



AU PAIR LINK APPLICATION FORM

PERSONAL INFORMATION

First Name (as shown in passport): _____

Middle Name(s) (optional): _____

Last Name: _____

Email Address: _____

Skype Username (optional): _____

Phone Number (including area code): _____
(must be a valid number)

Mobile Number (optional): _____
(must be a valid number)

Date of Birth (dd/mm/yyyy): _____

Gender: _____

Country of Residence: _____

OTHER INFORMATION

Nationality: _____

Number of hours of childcare experience
you have had in the last 5 years: _____

Earliest Departure Date (dd/mm/yyyy): _____

Latest Departure Date (dd/mm/yyyy): _____

Programme you would like to apply For:

- Au Pair 123
- Au Pair Mate
- Au Pair Whiz
- Au Pair Assist

How many months do you want to be
an au pair in New Zealand for? _____

EMERGENCY CONTACT DETAILS

Emergency contact person: _____

Relationship: _____

Emergency phone number: _____

POSTAL ADDRESS

Street number and name: _____

City: _____

District/State: _____

Post code: _____

Country: _____

YOUR BACKGROUND

Native language: _____

Other languages you speak: _____

Are you religious? _____
(If yes provide details)

Do you have any siblings? _____
(If yes provide details)

Have you cared for your siblings
or babysat them? _____
(If yes provide details)

Have you ever lived away from home? _____
(If yes provide details)

Are you currently in a relationship? _____
(If yes provide details)



Do you know how to swim?	Yes	No
Do you know how to cook?	Yes	No
Do you know how do to light housekeeping? (Vacuuming, mopping floors etc.)	Yes	No
Are you happy to help a child with homework?	Yes	No
Have you ever been convicted of a crime? (If yes provide details)	_____	
Do you smoke? (If yes provide details)	_____	

As previously mentioned the program has a non-smoking policy. This means that when you sign this contract with our agency you need to commit to never smoking in the presence of the children or on the families property. If you do not comply with this rule you will risk immediate eviction from the program.

I understand and accept the non-smoking policy

YOUR INTERESTS AND EDUCATION

Hobbies:	Swimming	Cricket
	Horse Riding	Snorkelling
	Outdoors	Scuba Diving
	Camping	Computers
	Cycling	Cooking
	Tennis	Arts & Crafts
	Soccer	Community Services
	Rugby	Poetry
	Gymnastics	Dance
	Writing/Reading	Photography
	Skiing	
	Gardening	

Please mention any other hobbies you have: _____

What is your highest qualification? _____

SKILLS AND QUALIFICATIONS

Do you have any documented childcare qualifications? _____

(If yes provide details)

Have you attended any leadership courses? _____

(If yes provide details)

Have you had first aid or CPR training? _____

(If yes provide details)

Other skills and qualifications: _____

Do you know how to perform the following duties?

Bathe a baby (9 months – 12 months)	Yes	No
Bathe a toddler (13 months – 24 months)	Yes	No
Burp a baby	Yes	No
Change a diaper	Yes	No
Put a baby to bed	Yes	No
Put a child to bed	Yes	No
Prepare a child's meal	Yes	No
Discipline a child	Yes	No

YOUR PREFERENCES AND WORK HISTORY

Please specify the children you are happy to care for:

3 months – 1 year
1 – 2 years
2 – 5 years
6 + years

2 or more children
Special needs
All

Where would you like to live? _____
(City/suburb/rural)

Do you want to live with a family with animals? Yes No No preference

Do you want to drive? Yes No No preference

Do you have any religious preferences? Yes No No preference

Do you have a notice period at work? _____
(If yes provide details) _____

Please give details of your work history: _____
(Position, date, duties etc) _____

During the application process, do you have any trips planned? _____
(If yes please advise us what date you are away from and when you return) _____

Please rate your top 10 reasons why you want to be an au pair (1 is the highest):

Improve my English _____

Experience a new culture
and meet new people _____

Widen my Horizon _____

Try new things and
challenge myself _____

Gain work experience _____

Share my culture and
traditions with a family _____

Working with children _____

Earn money while
living abroad _____

Other _____

YOUR DRIVING

Do you have a valid driver's licence? (y/n/in progress): _____

What type of licence do you have? (Full/restricted/learners/other): _____

What age did you start learning to drive? _____

Have you ever had a car accident? _____

How often do you drive? _____

Have you taken lessons with a qualified instructor? _____

What type of car do you usually drive? _____
(automatic/manual/both)

What was involved in your driving test?

Defensive driving course

Medical exam

Eye test

Practical exam

First aid

Written exam

Which side of the road are you used to driving on? _____

Have you ever driven in another country which _____
drives on the opposite side of the road?

Do you own your own car or have access to a car daily? _____

Are you used to driving with passengers? _____

Are you used to driving with children in the car? _____

Have you ever been prosecuted or penalized for any _____
driving offence or lost your licence?

YOUR FUTURE AND GOALS

Upon completion of your term with your family, _____
what is your intention when you return to your _____
home country? (study/work etc)

What are your goals in life or with your career? _____

Have you visited the country in which you wish _____
to become an Au Pair previously.
(If yes then when and for how long?)

What are your expectations of our _____
programme? _____

Have you lived abroad previously? _____
(If yes for how long?)

YOUR HEALTH

Height: _____

Weight: _____

Hair colour: _____

Do you have any tattoos or visible piercings? _____
(If yes please give details) _____

Eye colour: _____

Do you have any reading or writing disabilities (dyslexia)? _____

Have you ever been diagnosed with ADHD, Autism _____
or any other condition?

Are you a carrier of any infectious diseases such _____
as HIV or Hepatitis B?

Have you ever received treatment/counselling _____
for eating disorders, nervous disorders, depression _____
or any emotional condition? (If yes please specify) _____

Have you ever been treated for self harming? _____
Do you have any cuts or scars on your arms _____
and/or legs after self harming? _____
(If yes please specify)

Do you have any history of physical, _____
emotional or sexual abuse? _____
(If yes please specify)

Do you have any recurring health _____



problems or any chronic illnesses? _____
(If yes please specify)

Do you have any allergies of household pets? _____
(If yes please specify)

Do you have any food allergies? _____
(If yes please specify)

Do you follow a diet or are you a vegetarian? _____
(If yes please specify)

Do you take daily medication for any _____
health related problems?
(If yes please specify)

Have you been hospitalised within _____
the last 18 months?
(If yes please specify)