

AU-PAIR APPLICATION FORM

FOTO
(tip pașaport)

foto luată pe fundal
deschis la culoare
nu uitați să zâmbiți

ACEST SPATIU NU SE COMPLETEAZA !!

Placed on ____/____/____ to family _____ REF N^o _____

Agency _____ Rec. _____

Other comments / observations:

!!! Write neatly and with capital letters - - tick as appropriate

Last name:		First name:		Male: <input type="checkbox"/>	Date of birth: dd/mm/yyyy		Nationality:		
				Female: <input type="checkbox"/>	____/____/____				
What country do you want to go to?		Would you prefer to be in? City <input type="checkbox"/> - Town village <input type="checkbox"/> - Countryside <input type="checkbox"/> - Any area <input type="checkbox"/> (preferred city/town) _____			If we cannot find you a family in that area, would you be prepared to consider other areas? No <input type="checkbox"/> - Yes <input type="checkbox"/>				
Earliest date you can start?		Latest date you can start?		How long do you want to stay for? Min.- max					
Passport Number:		Date of issue:	Expiry Date:	Current Address:					
Religion:		Do you regularly attend religious services? No <input type="checkbox"/> - Yes <input type="checkbox"/>	Have you ever been married? No <input type="checkbox"/> - Yes <input type="checkbox"/>	Height:	Weight:	Colour of hair:	Colour of eyes:		

FAMILY BACKGROUND

Father's name & profession:		Mother's name & profession:		Brothers/sisters name & age		Do they support you in your decision of becoming an au-air? No <input type="checkbox"/> - Yes <input type="checkbox"/>	
Address		Home number:		Cell phone:			
Do you have a boyfriend/girlfriend? No <input type="checkbox"/> - Yes <input type="checkbox"/>		Does he/she support you in your decision of becoming an au-pair? No <input type="checkbox"/> - Yes <input type="checkbox"/>					

TRAVELLING EXPERIENCE/ADAPTABILITY

Have you travelled to any other countries before? If yes, please specify. No <input type="checkbox"/> - Yes <input type="checkbox"/> _____		Have you lived away from home before? If yes, please specify for how long. No <input type="checkbox"/> - Yes <input type="checkbox"/> _____		Have you been to the host country before? For what purpose? No <input type="checkbox"/> Yes <input type="checkbox"/> - tourist <input type="checkbox"/> - for work <input type="checkbox"/> - au-pair <input type="checkbox"/>	
Do you get homesick? No <input type="checkbox"/> - Yes <input type="checkbox"/> _____		Do you have a criminal record? No <input type="checkbox"/> - Yes <input type="checkbox"/> _____		Do you have any financial commitments? No <input type="checkbox"/> - Yes <input type="checkbox"/> _____	

EDUCATION/LANGUAGES

Level of education reached:			Profile:				
Do you want to take any language or educational courses in the host country? No <input type="checkbox"/> - Yes <input type="checkbox"/>		Do you have knowledge of first aid or life-saving? / If so, do you have any certificates? No <input type="checkbox"/> - Yes <input type="checkbox"/> No <input type="checkbox"/> - Yes <input type="checkbox"/>		Have you taken any courses relating to childcare? If so, what? No <input type="checkbox"/> - Yes <input type="checkbox"/>			
Please list languages spoken and level of competence:			Fluent	Good	Average	Basic	Poor
1) ENGLISH			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILDCARE EXPERIENCE AND REQUESTS

Experience with Age Groups (check appropriate groups)		Preferred Age Groups (check as many as desired)		Family Preferences If you do NOT accept to be placed with a family like the following please mark it .	
<input type="checkbox"/> 3 - 24 months <input type="checkbox"/> 2 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> Over 10 years <input type="checkbox"/> Special Needs		<input type="checkbox"/> 3 - 24 months <input type="checkbox"/> 2 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> Over 10 years <input type="checkbox"/> Special Needs		<input type="checkbox"/> a single parent family (mother or father) <input type="checkbox"/> a family of a different faith <input type="checkbox"/> a family of a different race <input type="checkbox"/> a family without children <input type="checkbox"/> to help look after the elderly <input type="checkbox"/> with a new born if the mother is present	
Describe special care given (if any):		Special care preferred:			

