



AU PAIR NEW ZEALAND

Outbound application form for Au Pairs

Please fill out all information in CAPITAL letters and tick the box where applicable. All info is treated with discretion.

Where would you like to go:

- ☐ Canada
- ☐ China
- ☐ Germany
- ☐ Italy
- ☐ The Netherlands (Holland)
- ☐ UK
- ☐ USA

Personal Information

Family name and name: _____

Date of birth: _____

Nationality: _____

Address: _____

Phone number: _____

Mobile number: _____

Email: _____

Skype ID: _____

Passport number: _____

Passport valid until (day/month/year): _____

Family Information

Name father: _____

Occupation: _____

Email: _____

Name mother: _____

Occupation: _____

Email: _____

brothers and their ages: _____

sisters and their ages: _____

Have either of you ever been convicted for a crime (other than minor traffic offences):

☐ Yes

☐ No

Emergency contact / Next of kin

Name emergency contact: _____

Relationship: _____

Phone number: _____

Email: _____

Name of your insurance company: _____

Phone number: _____

Insurance policy number: _____

Skills and childcare experience

Highest (finished) education level: _____

What languages do you speak and what is your level of fluency:

L: Low / B: Beginner / S: Sufficient / G: Good / A: Advanced / F: Fluent

Language 1: _____

Language 2: _____

Language 3: _____

Language 4: _____

Do you have a driving licence: ☐ Yes ☐ No

If yes, since when: _____

How often do you drive: ☐ Daily ☐ A few times/week ☐ A few times/month

What car do you drive: _____

Do you drive a manual (M) or automatic (A) car or both (B): _____

Have you ever had an accident / speed ticket: ☐ Yes ☐ No

If yes, please explain: _____

Can you swim: ☐ Yes ☐ No

Have you done a first aid course: ☐ Yes ☐ No

If yes, when do you do it (date / month / year): _____

What sports do you do (if any): _____

What instruments do you play (if any): _____

Have you worked with disabled children: ☐ Yes ☐ No

Are you willing to work with disabled children: ☐ Yes ☐ No

Have you worked with older people: ☐ Yes ☐ No

Are you willing to work with older people: ☐ Yes ☐ No

What age groups do you want to work with (ok to tick different categories)

☐ < 12 months ☐ 12 months to 5 years ☐ 5 to 10 years ☐ 10 + ☐ Flexible

Childcare experience 1

Start date: _____

End date: _____

of children: _____

boys and age when you started: _____

girls and age when you started: _____

Tasks: _____

Amount of hours worked in total: _____

Childcare experience 2

Start date: _____

End date: _____

of children: _____

boys and age when you started: _____

girls and age when you started _____

Tasks: _____

Amount of hours worked in total: _____

Childcare experience 3

Start date: _____

End date: _____

of children: _____

boys and age when you started: _____

girls and age when you started _____

Tasks: _____

Amount of hours worked in total: _____

Please note that you will need to provide references. Forms are included in the application.

Household experience

Cleaning:	<input type="checkbox"/> little	<input type="checkbox"/> intermediate	<input type="checkbox"/> a lot
Hoovering:	<input type="checkbox"/> little	<input type="checkbox"/> intermediate	<input type="checkbox"/> a lot
Doing laundry:	<input type="checkbox"/> little	<input type="checkbox"/> intermediate	<input type="checkbox"/> a lot
Folding clothes:	<input type="checkbox"/> little	<input type="checkbox"/> intermediate	<input type="checkbox"/> a lot
Ironing:	<input type="checkbox"/> little	<input type="checkbox"/> intermediate	<input type="checkbox"/> a lot
Gardening:	<input type="checkbox"/> little	<input type="checkbox"/> intermediate	<input type="checkbox"/> a lot
Baking:	<input type="checkbox"/> little	<input type="checkbox"/> intermediate	<input type="checkbox"/> a lot
Doing dishes:	<input type="checkbox"/> little	<input type="checkbox"/> intermediate	<input type="checkbox"/> a lot
Buying groceries:	<input type="checkbox"/> little	<input type="checkbox"/> intermediate	<input type="checkbox"/> a lot

