AU PAIR APPLICATION

Please print clearly with dark ink!

PERSONAL DETAILS

Photo

First Name _____

Last Name _____

Date of birth ____ / ____ / _____ (dd/mm/yyyy) Age upon arrival _____

Email address _____

Skype name _____

Home phone number (incl. country code) _____

Mobile phone number (incl. country code) _____

Address _____

Country _____

Nationality _____

Passport number _____

Passport valid until ____ / ____ / _____ (dd/mm/yyyy)

AVAILABILITY

Earliest availability ____ / ____ / _____ (dd/mm/yyyy)

Latest availability ____ / ____ / _____ (dd/mm/yyyy)

Length of stay _____ months

Latest return home ____ / ____ / _____ (dd/mm/yyyy)

DRIVING ABILITY

Do you have a driver's license? ☐ Yes ☐ No ☐ Not yet, will take test in (when) _____

If yes, when did you get your driver's license? ____ / ____ / _____ (dd/mm/yyyy)

How often do you drive? ☐ Daily ☐ A few times a week ☐ A few times a month ☐ Seldom

Would you drive the families' car? ☐ Yes ☐ No

Have you done a first aid course? ☐ Yes (when) _____ ☐ No

OTHER IMPORTANT INFORMATION

_____

_____

_____

_____

AU PAIR EXPERT

You qualify as an Au Pair Expert if one of the following applies to you (written confirmation required):

☐ 6 to 12 months childcare work experience (age 0 – 6) full time OR

☐ completed qualification in the childcare sector

Please note that a practicum (such as a FSJ for our German candidates) counts as full time work experience.

CHILDCARE EXPERIENCE

Experienced with children aged _____

Max. number of children to care for ☐ 1 – 2 ☐ 2 – 3 ☐ 3 – 4 ☐ No preference

Preferred age of children (several answers possible) ☐ 0 – 12 months ☐ 1 – 2 years ☐ 3 – 5 years ☐ 6 – 8 years ☐ 9+ years

Experienced with special needs children? ☐ Yes ☐ No

If yes, please give details _____

_____

Are you willing to work with children with special needs? ☐ Yes ☐ No

CHILDCARE EXPERIENCE (please attach an extra sheet if there is not enough room)

Position 1 _____

Duration From _____ To _____

Ages of children (now) _____

Tasks _____

Referee‘s Name _____

Position 2 _____

Duration From _____ To _____

Ages of children (now) _____

Tasks _____

Referee‘s Name _____

Position 3 _____

Duration From _____ To _____

Ages of children (now) _____

Tasks _____

Referee‘s Name _____

Position 4 _____

Duration From _____ To _____

Ages of children (now) _____

Tasks _____

Referee‘s Name _____

HOUSEHOLD EXPERIENCE

Cleaning	☐ Yes	☐ No	Vacuum cleaning	☐ Yes	☐ No
Laundry	☐ Yes	☐ No	Ironing	☐ Yes	☐ No
Folding clothes	☐ Yes	☐ No	Gardening	☐ Yes	☐ No
Cooking	☐ Yes	☐ No			

If yes, what are you able to cook? _____

Baking	☐ Yes	☐ No	Grocery shopping	☐ Yes	☐ No
Doing dishes	☐ Yes	☐ No	Other	_____	

EDUCATION & LANGUAGE SKILLS

What is your highest level of education (finished)? _____

What languages do you speak and what level of fluency? Beginner (B), Low (L), Sufficient (S), Good (G), Advanced (A), Fluent (F)

_____

TRAVELLING

Have you travelled overseas before? ☐ Yes ☐ No

If yes, where did you go and how long did you go for? _____

_____

Do you have experience living abroad? ☐ Yes ☐ No

If yes, where did you live, how long did you live there for what was the reason? _____

_____

FAMILY

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Siblings ☐ Yes ☐ No

If yes, how many brothers and how old are they? _____

If yes, how many sisters and how old are they? _____

FUTURE PLANS

Do you plan to travel (New Zealand or other countries) after you finish your time as an Au Pair?

☐ Yes (where) _____ ☐ No

What are your plans for the future (apprenticeship, study, volunteer…)?