EXPERIENCE (childcare, home management, medical, teaching, etc.)					
Type of childcare experience (Baby-sitting, daycares, youth group, au pair, nanny, tutoring, etc.)	Dates From- to	Ages of Children (years and months when started)	Responsibilities (Duties: changing diapers, bathing, games, walking, etc.)	How Often (daily, weekly, monthly, or?)	Name of Reference (include telephone number)
EMPLOYMENT HISTORY (don't list jobs already listed in the EXPERIENCE section)					
Present occupation	Employer	Address/Telephone		Date started	
Prior occupation	Employer	Address/Telephone		Date finished	
DOMESTIC EXPERIENCE					
Can you cook?	Can you do washing and ironing?	Can you vacuum and dust?	Are you prepared to help with light domestic work?		
No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>		
PETS					
Do you like pets?	Are you happy to live in a family who have pets?	If so, would you help to look after them?	Are you allergic to any animals? If yes, detail:	Are there any animals you do not like? (detail)	
No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	
DRIVING					
Do you have a current driving licence?	When did you get your licence?	Do you drive regularly?	Are you prepared to drive in the host country once you get to know the area?	Do you have any traffic tickets/fines?	Have you been in a traffic accident?
No <input type="checkbox"/> - Yes <input type="checkbox"/>		Daily <input type="checkbox"/> Once a week <input type="checkbox"/> Occasionally <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>
HOBBIES, SPORTS AND SPECIAL SKILLS					
What are your hobbies?	Do you play any musical instruments?	Do you have a background in music or dance?			
	No <input type="checkbox"/> - Yes <input type="checkbox"/> Details: _____	No <input type="checkbox"/> - Yes <input type="checkbox"/> Details: _____			
What activity experience do you have:					
<input type="checkbox"/> horseback riding	<input type="checkbox"/> camping	<input type="checkbox"/> basketball	<input type="checkbox"/> roller skating		
<input type="checkbox"/> swimming (beginner/medium/advanced)	<input type="checkbox"/> skiing (water/snow)	<input type="checkbox"/> volleyball	<input type="checkbox"/> bike riding		
<input type="checkbox"/> other (write here)		<input type="checkbox"/> soccer			
HEALTH					
Do you have any allergies? I yes, detail	Do you have any medical condition requiring treatment?	Do you have any physical or mental limitations? (If yes, detail)	Are you currently taking any medication?		
No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>		
Do you have any dietary restrictions?	Are you a vegetarian?	If you are a vegetarian, do you accept to be placed with a family who eats meat and cook for yourself?			
No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>			
SMOKING/ALCOHOL/DRUGS					
Do you smoke? If so, how many per day?	Could you refrain from smoking in the family's house or in front of the children?	Are you willing to sign a NON SMOKING declaration?			
No <input type="checkbox"/> - Yes <input type="checkbox"/> - _____	No <input type="checkbox"/> - Yes <input type="checkbox"/>	No <input type="checkbox"/> - Yes <input type="checkbox"/>			
Have you ever taken illegal drugs?		Do you drink alcoholic beverages?			
No <input type="checkbox"/> - Yes <input type="checkbox"/> If yes, explain: _____		No <input type="checkbox"/> - Yes <input type="checkbox"/> If yes, explain: _____			
EMERGENCY INFORMATION / Information about a person who we can contact in case of emergency					
Name		Address:			
City, country		Postal Code	Phone:		

I CONFIRM that I have understood all questions, answered them honestly and all information in the application is true. By sending it to TRAVELOT SRL I declare my intention of becoming an au-pair and I apply for the Au-Pair Program presented to me by TRAVELOT SRL. I declare that I will provide (send) the other documents requested by TRAVELLOT to complete my application documents; I will respect all the terms and deadlines established together.

Confirm ca am inteles toate intrebarile din acest formular si le-am raspuns sincer. Toate informatiile date in acest formular sunt adevarate. Trimitand TRAVELOT SRL acest formular declar intentia mea de a participa la Programul AuPair prezentat de TRAVELOT SRL. Declar ca voi intocmi si trimite documentele cerute de TRAVELOT SRL pentru a-mi completa aplicatia. Voi respecta toate termenele contractuale stabilite impreuna. Semnand imi asum raspunderea pentru cele declarate.

Signature : _____ Date: ____/____/____