



GREAT au pairs

Application Form for an Au-Pair placement

Photo

Please answer **all questions** well readable..

Last name _____ **First name** _____

Street, house number _____ **Zip code** _____

City _____ **Country** _____

Phone _____ **Best time to phone** _____

Fax _____ **Email** _____

Date of birth _____ **Place of birth** _____

Citizenship _____ **Religion** _____

Passport number _____ **Expiry date** _____

Occupation: _____

Mother _____ **Sisters and brothers (name and age)**

Father _____

Do you live with your parents? Yes No

Are you supported by your parents in becoming an Au-Pair? Yes No

How long would you like to stay? _____ **Earliest arrival date?** _____

rural village small town suburb big city

Would you be prepared to live with a single parent? Father Mother

Have you ever been away from home for a longer time before? Yes No

If so, in which function?

:
As an Au-Pair in _____ Duration: _____

School exchange _____ Duration: _____

Vocationally _____ : _____ Duration: _____

Others _____ Duration: _____

Have you ever been to the host country before? Yes No

How long? _____ Where? _____

Do you have any relatives who live in the destination country? Yes No

LANGUAGE:

Your native language _____

Dutch	<input type="checkbox"/> none			
speaking	<input type="checkbox"/> poor	<input type="checkbox"/> intermediate,	<input type="checkbox"/> good	<input type="checkbox"/> fluent,
understanding	<input type="checkbox"/> poor	<input type="checkbox"/> intermediate	<input type="checkbox"/> good	<input type="checkbox"/> fluent
reading	<input type="checkbox"/> poor	<input type="checkbox"/> intermediate	<input type="checkbox"/> good	<input type="checkbox"/> fluent
Where and for how long did you study the language?				

English	<input type="checkbox"/> None			
speaking	<input type="checkbox"/> poor	<input type="checkbox"/> intermediate	<input type="checkbox"/> good	<input type="checkbox"/> fluent
understanding	<input type="checkbox"/> poor	<input type="checkbox"/> intermediate	<input type="checkbox"/> good	<input type="checkbox"/> fluent
reading	<input type="checkbox"/> poor	<input type="checkbox"/> intermediate	<input type="checkbox"/> good	<input type="checkbox"/> fluent
Where and how long did you study it?				

French	<input type="checkbox"/> None			
speaking	<input type="checkbox"/> poor	<input type="checkbox"/> intermediate	<input type="checkbox"/> good	<input type="checkbox"/> fluent

Dishwasher				
Microwave				
Electric Stove				

OTHER:

Do you have a drivers license? Yes No Since when? _____

How often do you drive? _____ What car do you drive? _____

Which gear change can you use? _____

Would you drive a car of the host family (e.g. for shopping)? Yes No

Are you Vegetarian Smoker

Can you Swim Ride a bike

Sew Cook

Iron Wash clothes

Do you play any music instrument? Yes No Which? _____

Do you like animals? Yes No Would you also care for pets? Yes No

Are you married? Yes No

Do you suffer from any allergies? Yes No Which? _____

Wie würden Sie sich einschätzen / Please describe your character?

<i>introverted</i>		<i>extroverted</i>		<i>home and family loving</i>	
yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>I enjoy company</i>		<i>I like being on my own</i>		<i>open and frank</i>	
yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>shy, timid</i>		<i>need guidance</i>		<i>independent</i>	
yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

Hobbies and Interests _____

EDUCATION:

Professional qualification _____ From _____ until _____

Education (school, college, university) _____ (From) _____ (until) _____

_____ (From) _____ (until) _____

Work experience _____

Current employment situation _____

MOTIVATION:

Why would you like to come to Netherlands? _____

What would you like to do after the Au-Pair stay?

I, hereby confirm that the information given in this form is correct and that everything is written truthfully. I agree to the rules and regulations of the Au pair agency.

Date: _____ **Signature:** _____

PREVIOUS CHILD-CARE EMPLOYMENT:

Name, address and contact no. of employer 1: _____

Dates of employment: _____

Names and ages of children: _____

Duties: _____

Name, address and contact no. of employer 2: _____

Dates of employment: _____

Names and ages of children: _____

Duties: _____

Name, address and contact no. of employer 3: _____

Dates of employment: _____

Names and ages of children: _____

Duties: _____

Name, address and contact no. of employer 4: _____

Dates of employment: _____

Names and ages of children: _____

Duties: _____

Please accompany your form completed by you with the following:

1. A copy of your ID document
2. A copy of your passport
3. 3 references completed by families whose children you have cared for - not family members. - see the form attached
4. An A4 collage of photos of yourself and your family;
5. A 250 -300 word essay about yourself, your hobbies, your talents, what you enjoy, being outside, inside, going on holiday, and everything else about yourself. This is very very important because the host families will read this. If you can write the essay in German that will be a bonus.

We look forward working with you and start you great adventure!!!!

Kind Regards

Charlene Wakeford
Great Au Pairs

****All Au Pairs will have to pay a placement fee of R1800 after successful placement has been made.****

A REGISTRATION FEE OF R 350, 00 IS REQUIRED FOR YOUR DETAILS TO BE ADDED TO OUR DATABASE – This amount will be deducted from you placement fee after successful placement.

PLEASE FAX OR E-MAIL YOUR PROOF OF PAYMENT WITH THE COMPLETED FORM #

Banking details: Great Minds
Standard Bank
Branch: Montana 015945
Account No.: 411316087