_____

TravelWorks

ABOUT ME

Are you willing to work for a single parent? ☐ Yes ☐ No ☐ Single mother only

If no, please explain why _____

Special Diet (i.e. vegetarian)? _____ Ok to prepare meat if vegetarian? ☐ Yes ☐ No

Allergies (except animal hair)? ☐ Yes _____ ☐ No

Are you religious? ☐ Yes ☐ No

If yes, what is your religion? _____

Do you want to practice your religion while being an Au Pair? ☐ Yes ☐ No

Do you have a problem to be in a family with a different religion? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

If yes, would you be prepared to stop while being an Au Pair? ☐ Yes ☐ No

Would you live in a family in which a family member smokes? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No

If yes, how often? _____

Do you have a boyfriend/girlfriend? ☐ Yes ☐ No

If yes, is your boyfriend/girlfriend supporting your decision to go abroad? _____

_____

Do you like pets? ☐ Yes ☐ No

Do you have pets at home? ☐ Yes ☐ No

Would you be ok to live in a family with pets? ☐ Yes ☐ No

Would you want to help take care of pets? ☐ Yes ☐ No

Are you afraid of any animals? ☐ Yes ☐ No

If yes, what kind of animals? _____

Do you have any allergies to animal hair? ☐ Yes ☐ No

If yes, which ones? _____

Can you swim? ☐ Yes ☐ No

Do you play sport? ☐ Yes ☐ No

If yes, what sport and how many years have you been practicing? _____

_____

Do you play an instrument? ☐ Yes ☐ No

If yes, which instrument and how many years have you been practicing? _____

_____

What are your hobbies? _____

_____

Please name 3 to 5 characteristics you feel suit best with your personality:

☐ Introvert	☐ Extravert	☐ Achiever	☐ Ambitious	☐ Sweet	☐ Brave
☐ Headstrong	☐ Friendly	☐ Adventurous	☐ Assertive	☐ Humble	☐ Demanding
☐ Intelligent	☐ Bossy	☐ Courageous	☐ Honest	☐ Gentle	☐ Serious
☐ Funny	☐ Loving	☐ Caring	☐ Proud	☐ Humorous	☐ Wild
☐ Tidy	☐ Sad	☐ Lazy	☐ Cooperative	☐ Loyal	☐ Shy
☐ Daring	☐ Busy	☐ Quiet	☐ Selfish	☐ Patriotic	☐ Generous
☐ Determined	☐ Responsible	☐ Energetic	☐ Respectful	☐ Dreamer	☐ Rude
☐ Independent	☐ Leader	☐ Emotional	☐ Depressed	☐ Other _____	

EMERGENCY CONTACT / NEXT OF KIN

Name of emergency contact _____

Relationship to emergency contact _____

Phone number (incl. country code) _____

Email address _____

CHECKLIST

- ☐ Completed and signed application form
- ☐ Photo attached to application form

- ☐ Dear Host Family letter
- ☐ Photo collage

- ☐ Completed and signed medical certificate
- ☐ Police clearance certificate
- ☐ At least 2 childcare references (in English)
- ☐ Character reference
- ☐ Copy of your passport
- ☐ Copy of your driver's license
- ☐ Copy of your international driver's license
- ☐ Other (i.e. Certificates, copy of first aid course…)

Please check all your answers before signing!

I confirm that all the information in this document is true and accurate and that if there are any changes to my situation, I will notify the organisation offering this program immediately.

I understand that health, travel insurance and travel to and from the country are my responsibilities.

Applicant's signature / Date

_____

Name of authorised representative / Date (If under 18 years old when submitting application)

_____

Signature of authorised representative (If under 18 years old when submitting application)

_____

CHILDCARE REFERENCE

Please print clearly with dark ink!

Name of applicant _____

The applicant would like to take part in an Au Pair Program in New Zealand.
To better evaluate the applicant's ability for the exchange experience, we as the agency, would appreciate your opinion on the following questions below.

PERSON GIVING THIS REFERENCE

First Name _____

Last Name _____

Address _____

Email Address _____

Home phone number (incl. country code) _____

Mobile phone number (incl. country code) _____ Best time to call _____

Position held _____

Where do you know the applicant from and how long have you known them for?

_____

_____

How would you characterise the applicant?

_____

_____

How many children do you have and how old were they when the applicant started to take care of them?
How old are they now?

_____

_____

How often did the applicant care for the children?

_____

Please describe the tasks carried out by the applicant.

