



APPLICATION FORM

Please, complete this form in full. It should be typed or neatly written in BLACK ink, as it will be circulated amongst host families.

NAME:

REGION/COUNTRY REQUIRED (please, indicate preferences):

FIRST DATE AVAILABLE TO START WORK:

LAST DATE AVAILABLE TO START WORK:

LENGTH OF STAY REQUIRED:

PERSONAL INFORMATION

Address:

City/Town:

Postcode:

Country:

Home Phone nº:

Mobile Phone nº:

Skype Name:

E-Mail:

Date of Birth:

Age:

Country of Birth:

Nationality:

Passport or ID-Card nº:

Religion: Are you practicing? YES NO

Family Status (Single/Married/Divorced/Widowed):

OTHER INFORMATION

Do you have a permanent boy/girl friend in your home?

Are you in a good health?

Any disabilities?

Are you taking any medication?

Any special diet? If so, which?

Any serious allergies? If so, which?

Do you smoke? If so, how many daily?

Are you willing to accept a non-smoking position?

Do you drive? If so, year licence obtained:

Are you willing to drive in U.K.?

Do you have knowledge of first aid?

Do you have a first aid certificate?

Hobbies/special interest?

Languages spoken (select the level with an X)

LANGUAGE	FAIR	GOOD	FLUENT	HOW LONG STUDIED?

Do you wish to attend language school?

What are your future plans?

ABOUT YOUR FAMILY

Parent's address (if different):

Telephone Number:

Emergency Telef Number:

Father's occupation:

Mother's occupation:

Brother/s-Ages:

Sister/s-Ages:

EDUCATION

Name & School/College, Dates, Qualifications Obtained:

- 1.
- 2.
- 3.
- 4.
- 5.

PRESENT EMPLOYMENT

(Please, supply references which contain contact information)

Name & Address of Present Employer, Position Held and Duties:

Phone Number:

Date Started:

May we contact your employer?

Length of notice required:

PREVIOUS POSITIONS

1.Name & Address of Employer, Position Held and Duties:

Phone Number:

Date Started:

Reason for leaving:

2.Name & Address of Employer, Position Held and Duties:

Phone Number:

Date Started:

Reason for leaving:

3.Name & Address of Employer, Position Held and Duties:

Phone Number:

Date Started:

Reason for leaving:

4.Name & Address of Employer, Position Held and Duties:

Phone Number:

Date Started:

Reason for leaving:

CHILD CARE EXPERIENCE

Age groups you have experience with:

Which were your duties?

Did they have any special needs? Please, indicate:

FAMILY PREFERENCE

Age groups you prefer to work with (please indicate with an X)

Newborn	
9-24 months	
2-5 years	
5-10 years	
+ 10 years	

Would you accept a single parent family?

If yes, Mother or Father or you doesn't care:

Please, indicate any other preferences:

Any further information that would assist a family in deciding to employ you?

DOMESTIC DUTIES

What experience do you have of housework?

Are you willing to cook simple meals for children?

DECLARATION

Do you have any criminal?

Is yes, please clarify:

Please, supply us with your Police Clearance Certificate:

I confirm that the information given above is true and correct and that I have read and accept the TERMS and CONDITIONS of AU PAIRS OF SPAIN S.L.

I consent to my personal data being forwarded to Host Families. I consent to my reference being passed on.

Applicant:

Date:

Sign: