

# AU PAIR APPLICATION FORM

## YOUR DETAILS

Fill out the form below with your details, then respond to the questions by checking the appropriate box.

Au Pair Name: \_\_\_\_\_

Address: \_\_\_\_\_ | City: \_\_\_\_\_

State/Province: \_\_\_\_\_ | Postal Code: \_\_\_\_\_ | Country: \_\_\_\_\_

Nationality/Country of Birth: \_\_\_\_\_ | Date of Birth: / / | E-mail: \_\_\_\_\_

Phone (home): \_\_\_\_\_ | Phone (mobile): \_\_\_\_\_ | Skype username: \_\_\_\_\_

Answer the following questions as either True or False:

- |                          |   |      |       |
|--------------------------|---|------|-------|
| <input type="checkbox"/> | I am between the ages of 18 and 30  | True | False |
| <input type="checkbox"/> | I can commit myself to be an Au Pair in New Zealand for at least 6 months                     | True | False |
| <input type="checkbox"/> | I have at least 100 hours of documented childcare experience                                  | True | False |
| <input type="checkbox"/> | I have never been convicted of a criminal offence   | True | False |
| <input type="checkbox"/> | I am able to provide a copy of my medical certificate stating my clean bill of health         | True | False |
| <input type="checkbox"/> | I am able to provide with a copy of a police report confirming I have no criminal convictions | True | False |

## YOUR AVAILABILITY

Please write the first and last date you are available to travel to New Zealand to take part in Au Pair Link's programme.

- I am available to arrive in New Zealand between: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- I want to be an Au Pair in New Zealand for \_\_\_\_ months.

## YOUR CHILDCARE EXPERIENCE

How many hours of childcare experience have you had in the past five years? \_\_\_\_\_

Please specify the age group of children you have had experience with in the past:

Tick as many boxes as required

- |                          |                   |                          |                    |
|--------------------------|-------------------|--------------------------|--------------------|
| <input type="checkbox"/> | 3 months – 1 year | <input type="checkbox"/> | 2 or more children |
| <input type="checkbox"/> | 1 – 2 years       | <input type="checkbox"/> | Special Needs      |
| <input type="checkbox"/> | 2 – 5 years       | <input type="checkbox"/> | All                |
| <input type="checkbox"/> | 6+ years          |                          |                    |

Please specify the age group you are willing to work with during your stay in New Zealand:

Tick as many boxes as required

- |                          |                   |                          |                    |
|--------------------------|-------------------|--------------------------|--------------------|
| <input type="checkbox"/> | 3 months – 1 year | <input type="checkbox"/> | 2 or more children |
| <input type="checkbox"/> | 1 – 2 years       | <input type="checkbox"/> | Special Needs      |
| <input type="checkbox"/> | 2 – 5 years       | <input type="checkbox"/> | All                |
| <input type="checkbox"/> | 6+ years          |                          |                    |

Do you have any documented childcare qualifications?      Yes      No

If yes, provide details here: \_\_\_\_\_

Have you attended any leadership courses?      Yes      No

Have you had First Aid or CPR training?      Yes      No

If yes, provide details here: \_\_\_\_\_

Other skills and qualifications: \_\_\_\_\_

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## YOUR BACKGROUND AND SKILLS

Your Native Language: \_\_\_\_\_

Other Languages You Speak: \_\_\_\_\_

Have you visited New Zealand before?                      Yes                      No                      If yes, for how long? \_\_\_\_\_

Have you ever lived abroad?                      Yes                      No                      If yes, where? \_\_\_\_\_

Are you religious?                      Yes                      No

If you answered 'yes' to the above question, provide details here: \_\_\_\_\_

Do you have brothers/sisters?                      Yes                      No

If you answered 'yes' to the above question, provide details here: \_\_\_\_\_

If you have younger brothers/sisters, have you provided care for, or babysat them?                      Yes                      No

Have you ever lived away from home?                      Yes                      No

If you answered 'yes' to the above question, provide details here: \_\_\_\_\_

Are you currently in a relationship?                      Yes                      No

If you answered 'yes' to the above question, provide details here: \_\_\_\_\_

Do you know how to swim?                      Yes                      No

Do you know how to cook?                      Yes                      No

Do you know how to do light housekeeping?  
*Light housekeeping includes 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?                      Yes                      No

If you answered 'yes' to the above question, provide details here: \_\_\_\_\_

Do you smoke?                      Yes                      No

If yes, how frequently?

