

# Au Pair applicationform

*An7* - Au Pair and Family

Bitte füllen Sie Ihre Bewerbungsunterlagen sauber, ordentlich und mit einem **schwarzen** Stift aus. Bedenken Sie, dass diese application form Ihre einzige Möglichkeit ist, das Interesse einer Gastfamilie zu erwecken. Ihre Bewerbung ist Ihr Aushängeschild !



\_\_\_\_\_ (name) \_\_\_\_\_ (age)

\_\_\_\_\_ (street) \_\_\_\_\_ (number)

\_\_\_\_\_ (postcode) \_\_\_\_\_ (town)

\_\_\_\_\_ (country) \_\_\_\_\_ (nationality)

\_\_\_\_\_ (passport No) \_\_\_\_\_ (date of birth)

Your passport has to be valid during your whole Au Pair-stay !

\_\_\_\_\_ (phone No) \_\_\_\_\_ (email)

internat. code / local code / local number

When is the best time to contact you: \_\_\_\_\_.

Who should be informed in case of emergency: \_\_\_\_\_ (name)

\_\_\_\_\_ (relationship to you) \_\_\_\_\_ (phone No)

## Details about your placement

<b>Hostcountry:</b>				
<b>Which area do you prefer?</b> <i>(try to be as flexible as possible)</i>	<input type="checkbox"/> country	<input type="checkbox"/> village / suburb	<input type="checkbox"/> city	<input type="checkbox"/> it doesn't matter
<b>Length of stay</b> <i>(if you want to stay under 9 month, it will be hard to find a hostfamily!)</i>	<input type="checkbox"/> 6 month	<input type="checkbox"/> 12 month	<input type="checkbox"/> _____ month <i>(minimum 6 month)</i>	
<b>Earliest date to start</b>		<b>Latest date to start</b>		
<b>Agegroup you prefer to care for:</b>	<input type="checkbox"/> new born	<input type="checkbox"/> 1 – 3 years	<input type="checkbox"/> 4 – 6 years	<input type="checkbox"/> 7 – 12 years
<b>Do you feel comfortable with caring for:</b>	<input type="checkbox"/> physically disabled child	<input type="checkbox"/> mentally disabled child	<i>If yes, do you have any experiences with these groups?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For how many children do you like to care ?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more <input type="checkbox"/> just with a Nanny's help	
<b>Would accept to care for:</b>	<input type="checkbox"/> twins	<input type="checkbox"/> triplets	<i>If yes, do you have any experiences with these groups?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you feel comfortable with:</b>	<input type="checkbox"/> two parents	<input type="checkbox"/> both or one parents working at home	<input type="checkbox"/> single mum	<input type="checkbox"/> single dad
<b>Do you accept a hostfamily with pets?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, but I don't want to care for them	<input type="checkbox"/> Yes and I would also care for them	
<b>Do you accept a family with</b> <i>(vegetarian etc)</i>	<input type="checkbox"/> different eating habits	<input type="checkbox"/> emphasis in practising religion	<input type="checkbox"/> smokers	<input type="checkbox"/> high-maintenance, old people
<b>Have you ever been an Au Pair before?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If yes, in which country and when ?</i>	

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*Anf* - Au Pair and Family

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Details about your family				
With whom do you presently live ?	<input type="checkbox"/> with my parents	<input type="checkbox"/> with my parents and siblings	<input type="checkbox"/> only with my mother / father	<input type="checkbox"/> single parent and sibling(s)
	<input type="checkbox"/> on my own	<input type="checkbox"/> with a friend	<input type="checkbox"/> with a boy/girlfriend	<input type="checkbox"/> other relatives
Parent's name, adress and phone No (if different from yours)				
Mother's occupation			(Businessphone No)	
Father's occupation			(Businessphone No)	
Stepmother's/-father's occuopation			(Businessphone No)	
Number of siblings	<input type="checkbox"/> _____ brother(s)	<input type="checkbox"/> _____ sister(s)	<input type="checkbox"/> _____ stepbrother(s)	<input type="checkbox"/> _____ stepsister(s)
Name and age of your sibling(s)				
Have you ever lived away from home for more than 2 month? <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ month in _____.				

Details about yourself			
Education	<input type="checkbox"/> Abitur _____(year) (allowed to study)	<input type="checkbox"/> Fachabitur _____(year) (allowed to study only specific classes)	<input type="checkbox"/> Realschulabschluss (has to attend to further education or to a practical training)
Did you study?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (what and when)	
	<input type="checkbox"/> I have quitted my studies	<input type="checkbox"/> I have finished my studies	<input type="checkbox"/> I have worked in this job for _____ month.
Did you attend to a professional training?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (what and when)	
	<input type="checkbox"/> I have quitted my professional training	<input type="checkbox"/> I have finished my professional training	<input type="checkbox"/> I have worked in this job for _____ month
Please list any jobs (without professional trainig) you ever did:	<input type="checkbox"/> I have never jobbed before	<input type="checkbox"/> I have had the following jobs (present job(s) = p.j.)	
What do you want to do after your year as an Au Pair?	<input type="checkbox"/> study <input type="checkbox"/> do a professional trainig <input type="checkbox"/> finish school education	<input type="checkbox"/> do a further au pair- stay <input type="checkbox"/> make other experiences <input type="checkbox"/> abroad	<input type="checkbox"/> work in my (former) job <input type="checkbox"/> others
Language spoken	fair	good	fluent
			how long studied
Do you wish to attend language classes abroad? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ (which language(s))			