_____

_____

_____

_____

What is your evaluation on the following abilities of the applicant?

	Excellent	Fair	Poor	Not Applicable
ATTITUTE				
Overall Attitude				
Common sense				
Ability to interact with children				
Ability to be a good role model to children				
Maturity				
Flexibility				
Self confidence				
Social skills				
Using initiative/being proactive				

	Excellent	Fair	Poor	Not Applicable
HOUSEHOLD				
Children's meal preparation				
Light housekeeping				
Children's laundry				
Driving with children in the car				
Insuring a safe environment				
Keeping the house tidy				

	Excellent	Fair	Poor	Not Applicable
CARE OF CHILDREN				
Planning/providing age appropriate activities				
Following a child/children's routine				
Settling children to sleep				
Bathing children				
Supervising children's meal times				
Caring for sick children				
Caring for multiple children/different ages				
Appropriate behaviour strategies				

	Excellent	Fair	Poor	Not Applicable
CARE OF INFANTS (children under 1 y/o)				
Changing nappies				
Bottle feeding				
Settling child/children to sleep				
Bathing infants				
Steralising infant bottles				
Preparing infant food				
Feeding solids to infants				
Dressing/swaddling infants				
Burping infants				
Putting infant in car seats				

Do you feel perfectly comfortable recommending the applicant to a prospective Host Family?

☐ Yes ☐ No

Why do you recommend the applicant as an Au Pair to a Host Family?

_____

_____

_____

Signature _____ Date __ / __ / ____ (dd/mm/yyyy)

CHARACTER REFERENCE

Please print clearly with dark ink!

Name of applicant _____

PERSON GIVING THIS REFERENCE

First Name _____

Last Name _____

Address _____

Country _____

Home phone number (incl. country code) _____

Mobile phone number (incl. country code) _____ Best time to call _____

Position held _____

Where do you know the applicant from and how long have you known them for?

_____

_____

_____

The applicant would like to take part in an Au Pair Program in New Zealand.
To better evaluate the applicant's ability for the exchange experience, we as the agency, would appreciate your opinion on the following questions below.

How would you characterise the applicant?

_____

_____

_____

_____

In your opinion, what are the applicant's strongest qualities?

_____

_____

_____

Does the applicant have any special skills? What prior work experience does the applicant have?

_____

_____

_____

_____

_____

What is your evaluation on the following abilities of the applicant? (Please leave blank if unknown)

	Excellent	Good	Fair	Poor
Overall Attitude				
Academic skills				
Sense of responsibility				
Maturity				
Flexibility				
Ability to follow present guidelines				
Trustworthiness				
Ability to adapt to new situations				
Social skills				

Do you feel perfectly comfortable recommending the applicant to a prospective Host Family?

☐ Yes ☐ No

Why do you recommend the applicant as an Au Pair to a Host Family?

_____

_____

_____

Signature _____ Date __ / __ / ____ (dd/mm/yyyy)

MEDICAL CERTIFICATE

Please print clearly with dark ink!

First Name _____

Last Name _____

Address _____

Country _____

Date of birth __ / __ / ____ (dd/mm/yyyy)

The candidate named above has applied for participation in an Au Pair Exchange Program in New Zealand. If accepted for program participation, the applicant will spend several months with a New Zealand Host Family, living in their home and providing childcare assistance.

Has the applicant had the following illnesses/conditions?

ASTHMA	☐ Yes ☐ No	EPILEPSY	☐ Yes ☐ No
DIABETES	☐ Yes ☐ No	RHEUMATIC FEVER	☐ Yes ☐ No
HAYFEVER	☐ Yes ☐ No	ALLERGIES	☐ Yes ☐ No
NERVOUS ILLNESS	☐ Yes ☐ No	DRUG PROBLEM	☐ Yes ☐ No
EATING DISORDER	☐ Yes ☐ No	OTHER _____	

Please give full information (including dates and details) about every illness/condition mentioned ('Yes' response) for any of the above listed questions.

_____

_____

Is the applicant taking medication? If so, please state for what ailment.

_____

_____

In my professional opinion the general state of the applicant's health is (tick one):

Excellent	Good	Fair	Poor
☐	☐	☐	☐

Comments:

_____

_____

_____

DOCTOR'S STAMP AND SIGNATURE

Date __ / __ / ____ (dd/mm/yyyy)