



AU PAIR STUDENT APPLICATION FORM

PERSONAL INFORMATION

First Name: _____ Gender: male female
Last Name: _____ Date of Birth: ____/____/____
MM/DD/YYYY
Cell Phone: (____) _____ Age: _____
E-mail: _____ Country of Origin: _____
Religion: _____ Native Language: _____
Marital Status: married single Height: _____ Weight: _____
Address: _____
Street Address Apt. Number City
Province Country Postal Code

PASSPORT

Passport Number: _____ Country Issued: _____
Date Issued: ____/____/____ Expiry Date: ____/____/____
MM/DD/YYYY MM/DD/YYYY

PROGRAM DETAILS

Proposed Start Date: ____/____/____ Proposed End Date: ____/____/____ Length of Program (weeks): _____
MM/DD/YYYY MM/DD/YYYY

PREFERENCES

Would you prefer to live in a: big city small town suburb rural area
Are you willing to live in a house with animals? yes no
If yes, please select all that apply: dogs cats birds other
Would you be willing to live with a single-parent family? yes no
If yes, please select all that apply: male female
Would you be willing to live with a family with a different religious affiliation? yes no
Please indicate which housekeeping duties you are willing to do (check all that apply):
 Perform light housekeeping only Ironing Pet care
 Perform full housekeeping Run errands Prepare meals for the family
 Do family laundry Drive children to school Prepare children's meals only
Do you enjoy cooking? yes no
How would you rate your cooking skills: poor good excellent
Other preferences not listed: _____

EDUCATION DETAILS

Highest Level of Education Received (or In Progress): _____ Date: _____
MM/YYYY

TOEIC Score: _____ Date Taken: _____
MM/YYYY

TOEFL Score: _____ Date Taken: _____
MM/YYYY

IELTS Score: _____ Date Taken: _____
MM/YYYY

Other (): _____ Date Taken: _____
MM/YYYY

Have you had any full-time caregiving training in a classroom setting? yes no

Are you certified to perform CPR? yes no

Are you certified to perform First Aid? yes no

EMPLOYMENT HISTORY

Please list your last two jobs beginning with the most recent:

Job Title #1 _____ Employer: _____

Employment Start Date: _____ End Date: _____
MM/YYYY MM/YYYY

Job Title #2 _____ Employer: _____

Employment Start Date: _____ End Date: _____
MM/YYYY MM/YYYY

ABOUT YOU & YOUR EXPERIENCE

Have you ever lived away from home for longer than 2 months? yes no

If yes, please give details: _____

Do you smoke? yes no

Do you have a criminal record or have you ever had a criminal conviction? yes no

Do you have a valid driver's license? yes no If yes, since when? _____

Are you willing to drive in Canada? yes no

CHILDCARE EXPERIENCE

Please indicate how many years experience you have with the following:

Work with special needs children: _____ Total number of years as a nanny: _____

Do you have experience with children (select all that apply):

newborns 3-24 months 2-5 years 6-12 years 13+ years

Do you have at least 12 months of experience in paid employment as a child caregiver, obtained within the last 3 years, excluding work for relatives? yes no

Are you willing to work with a Special Needs child? yes no

ELDERLY CARE EXPERIENCE

Do you have paid experience looking after the elderly? yes no If yes, how many years? _____

Have you worked as caregiver for the elderly in the last three years? yes no

If yes, describe the experience (age and condition of the person, etc): _____

Please indicate which responsibilities you have performed (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Elder care duties | <input type="checkbox"/> Administering of Medication | <input type="checkbox"/> Family laundry |
| <input type="checkbox"/> Cooking for the elder(s) | <input type="checkbox"/> Accompanying elder(s) to appointments | <input type="checkbox"/> Elder(s)' laundry |
| <input type="checkbox"/> Cooking for the family | <input type="checkbox"/> Drive elder(s) to appointments | <input type="checkbox"/> Ironing |
| <input type="checkbox"/> Monitoring of vital signs | <input type="checkbox"/> Full housekeeping | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Bed bathing | <input type="checkbox"/> Light housekeeping only | <input type="checkbox"/> Other: _____ |

INTERESTS & ACTIVITIES

Please specify your interests and activities (check all that apply):

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Guitar | <input type="checkbox"/> Running |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Skiing | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Horse Riding | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Photography | <input type="checkbox"/> Violin |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Piano | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Flute | <input type="checkbox"/> Reading | <input type="checkbox"/> Other: _____ |

HEALTH INFORMATION

Do you have any health conditions that may prevent you from doing the essential duties of your job?

yes no If yes, please specify: _____

Are you on a special diet? yes no

If yes, please specify: _____

Do you have any serious allergies? yes no

If yes, please specify: _____

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE

FAMILY INFORMATION

Father's First Name: _____ Last Name: _____

Occupation: _____

Mother's First Name: _____ Last Name: _____

Occupation: _____

Parent's Address:

Street Address

Apt. Number

City

Province

Country

Postal Code

Other Family Members:

First Name: _____ Last Name: _____ Age: _____ Relation: _____

First Name: _____ Last Name: _____ Age: _____ Relation: _____

First Name: _____ Last Name: _____ Age: _____ Relation: _____

Emergency Contact: _____ Telephone Number: (_____) _____

By signing this application form, I certify that all information given is true and accurate to the best of my knowledge. I understand that this information will not be distributed to any outside source however certain information will upon being matched with a host family, be provided to the host family.

Applicant's Signature

Date (MM/DD/YYYY)

Nanny/Caregiver Program Application CHECK LIST

Please ensure that you have submitted the following documents/forms along with this application form:

- Photocopy of the information page of your valid passport
- Photographs of you and your family or friends
- Letter to Host Family
- Medical Report
- Reference-1
- Reference-2

MEDICAL REPORT

Please bring this MEDICAL REPORT to your physician and have him/her fill in SECTION 2 in this form.

SECTION 1 - Please fill in your information.

First Name: _____ Last Name: _____ Date of Birth: ____ / ____ / ____
DD/MM/YYYY

SECTION 2 - To be completed by your physician.

How long has this applicant been treated by you? _____ months

Are there any findings that are unremarkable or minor conditions? yes no

If yes, please specify: _____

Are there any findings that require periodic specialist follow-up care? yes no

If yes, please specify: _____

Are there any findings that may require more extensive investigation or care? yes no

If yes, please specify: _____

Are there any other conditions/disorders? yes no

If yes, please specify: _____

DECLARATION

I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.

Physician's First Name: _____ Physician's Last Name: _____

Business Telephone: (____) _____

Business Address:

Street Address Apt. Number City

Province Country Postal Code

Physician's Signature Date (MM/DD/YYYY) Place of Examination

Applicant's Signature Date (MM/DD/YYYY) Place of Examination

REFERENCE 1

Please have someone (i.e., your professor, supervisor, co-worker etc.) write about your childcare/elderly care experience in SECTION 2 of this form.

SECTION 1 - Please fill in your information.

First Name: _____ **Last Name:** _____

SECTION 2 - To be completed by your reference.

First Name: _____ **Last Name:** _____

Telephone: () _____

E-mail: _____

Please write about this applicant (i.e., how you know about him/her, if you recommend him/her participating this program with reasons why or why not etc.):

REFERENCE 2

Please have someone (i.e., your friend, co-worker etc. excluding your family members/relatives) write about your character in SECTION 2 of this form.

SECTION 1 - Please fill in your information.

First Name: _____ **Last Name:** _____

SECTION 2 - To be completed by your reference.

First Name: _____ **Last Name:** _____

Telephone: (_____) _____

E-mail: _____

Please write about this applicant's character (i.e., if you recommend him/her participating this program with reasons why or why not etc.:)