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Are you in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, please give details:</i>	
Do you take any medication regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please give details:</i>	
Do you have special diets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please give details:</i>	
Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please give details:</i>	
Are you a vegetarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are you presently in a serious relationship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, does he/she support your application as an Au Pair?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Does your family fully support your application as an Au pair?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
What is your religion? _____.	<input type="checkbox"/> it is important for me <input type="checkbox"/> it is not so important for me		
<b>Do you like the following activities?</b>			
<input type="checkbox"/> Cycling <input type="checkbox"/> Dancing <input type="checkbox"/> Horse riding <input type="checkbox"/> Hicking <input type="checkbox"/> Jogging <input type="checkbox"/> Sailing <input type="checkbox"/> Skiing <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Arts and crafts <input type="checkbox"/> Drawing / painting <input type="checkbox"/> Reading <input type="checkbox"/> Writing	<input type="checkbox"/> Music <input type="checkbox"/> Playing ballgames _____. <input type="checkbox"/> Playing instruments _____. <input type="checkbox"/> Singing <input type="checkbox"/> Museum <input type="checkbox"/> Theatre <input type="checkbox"/> Cinema <input type="checkbox"/> Computer <input type="checkbox"/> Traveling/Sightseeing <input type="checkbox"/> Cooking <input type="checkbox"/> Baking <input type="checkbox"/> Playing boardgames <input type="checkbox"/> Others _____.		
Please list all musical instruments you play:			
For which sports do you go in?			
Do you have the following abilities ?	<input type="checkbox"/> I can swim		<input type="checkbox"/> I can ride a bike
Do you have a driving license ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes and I drive more than 3 times a week	<input type="checkbox"/> Yes, but I drive less than 3 times a week
Do you have driving experiences:	<input type="checkbox"/> on the motorway	<input type="checkbox"/> on the country	<input type="checkbox"/> in the snow
Are you willing to drive in your hostcountry?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, but only after extra driving lessons in the hostcountry
<b>Do you have household-experiences in:</b>			
	Good	Little	None
Cooking			
Laundry			
Ironing			
Cleaning			

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Experiences with childcare				
<b>Did you ever care for children under 1 year?</b>	<input type="checkbox"/> Yes (when, how long, relationship) _____	<input type="checkbox"/> No		
<i>Did you ...</i>	Often	Sometimes	Never	
dress them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
bath them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
feed them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
put them to bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
change diapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
play with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Do you have a reference about it?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (give reference name) _____				
<b>Did you ever care for children between 1 and 3 years?</b>	<input type="checkbox"/> Yes (when, how long, relationship) _____	<input type="checkbox"/> No		
<i>Did you ...</i>	Often	Sometimes	Never	
Feed them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
put them to bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
play with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
read out loud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
bath them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
change diapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Do you have a reference about it?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (give reference name) _____				
<b>Did you ever care for children between 4 and 6 years?</b>	<input type="checkbox"/> Yes (when, how long, relationship) _____	<input type="checkbox"/> No		
<i>Did you ...</i>	Often	Sometimes	Never	
Prepare meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
put them to bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
play with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
read out loud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
do handicrafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Do you have a reference about it?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (give reference name) _____				
<b>Did you ever care for children older than 6 years?</b>	<input type="checkbox"/> Yes (when, how long, relationship) _____	<input type="checkbox"/> No		
<i>Did you ...</i>	Often	Sometimes	Never	
Prepare meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
put them to bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
play with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
paint / handicrafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
help them with homeworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Do you have a reference about it?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (give reference name) _____				

# Au Pair applicationform

*AuP* - Au Pair and Family

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What are in your opinion the three most important things when working with children ?	
How do you envision a day as Au Pair caring for the agegroup you prefer ?	
How do you envision your free-time ?	

Details about your character and motivation				
Please choose the six qualities, which fit most with your character !	<input type="checkbox"/> reliable <input type="checkbox"/> jolly <input type="checkbox"/> always on time <input type="checkbox"/> independent <input type="checkbox"/> polite	<input type="checkbox"/> creativ <input type="checkbox"/> shy <input type="checkbox"/> enthusiastic <input type="checkbox"/> adaptability <input type="checkbox"/> warmth	<input type="checkbox"/> humorous <input type="checkbox"/> flexible <input type="checkbox"/> outgoing <input type="checkbox"/> mature <input type="checkbox"/> honest	<input type="checkbox"/> tolerant <input type="checkbox"/> quiet <input type="checkbox"/> social <input type="checkbox"/> confident <input type="checkbox"/> friendly
How would your friends describe you ?				
How do you handle stressful situations?				
How will you prepare for your year abroad?				
How might you deal with homesickness?				
What is the <u>one</u> thing your hostchildren should remember about you, when you leave?				
Why do you want to become an Au Pair?				

## Declaration

Herewith I confirm that the information given above is true and correct. I have read and accept the conditions of A'nF – Au Pair and Family.

Applicant / if necessary, guardian \_\_\_\_\_

Place & date \_\_\_\_\_