Daily                      Every few days                      Weekly                      Monthly                      Hardly ever

NOTE: Au Pair Link has a non-smoking policy. This means that when you sign your Au Pair Agreement, you will need to commit to never smoking in the presence of the children in your care, or on your Host Family's property. Failure to comply with this policy may result in your immediate eviction from the programme.

I understand and accept Au Pair Link's non-smoking policy                      Yes

What is your highest qualification? \_\_\_\_\_

Do you know how to perform the following duties?

Bathe a baby (9 – 12 months)	Yes	No	Bathe a toddler (13 – 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

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## YOUR PERSONALITY AND PREFERENCES

Your answers will provide us with the details we need to match you with a suitable Host Family. Provide as much detail as possible!

Hobbies:

- |                    |                    |
|--------------------|--------------------|
| Swimming           | Cricket            |
| Horse Riding       | Snorkelling        |
| Outdoor Activities | Scuba Diving       |
| Camping            | Cycling            |
| Tennis             | Arts & Crafts      |
| Soccer             | Community Services |
| Rugby              | Gardening          |
| Gymnastics         | Dance              |
| Writing/Reading    | Photography        |
| Skiing             |                    |

Please provide details of any other hobbies/interests you have: \_\_\_\_\_

- |   |      |       |              |
|---|------|-------|--------------|
| Would you prefer to live in a city or rural location? | City | Rural | I Don't Mind |
| Do you want to live with a family with pets?          | Yes  | No    | I Don't Mind |
| Do you want to drive?                                 | Yes  | No    | I Don't Mind |
| Do you have any religious preferences:                | Yes  | No    |              |

If you answered 'yes' to the above question, provide details here: \_\_\_\_\_

Tell us in approximately 250 words why you want to be an Au Pair in New Zealand:

## YOUR EXPECTATIONS & ASPIRATIONS

What do you plan to do when you return to your home country? \_\_\_\_\_

What are your goals in your life or career? \_\_\_\_\_

What are your expectations of Au Pair Link's programme?

## YOUR DRIVING

Answer these questions honestly.

Do you have a valid driver's licence? Yes No In Progress

What type of driver's licence do you have? \_\_\_\_\_  
*E.g. Full/Restricted/Learners/International*

What age did you start learning to drive? \_\_\_\_\_

Have you ever had a car accident? Yes No

How often do you drive? Daily Every few days Weekly Monthly Less

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## YOUR DRIVING (CONTINUED)

What was involved in your driving test?

Defensive Driving Course  
Eyesight Test  
First Aid

Medical Exam  
Practical Exam  
Written Exam

Have you taken driving lessons with a qualified instructor?	Yes	No
Which side of the road are you used to driving on?	Left	Right
Have you ever driven in a country which drives on the opposite side of the road?	Yes	No
Do you own a car, or have access to a car on a daily basis?	Yes	No
Are you used to driving with passengers?	Yes	No
Are you used to driving with children in the car?	Yes	No
Have you ever been prosecuted for any driving offence or lost your licence?	Yes	No

## YOUR HEALTH

Answer these questions honestly.

Do you have any tattoos or visible piercings?	Yes	No	If yes, where? _____
Have you ever been diagnosed with ADHD, Autism, or any other condition?	Yes	No	
If you answered 'yes' to the above question, provide details here: _____			
Are you a carrier of any infectious diseases such as HIV or Hepatitis B?	Yes	No	
If you answered 'yes' to the above question, provide details here: _____			
Have you ever received treatment for an eating disorder, emotional disorder or depression?	Yes	No	
If you answered 'yes' to the above question, provide details here: _____			
Have you ever been treated for self-harming?	Yes	No	
If you answered 'yes' to the above question, provide details here: _____			
Do you have any history of physical, emotional or sexual abuse?	Yes	No	
Do you have any recurring health problems, or chronic illnesses?	Yes	No	
If you answered 'yes' to the above question, provide details here: _____			
Do you have any allergies to household pets?	Yes	No	
If you answered 'yes' to the above question, provide details here: _____			
Do you have any food allergies?	Yes	No	
If you answered 'yes' to the above question, provide details here: _____			
Do you follow a special diet or are you a vegetarian?	Yes	No	
If you answered 'yes' to the above question, provide details here: _____			
Do you take any daily medication?	Yes	No	
If you do take a daily medication, please specify details: _____			
Have you been hospitalised within the last 18 months?	Yes	No	
If you answered 'yes' to the above question, provide details here: _____			

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## CHILDCARE EXPERIENCE

*Provide details of the children you have cared for and the activities/responsibilities undertaken in your care.*

