Au Pair USA Fee & Refund Disclosure Form

The InterExchange Au Pair USA program is offered in cooperation with TravelWorks. The fees listed below are the fees for applying to and participating in the program. Applicants are responsible for paying these fees according to the information listed below.

Fee Type	Amount & Currency	Due When?	Refundable?
Program Fee	1190 EUR	Paid in 2 installments, after being accepted into the program (Ready to Match status in Passport) and after matching with a host family.	Yes, refundable

Refund Policy for TravelWorks

Program Fee: The fee may be paid in two installments. The first installment is 20% (approximately 238 EUR) and is due after being accepted on to the program. The remaining balance is due after matching with a family, at least four weeks before departing to the United States.

A 300 EUR discount may be available to applicants who can demonstrate professional child care experience. Please contact Travelworks to discuss your eligibility.

<u>If the au pair withdraws from the process, the following refunds will be available:</u>
Withdraws at least 60 days prior to departure: Refund 90% of the Program Fee
Withdraws 59-30 days prior to departure: Refund 75% of the Program Fee
Withdraws 15-29 days prior to departure: Refund 60% of the Program Fee
Withdraws 14-1 days prior to departure: Refund 40% of the Program Fee
Withdraws day of departure: Refund 10% of of the Program Fee

Name:_____Signature:_____Date:_____

My signature confirms that I have received and read this document in its entirety before beginning my application. I have had the opportunity to ask any questions about the program before signing an agreement or making any non-refundable payment. To request a refund, if eligible, I understand that I must request it from TravelWorks. I also understand that this does not constitute the entire agreement between myself and InterExchange, Inc. or myself and my local agency, TravelWorks. I also understand that there are additional costs involved in participating in the program, including but not limited to transportation to and from airports, insurance co-pays, etc. A fuller, yet non-exhaustive list can be found at https://www.aupairusa.org/au-pair/resources/pre-application-information/

Au Pair Medical Report

PATIENT'S FULL NAME	PATIENT'S DATE OF BIRTH	DATE OF EXAMINATION

Physician Instructions:

This patient is applying to be an au pair (childcare provider) with Au Pair USA in the United States. Please assess whether they are physically, mentally, and emotionally capable of providing full-time childcare, including supervision, meal preparation, hygiene assistance, activities, homework help, and transportation. The role may require frequent lifting and carrying of children and equipment (up to 45 lbs). They will work primarily in the host family's home for up to 10 hours per day and 45 hours per week.

PHYSICAL EXAMINATION

Height: _____ cm Weight: _____ kg

Has the patient experienced any problems or conditions related to:

Yes	No		Yes	No		Yes	No	
☐	☐	Allergic / Immunologic	☐	☐	Gastrointestinal	☐	☐	Neurological
☐	☐	Cardiovascular	☐	☐	Genitourinary	☐	☐	Nose / Sinuses
☐	☐	Endocrine	☐	☐	Hematologic / Lymphatic	☐	☐	Respiratory
☐	☐	Ears (Hearing)	☐	☐	Musculoskeletal	☐	☐	Skin
☐	☐	Eyes (Vision)	☐	☐	Stomach or digestive	☐	☐	Throat/ Mouth

If yes to any of the above, please explain below:

Does the patient have any diagnosed physical disabilities? ☐Yes ☐No

If yes, please explain:

Does the patient have any contagious diseases? ☐Yes ☐No

If yes, please explain:

Has the patient ever been hospitalized within the past 3 years? ☐Yes ☐No

If yes, when and for what purpose?

Does the patient have a history of eating disorders such as anorexia, bulimia, or other similar disorders? ☐Yes ☐No

If yes, please provide when patient was diagnosed:

Are there any physical restrictions that may limit the patient's ability to care for children while living with a host family in the United States? ☐Yes ☐No

If yes, please explain:

MENTAL HEALTH

Has the patient ever been diagnosed with, or received treatment for, any mental health condition? ☐Yes ☐No

If yes, please specify:

Does the patient experience panic or anxiety attacks? ☐Yes ☐No

If yes, please specify:

Does the patient experience depressive episodes? ☐Yes ☐No

If yes, please describe:

Does the patient currently display good mental and emotional stability to live abroad and work independently with children? ☐Yes ☐No

If no, please specify why:

MEDICATIONS

What prescription(s) has the patient used in the last 3 years?

Medication Name	Purpose	Dosage	Date Started/Stopped

PHYSICIAN VERIFICATION

How long have you known the patient?

☐ Less than 6 months ☐ 6 months – 1 year ☐ 1–3 years ☐ More than 3 years

How well do you know the patient's medical history?

☐ Very well ☐ Somewhat well ☐ Only from this examination

I hereby certify that I have reviewed the patient's medical and physical qualifications and find them capable of performing the duties required for the Au Pair program.

Physician Information:

Physician's Full Name: _____

Medical License Number: _____

Country of Practice: _____

Clinic/Hospital Name: _____

Address: _____

Phone Number: _____

STAMP HERE

_____ _____

SIGNATURE DATE