



**AUPAIR** Anywhere

**LOCAL AUPAIR INFORMATION**

NAME	
Contact Number	
Age	
Where do you live?	
Qualifications / Highest form of Education	
Childcare Experience	
First Aid Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Areas you want to work in	
Are you available for Live in positions?	
Times Available	Full Day <input type="checkbox"/> _____ Mornings <input type="checkbox"/> _____ Afternoons <input type="checkbox"/> _____
Hourly / Monthly Rate	