Cooking: ☐ little ☐ intermediate ☐ a lot

What dishes can you make: _____

About the au pair

Have you ever spent time abroad (not holidays): ☐ Yes ☐ No

If yes, what was the reason: _____

Are you religious: ☐ Yes ☐ No

If yes, what is your religion: _____

Do you practise your religion at home: ☐ Yes ☐ No

Do you want to practice your religion during your au pair stay: ☐ Yes ☐ No

Are you willing to stay in a family with a different religion: ☐ Yes ☐ No

Are you willing to work for a single mother: ☐ Yes ☐ No

Are you willing to work for a single father: ☐ Yes ☐ No

Do you like pets: ☐ Yes ☐ No

Do you have pets at home: ☐ Yes ☐ No

If yes, what pets do you have: _____

Do you care for them: ☐ Yes ☐ No

Are you willing to be in a family with pets /farm animals: ☐ Yes ☐ No

Are you willing to care for the family's pets (dogs or cats): ☐ Yes ☐ No

Name the 3 things that you like best about you: 1. _____

2. _____

3. _____

What do you think are your weaknesses: _____

Are you in good health: ☐ Yes ☐ No

Please note that you will need to provide information about this from your GP. Forms are included in this application.

Do you have any medical conditions: ☐ Yes ☐ No

Are you taking any medications: ☐ Yes ☐ No

If yes, what medications do you take: _____

Do you have any allergies: ☐ Yes ☐ No

If yes, what allergies do you have: _____

Do you have a special diet: ☐ Yes ☐ No

If yes, what kind of diet do you have: _____

Are you willing to prepare meals in your host family that are not similar than your own diet (e.g. vegetarians cooking meat): ☐ Yes ☐ No

Do you smoke: ☐ Yes ☐ No

How many cigarettes do you smoke a day? _____

Will you quit smoking when you are accepted as an au pair? ☐ Yes ☐ No

Or would you only smoke in your free time? ☐ Yes ☐ No

What hobbies do you have: _____

Are you a member of any club: ☐ Yes ☐ No

If yes, what kind of club: _____

Do you have a girl/boyfriend: ☐ Yes ☐ No

Is (s)he planning to visit you: ☐ Yes ☐ No

If yes, for how long: _____

Practicalities

What is the earliest date you can start the programme (date / month / year): _____

- ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months ☐ 7 months ☐ 8 months ☐ 9 months
- ☐ 10 months ☐ 11 months ☐ 12 months

What are your plans after finishing the programme:

CHILDCARE REFERENCE 1

Please fill out your details in capital letters (and sign at the bottom)

Family name and name: _____

Address: _____

Email: _____

Phone number: _____

How do you know the applicant: _____

How long have you known the applicant for: _____

When did the applicant start working for you: _____

When did the applicant finish working for you: _____

How many children do you have: _____

How many boys do you have and how old are they now: _____

How many girls do you have and how old are they now: _____

How old were your children when the applicant started working for you:

How frequent did the applicant work for you:

How many hours has the applicant worked for you in total from the start date until now or until the date she finished:

Tasks: _____

What are the applicant's best qualities to become an au pair:

What do you believe are the applicant's weaknesses:

Signature and date:

CHILDCARE REFERENCE 2

Please fill out your details in capital letters (and sign at the bottom)

Family name and name: _____

Address: _____

Email: _____

Phone number: _____

How do you know the applicant: _____

How long have you known the applicant for: _____

When did the applicant start working for you: _____

When did the applicant finish working for you: _____

How many children do you have: _____

How many boys do you have and how old are they now: _____

How many girls do you have and how old are they now: _____

How old were your children when the applicant started working for you:

How frequent did the applicant work for you:

How many hours has the applicant worked for you in total from the start date until now or until the date she finished:

Tasks: _____

What are the applicant's best qualities to become an au pair:

What do you believe are the applicant's weaknesses:

Signature and date:

CHILDCARE REFERENCE 3

Please fill out your details in capital letters (and sign at the bottom)

Family name and name: _____

Address: _____

Email: _____

Phone number: _____

How do you know the applicant: _____

How long have you known the applicant for: _____

When did the applicant start working for you: _____

When did the applicant finish working for you: _____

How many children do you have: _____

How many boys do you have and how old are they now: _____

How many girls do you have and how old are they now: _____

How old were your children when the applicant started working for you:

How frequent did the applicant work for you:

How many hours has the applicant worked for you in total from the start date until now or until the date she finished:

Tasks: _____

What are the applicant's best qualities to become an au pair:

What do you believe are the applicant's weaknesses:

Signature and date

MEDICAL CERTIFICATE

I, (name doctor) ----- hereby declare that

----- (name applicant) can travel abroad and

work as an au pair without any problem.

Please list any medical conditions of the applicant (if not applicable, please write n/a):

Does the applicant take any medications: ☐ Yes ☐ No

If yes, what medications does the applicant take:

If the applicant takes prescribed medications, will she be able to get her medications whilst being abroad. Please provide detailed information:

Signature and date

Stamp