



GREAT au pairs

ASSESSMENT PROFILE

Kindly complete the form to enable us to match your criteria with one of our Au pairs and fax to: 086 652 1014 or email: info@greatminds.co.za
Contact: Charlene Wakeford 0761150687

PERSONAL INFORMATION

Parent's Names: Mom: _____ Dad: _____

Occupation: Mom: _____ Dad: _____

Tel (w): Mom: _____ Dad: _____

Cell: Mom: _____ Dad: _____

Tel (h): Mom: _____ Dad: _____

E-Mail: Mom: _____ Dad: _____

Fax: Mom: _____ Dad: _____

Physical Address: _____

Postal Address: _____

Emergency contact:

Name: _____ Number: _____

Relation to children: _____

House Doctor:

Name: _____ Number: _____

Address: _____

CHILD 1:

Name: _____

Age: _____

School: _____

Grade: _____

Extra murals: _____
(times, days
and place) _____Special needs: _____
(disabilities or medical conditions)**CHILD 2**

Name: _____

Age: _____

School: _____

Grade: _____

Extra murals: _____
(times, days
and place) _____Special needs: _____
(disabilities or medical conditions)**CHILD 3**

Name: _____

Age: _____

School: _____

Grade: _____

Extra murals: _____
(times, days
and place) _____Special needs: _____
(disabilities or medical conditions)**CHILD 4**

Name: _____

Age: _____

School: _____

Grade: _____

Extra murals: _____
(times, days
and place) _____Special needs: _____
(disabilities or medical conditions)

AU PAIR DUTIES / REQUIREMENTS:

Kindly state what the duties of the Au pair will be.

(E.g. picking the children up from school, helping them with homework.)

Indicate the working hours of the Au pair: (days and times)

Kindly indicate any specific requirements regarding the Au pair
(E.g. personality, age, gender, special skills)

SALARY PACKAGE:

Period of Employment: _____

Monthly salary paid to Au pair: _____

Indicate any extras paid to the Au pair if not included in the monthly salary:

Petrol money: R3,00 per km: _____

Cell phone allowance: _____

Other: please specify: _____

Kindly indicate when you would like the Au pair to start: _____

A REGISTRATION FEE OF R 350, 00 IS REQUIRED FOR YOUR DETAILS TO BE ADDED TO OUR DATABASE.

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

Because we care, we love working with charity. On successful placement; your R350 registration fee will be donated to one of our charities.

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