



## Au Pair Application Form

Thank you for taking the time to fill out our application form.

**Instructions:** Complete ALL SECTIONS of the document.

Save it and then Email it to us, along with your CV and References to: [aupairathome@iafrica.com](mailto:aupairathome@iafrica.com).

We will process your application form and, if successful, we will call you to set up a personal interview with us.

Name & Surname:

### Contact Details:

Address:

Email:

Cell Phone:

Alternative Number:

### General Information:

Date of Birth:

Age:

ID Number:

Nationality:

Religion:

Marital Status:

Married  Divorced  Single

Languages Spoken:

English

Afrikaans

Other

Children:  Yes  No

Ages:

Can you swim:

Yes  No

Do you like pets:

Yes  No

Do you smoke:

Yes  No

Your Hobbies and Interests:

[ Click in Block to enable Scroll Reading Function ]

List a few adjectives describing your personality:

[ Click in Block to enable Scroll Reading Function ]

**Educational Background :**

High School Attended:

Grade:

Degree's, Diploma's or Courses completed or presently doing:

**Please indicate with an X the type of position/s you are applying for:**

- Au Pair     Baby Specialist     Tutor     Night Nurse     Special Needs Au Pair
- Learner Facilitator

**Why Do You Want To Au Pair / Tutor/ Facilitate etc. (Your reason for applying for this/ these positions):**

[ Click in Block to enable Scroll Reading Function ]

**Your Availability:**

- Full Day     Half Day     Mornings     Afternoons     Few Times a Week  
 Weekends     Stay Overs     Babysitting     Travel with Family

**Choice of suburbs you able to work in:**

[ Click in Block to enable Scroll Reading Function ]

**How long can you commit for:**

**Date available:**

**Current notice period required:**

**Childcare Experience:**

Have you worked as a: Nanny, Au Pair, Teacher / Teacher Assistant, Student Teacher, Tutor, Facilitator, Coach, Child minder, Babysitter, Camp Leader? Complete below:

**Family Name                      Position                      Kids Ages    Dates                      Contact Number**


**First-Aid Course:**     Yes     No    **Date:**

**Will you update or do a First Aid Course:**     Yes     No

**Do you have experience in the following:**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Home Work Supervision | <input type="checkbox"/> Driving Children Around | <input type="checkbox"/> Outings      |
| <input type="checkbox"/> Sunday School Teacher | <input type="checkbox"/> Volunteer Work          | <input type="checkbox"/> Youth Leader |

Have you cared for Brothers, Sister, Cousins, and Family Friends:  Yes  No

Any Other:

[ Click in Block to enable Scroll Reading Function ]

**Do you enjoy doing activities with children? Describe (Creative, Outdoor, Indoor, Sport etc.):**

[ Click in Block to enable Scroll Reading Function ]

How many children would you feel comfortable with:

What is your approach to discipline:

[ Click in Block to enable Scroll Reading Function ]

Would you read up to further educate the children in your charge (e.g. age appropriate activities):

Yes  No

Would you organise a weekly program:

Yes  No

**Please List and Evaluate ALL Your Experience:**

[ Formal & Informal Within The Individual Age Groups Below ]

Rate Your Capability: 0 = no experience 1 = limited 2 = fair 3 = moderate 4 = extensive

<u>Age in Years</u>	<u>Rating</u>	<u>Position – Au Pair, Tutor, Facilitator, Night Nurse etc.</u>
Babies: [ 0-1 ]	<input type="text"/>	<input type="text"/>
Toddlers: [ 1 – 3 ]	<input type="text"/>	<input type="text"/>
Kids: [ 4 – 7 ]	<input type="text"/>	<input type="text"/>
Kids: [ 8 – 12 ]	<input type="text"/>	<input type="text"/>
Teenagers:	<input type="text"/>	<input type="text"/>
Special Needs:	<input type="text"/>	<input type="text"/>
Other: [ e.g. Elderly ]	<input type="text"/>	<input type="text"/>

**Cooking:**

Enjoy Cooking:

Yes  No

Simple Meals For Children:

Yes  No

Simple Meals For the Family:

Yes  No

**Other Duties:**

Home Organisation:

Yes  No

Shopping:

Yes  No

Light Household Duties:

Yes  No

**Experience: (formal or informal):**

Supervising Staff:

Yes  No

Cooking:

Yes  No

Overseeing Maintenance:

Yes  No

Grocery Shopping:

Yes  No

Organising Cupboards:

Yes  No

Pet Care:

Yes  No

Other:

[ Click in Block to enable Scroll Reading Function ]

**Driving Experience:**

Do you have a Drivers' License:  Yes  No

Date Obtained:

Manual/Automatic:  Manual  Automatic

Do you have a car:  Yes  No

Model & Year:

Do you have a clear driving record:  Yes  No

**Have you ever been convicted of any crime:**

Yes  No

I declare that the above information is correct, and I give Au Pair at Home permission to contact my references and Employers to confirm and/or clarify my information and to give copies of these forms to prospective employers together with further personal and medical details that may be pertinent to the au pair placement.

Signature:

Date: