

Au Pair Registration Form

Name

Surname

Which EU country are you from?
(European applicants only)

Nationality

Telephone Number

Mobile Number

Email Address

Religion

Gender

Age

Marital Status

Current Occupation

Mothers Occupation

Fathers Occupation

Hobbies and interests
.....
.....

What languages do you speak?

Do you speak the English language? Little Conversational Fluent

What Education & Qualifications do you have?

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What Jobs have you had?

.....

Are you currently employed?

**Please Attach
Passport Size
Photo 1**

**Please Attach
Passport Size
Photo 2**

Are you a Student? Yes No

Will you be attending Language Classes? Yes No

Start Date: _____

Length of stay: _____

Are you in good Health? Yes No

Are you Allergic to anything? Yes No

If yes give Details?
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Have you any medical condition? Yes No

If yes give Details _____

Do you smoke? Yes No

If yes are you willing to smoke outside the family house? Yes No

Are you Vegetarian? Yes No

Do you drive? Yes No

If yes then how for what duration?

Will you drive as an Au pair? Yes No

Can you cook simple meals? Yes No

Have you worked as an Au pair before? Yes No

If yes give Details _____

Do you have experience in taking care of Children? Yes No

If yes give Details _____

What ages of Children are you happy to work with? 0-3 years 3-5 years any age

Would you work with Children with a disability? Yes No

Are you Happy to do light House work? Yes No

Do you like Animals? Yes No

Do you want to live in? Yes No

Will you accept a single Parent Family with no Mother? Yes No

Have you ever been convicted of any criminal offence? Yes No

If Yes give details:

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Any information/Hobbies you would like to tell the Family about yourself?

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