETED BY INFANT CARE REFEREE (EMPLOYER).

RELATIVES MAY NOT COMPLETE THIS FORM.

The person named below has applied to the Au Pair program in the US; please answer the following as honestly and completely as possible. Your answers will be a useful guides to determinate an appropriate placement with an American host family. Please let us know if you have any hesitation with recommending this candidate as a child care provider.

Name of the applicant: _____

How do you know the applicant (employer, neighbor, teacher)? _____

How long have you known the applicant? _____

Has the applicant lived with your family?

Yes No

Has the applicant provided infant care (child under the age of 2 years old) services for you?

Yes No

If yes; when?

Started (mo/year): ___/____ End (mo/year): ___/____ Ongoing

Please indicate the name, age of the children the applicant cared for and the total hours:

Name of babies (if it's a group please write # of children)	Age of the babies when started	Age of the babies when stopped	Total number of hours caring for babies under the age of two	Total number of hours provided

Describe any special skills and abilities the applicant showed:

Please give your opinion of the applicant's ability to handle new situations and possible stress, culture:

Are you aware of any circumstances in the applicant's background which would cause concerns when caring directly with infants?

Please provide any additional information about the applicant which would be helpful to a prospective family:

Please rate the applicant's qualities in the following areas: 1= low; 2 =fair; 3=good; 4= excellent; 5= superior

___ Love for children	___ Maturity	___ Independence
___ Patience	___ Punctuality	___ Ability to handle emergencies
___ Ability to carry out instructions	___ Honesty	___ Enthusiasm/Humor

Name of the reference: _____

Profession: _____

Address: _____

Telephone: 011 _____ - _____ - _____
Country Code Area Code Local number

Best time to call (your time zone): _____

Mobile: 011 _____ - _____ - _____
Country Code Area Code Local number

Best time to call (your time zone): _____

CHI Au Pair or a representative may wish to telephone you to discuss this reference.

Do you speak English?

Yes No

IMPORTANT: By clicking the check boxes below, you will be submitting an electronic signature acknowledging accuracy of the provided information, and consequently will be considered valid in lieu of a handwritten signature.

As the Referee, I _____ (Referee name) confirm the information provided above is true and accurate.

As the CHI Au Pair Partner Agency, I _____ (Partner Agency name) confirm the information provided above has been verified.