Type of Experience: \_\_\_\_\_ Reference Name: \_\_\_\_\_

Information about the children:

Number of children: \_\_\_\_\_

Number of children under 2 years: \_\_\_\_\_

Children's age(s) when in care: \_\_\_\_\_

Average hours of care per week: \_\_\_\_\_

Dates when in applicant's care: \_\_\_\_\_

Responsibilities when taking care of children:

Type of Experience: \_\_\_\_\_ Reference Name: \_\_\_\_\_

Information about the children:

Number of children: \_\_\_\_\_

Number of children under 2 years: \_\_\_\_\_

Children's age(s) when in care: \_\_\_\_\_

Average hours of care per week: \_\_\_\_\_

Dates when in applicant's care: \_\_\_\_\_

Responsibilities when taking care of children:

# AU PAIR APPLICATION FORM

## CHILDCARE REFERENCE (1)

Please provide a reference from the parent or guardian of the children you cared for in the Childcare Experience section.

Referee name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Please describe the applicant's childcare duties:

Please comment on any special skills/talents you observed in this applicant:

This applicant will be placed in a New Zealand Host Family for up to one year. Please comment on his/her ability to adapt to a new environment and culture, and how she might handle homesickness and stress.

\_\_\_\_\_  
SIGNATURE OF REFEREE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

### OFFICE USE ONLY

Comments:

My signature confirms that I have spoken with the reference listed above and have verified this information, including the accuracy of the translation,\* if any.

Au Pair Link: \_\_\_\_\_  
NAME SIGNATURE DATE

\*Some referees providing references may not speak or write in English. In such cases, Au Pair Link will require a translation to be provided by the partner agency in charge of this application.

# AU PAIR APPLICATION FORM

## CHILDCARE REFERENCE (2)

Please provide a reference from the parent or guardian of the children you cared for in the Childcare Experience section.

Referee name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Please describe the applicant's childcare duties:

Please comment on any special skills/talents you observed in this applicant:

This applicant will be placed in a New Zealand Host Family for up to one year. Please comment on his/her ability to adapt to a new environment and culture, and how she might handle homesickness and stress.

\_\_\_\_\_  
SIGNATURE OF REFEREE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

### OFFICE USE ONLY

Comments:

My signature confirms that I have spoken with the reference listed above and have verified this information, including the accuracy of the translation,\* if any.

Au Pair Link: \_\_\_\_\_  
NAME SIGNATURE DATE

\*Some referees providing references may not speak or write in English. In such cases, Au Pair Link will require a translation to be provided by the partner agency in charge of this application.

# AU PAIR APPLICATION FORM

## CHARACTER REFERENCE (1)

Please provide a reference from the parent or guardian of the children you cared for in the Childcare Experience section.

Applicant's name: \_\_\_\_\_ | Referee's name: \_\_\_\_\_

Occupation: \_\_\_\_\_ | Phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_ | Best time to call: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

3. Does the applicant have any personal problems that you are aware of, that would hinder him/her from performing their duties as an Au Pair?

4. How do you think the applicant will cope with cultural shock/homesickness/new situations?

5. Would you *recommend* the applicant for a placement as an Au Pair? Why/why not?

6. Please tick the top 7 qualities that describe the applicant:

Warm	Loving	Dedicated	Friendly	Intelligent
Kind	Compassionate	Loyal	Trustworthy	Fun
Perceptive	Outgoing	Ambitious	Creative	Talkative
Open	Extroverted	Confident	Reserved	Social

7. Please provide us with any further information about the applicant that may be helpful to a prospective Host Family:



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## CHARACTER REFERENCE (2)

Please provide a reference from the parent or guardian of the children you cared for in the Childcare Experience section.

Applicant's name: \_\_\_\_\_ | Referee's name: \_\_\_\_\_

Occupation: \_\_\_\_\_ | Phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_ | Best time to call: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

3. Does the applicant have any personal problems that you are aware of, that would hinder him/her from performing their duties as an Au Pair?

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Open	Extroverted	Confident	Reserved	Social

7. Please provide us with any further information about the applicant that may be helpful to a prospective Host Family:

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## MEDICAL REPORT

To be completed by the applicant.

