Au Pair Anywhere CK Reg: 2002061491/23. Vat nr: 4920213818.
Director: R Best.
41A Middle Road Morningside, Sandton. Tel/Fax: 011 883 7332

AU PAIR APPLICATION FORM

GENERAL INFORMATION

First Name		☐ Male ☐ Female	
Last Name		Age	
Address		Birth Date	
		Height	
		Weight	
Phone Number		Hair Color	
Fax Number		Eye Color	
Cell Phone #		City of Birth	
Email Address		Country of Birth	
ID Number:		First Available Placement Date	
Areas preferred:		Last Available Placement Date	

Attach a passport size picture of yourself here

(be sure to smile!!)

EDUCATION

Level of Education Reached	
Educational and Professional Training	
Languages Spoken	

EXPERIENCE (childcare, home management, medical, teaching, etc.)

Type of childcare experience (Baby-sitting, daycare, youth group, au pair, nanny, tutoring, etc.)	Dates From To	Ages of Children (years and months when started)	Responsibilities (Duties: changing diapers, bathing, games, walking, etc.)	How Often (daily, weekly, monthly, or?)	Name of Reference (include telephone number)

The SA Government requires that au pairs looking after children under the age of two (2) years must have 200 verifiable hours of previous experience and/or training with children less than two years of age. As many of our Host Families have children under the age of two, please provide documentation of your experience or training to enable you to be placed with one of these families.

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AGE GROUP EXPERIENCE AND PREFERENCES

Experience with Age Groups (check appropriate groups)	**Preferred Age Groups** (check as many as desired)	**Family Preferences**
□3 – 24 months □2 – 5 years □5 – 10 years □Over 10 years □ Special Needs	□ 3 – 24 months □ 2 – 5 years □ 5 – 10 years □ Over 10 years □ Special Needs	Au Pair Anywhere will place you with a family suitable to your age, experience and background. If you do NOT wish to be placed with a family like the following, please mark it. □ a single parent family □ a family with different religious beliefs □ a family of an alternative lifestyle
Describe special care given:	Special care preferred:	

List interests, talents, school activities and honors:	
Do you swim, ski, have a background in or experience with arts & crafts, music, dance? Do you cook or have other child-related skills that a host family should know when reviewing your file? Please list.	
Would you like to be placed with a family that has pets?	
Do you have a first aid certificate?	

FAMILY BACKGROUND

Father's Name		Occupation	
Mother's Name		Occupation	
Address			
Telephone Number		Are they supportive of your decision to become an Au Pair	□ Yes □ No
Cell Phone Number			
Number of Children		Place in Birth Order	
Religious Affiliation		Attendance Frequency	

EMPLOYMENT HISTORY (don't list jobs already listed in the EXPERIENCE section)

Present occupation		Employer	
Address/Telephone		Date started	
Prior occupation		Employer	
Address/Telephone		Date finished	
Prior occupation		Employer	
Address/Telephone		Date finished	

AU PAIR APPLICATION FORM

Please answer yes or no to the following questions. Answer truthfully.

Yes	No		Yes	No	
٦	٦	1. Are you punctual?	٦	٦	12. Do you have a criminal record?
٦	٦	2. Are you available for live-in positions?	٦	٦	13. Do you have any financial commitments?
٦	٦	3. Have you lived out of the country?	٦	٦	14. Do you have any physical or mental limitations?
٦	٦	4. Have you ever taken illegal drugs?	٦	٦	15. Are you currently taking any medication?
٦	٦	5. Do you drink alcoholic beverages?	٦	٦	16. Do you have any medical conditions requiring treatment?
٦	٦	6. Do you smoke?	٦	٦	17. Do you have any allergies?
٦	٦	7. Do you have racial prejudices?	٦	٦	18. Do you have any dietary restrictions?
٦	٦	8. Do you have any traffic tickets?	٦	٦	19. Are you a vegetarian?
٦	٦	9. Have you been in a traffic accident?	٦	٦	20. If you are a vegetarian, can you cook or be placed with a family who eats meat?
٦	٦	10. Do you currently have a steady relationship?	٦	٦	21. Are you willing to sign a NON SMOKING declaration?
٦	٦	11. Have you ever been married?	Please explain the details for all items to which you answered "yes"		

Driving Information

Do you have a driver's licence?	
When did you receive your driver's licence?	
How long have you been driving?	
How many hours a week do you drive?	
Do you feel comfortable driving with children?	
Do you have your own car?	
Does your car have rear seatbelts?	

Emergency Information

Name			
Address			
City, Province		Postal Code	
Phone			