Au Pair Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ | City: \_\_\_\_\_  
 State/Province \_\_\_\_\_ | Postal Code: \_\_\_\_\_ | Country: \_\_\_\_\_  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ | Phone (home): \_\_\_\_\_ | Phone (mobile): \_\_\_\_\_  
 Gender Male Female | Height (cm): \_\_\_\_\_ | Weight (kg): \_\_\_\_\_

## PRIMARY EMERGENCY CONTACT

Name: \_\_\_\_\_ | Relationship to applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_ | City: \_\_\_\_\_  
 State/Province \_\_\_\_\_ | Postal Code: \_\_\_\_\_ | Country: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ | Phone (mobile): \_\_\_\_\_

## SECONDARY EMERGENCY CONTACT (In case of emergency, if primary contact is unable to be reached)

Name: \_\_\_\_\_ | Relationship to applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_ | City: \_\_\_\_\_  
 State/Province \_\_\_\_\_ | Postal Code: \_\_\_\_\_ | Country: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ | Phone (mobile): \_\_\_\_\_

## YOUR HEALTH

To be completed by a Medical Doctor not related to the applicant in any way.

1. Does the applicant suffer from, or has the applicant ever had any of the following conditions?

Check the appropriate box or boxes.

<input type="checkbox"/> Allergies	<input type="checkbox"/> Anaemia	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Appendicitis
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bulimia	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dizziness/fainting	<input type="checkbox"/> Eye Problems
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> German Measles (Rubella)	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Hernia	<input type="checkbox"/> Herpes	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Malaria	<input type="checkbox"/> Measles	<input type="checkbox"/> Menstrual Problems	<input type="checkbox"/> Miscarriage
<input type="checkbox"/> Migraine/Headaches	<input type="checkbox"/> Nervous Illness	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Ulcers	

1.a. If you checked any of the boxes above, please provide details and dates as applicable:

\_\_\_\_\_  
 \_\_\_\_\_

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2. Please indicate if the applicant has received the following immunisations:  
*A response is required for each category – yes or no.*

Tetanus	Yes	No	Date:
Typhoid	Yes	No	Date:
Measles	Yes	No	Date:
Diphtheria	Yes	No	Date:
Whooping Cough	Yes	No	Date:
Tuberculin Test	Yes	No	Date:
German Measles	Yes	No	Date:
Polio	Yes	No	Date:

3. Is the applicant, to the best of your knowledge, a carrier of any infectious diseases such as HIV virus or Hepatitis B?

Yes No

3.a. If you answered "Yes" to the above question, please give details and dates as applicable:

4. Is the applicant currently, or has the applicant ever, to the best of your knowledge, received treatment or counselling for any type of eating disorder/s, nervous disorder/s, depression or another emotional/psychological condition?

Yes No

4.a. If you answered "Yes" to the above question, please give details and dates as applicable:

5. Has the applicant ever, or to the best of your knowledge, been treated for self-harming? Does the candidate exhibit any cuts on their arms or legs that could imply that there has been some history of self-harming?

Yes No

5.a. If you answered "Yes" to the above question, please give details:

6. Does the applicant, to the best of your knowledge, have any history of physical, emotional or sexual abuse? Please note that the applicant will be caring for children and therefore it is imperative that this information is accurate.

Yes No

6.a. If you answered "Yes" to the above question, please give details and dates as applicable:

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## DOCTOR'S DECLARATION

Name of Doctor: \_\_\_\_\_

Name of Medical Practice: \_\_\_\_\_ | City: \_\_\_\_\_

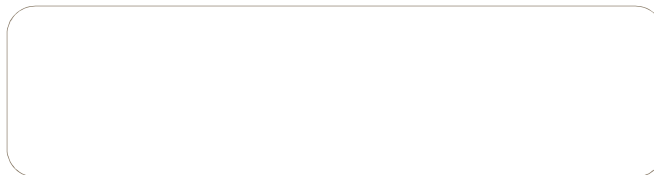
Address: \_\_\_\_\_ | Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ | Phone: \_\_\_\_\_ | Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Doctor's stamp, or Seal of Practice:



### Information:

Please print or email a copy of this document and have your medical practitioner fill it out and sign. You must send the original to Au Pair Link Ltd. We also recommend printing a copy for your own records.

### Important Notice:

The applicant has granted permission to Au Pair Link to conduct this medical report. This medical report contains sensitive personal and professional information which is strictly confidential and may be legally privileged. Information in this reference check is intended for the named recipient only (Au Pair Link). If the reader is not the named recipient, you are duly notified that any use, disclosure, copying or distribution of this information is prohibited. The information in this reference check is to be used for the specified purpose only.

Failure to comply with these instructions may be a breach of the Privacy Act 1993.

*Thank you for providing Au Pair Link with a truthful and accurate portrayal of your medical history.*

*We appreciate your co-operation.*