



Applications for Europe

AU PAIR APPLICATION FORM

Please return your form to
 JCR Cultural Exchange
 Programs (Pty) Ltd,
 Postnet#88, Private Bag X033,
 Rivonia, 2128.
 Fax 0880114641269
 Tel 0114642975
www.jcr.co.za

GENERAL INFORMATION					
First Name				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name				Age	
Address				Birth Date	
				Height	
				Weight	
Phone Number				Hair Color	
Fax Number				Eye Color	
Cell Phone #				City of Birth	
Email Address				Country of Birth	
Passport Number				First Available Departure Date	
Passport Expiration Date				Departure Airport	
<i>Attach a passport size picture of yourself here (be sure to smile!!)</i>					
EDUCATION					
Level of Education Reached					
Educational and Professional Training					
Languages Spoken					
EXPERIENCE (childcare, home management, medical, teaching, etc.)					
Type of childcare experience (baby-sitting, daycare, 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	

Initials _____ Date _____

AGE GROUP EXPERIENCE AND PREFERENCES			
Experience with Age Groups (check appropriate groups)	Preferred Age Groups (check as many as desired)	Describe Special Care Experience	
<input type="checkbox"/> less than 2yrs <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"/> less than 2 years <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years <input type="checkbox"/> Special Needs		
List interests, talents, school activities and honors:			
Do you swim, ski, have a background in or experience with arts & crafts, music, dance? Do you cook or have other child-related skills that a host family should know when reviewing your file? Please check boxes and list any other skills.		<input type="checkbox"/> Swim <input type="checkbox"/> Cook <input type="checkbox"/> Ski	
Are there any pets that you do not want to be placed with? Please explain:			
Do you have a first aid certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVING INFORMATION			
Do you have a driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
When did you receive your driver's license?			
How long have you been driving?			
How many hours a week do you drive?			
Do you feel comfortable driving in snow?			
Do you have your own car?			
How often do you have access to a car?			
How heavy is the traffic you typically drive in?			
What size of car do you drive?			
Do you have any concerns with driving?			
FAMILY BACKGROUND			
Father's Name		Occupation	
Mother's Name		Occupation	
Address			
Telephone Number		Are they supportive of your decision to be an aupair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone Number			
Number of Children		Do you have younger siblings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religious Affiliation		Attendance Frequency	

Initials _____ Date _____

Please answer yes or no to the following questions. Answer truthfully.

Yes	No		Yes	No	
í	í	1. Do you get homesick?	í	í	16. Do you know how to change a diaper?
í	í	2. Have you lived away from home?	í	í	17. Do you have a criminal record?
í	í	3. Have you lived out of the country?	í	í	18. Do you have any financial commitments?
í	í	4. Have you ever traveled out of the country?	í	í	19. Do you have any physical or mental limitations?
í	í	5. Have you ever taken illegal drugs?	í	í	20. Are you currently taking any medication?
í	í	6. Do you drink alcoholic beverages?	í	í	21. Do you have any medical conditions requiring treatment?
í	í	7. Have you ever smoked? If yes, When did you quit smoking?	í	í	22. Do you have any allergies?
í	í	8. Do you smoke at the clubs?	í	í	23. Do you have any dietary restrictions?
í	í	9. Do you have any traffic tickets?	í	í	24. Are you a vegetarian?
í	í	10. Do you have racial prejudices?	í	í	25. If you are a vegetarian, can you cook or be placed with a family who eats meat?
í	í	11. Do you have any traffic tickets?	í	í	26. Are you willing to work with a single father?
í	í	12. Have you been in a traffic accident?	í	í	27. Are you willing to work with a single mother?
í	í	13. Do you currently have a steady romantic relationship?	í	í	28. Do you check your email daily? If no how often? _____
í	í	14. Have you ever been married?	í	í	29. Have you ever been denied a visa before?
í	í	15. Do you have any tattoos or piercing?	í	í	30. Do you have friends and family in the host country?

Please explain the details for all items to which you answered "yes"

Emergency Information

Name			
Address			
City, State/Country		Postal Code	
Phone			
Please indicate to which countries you would like this application to be offered		<input type="checkbox"/> NETHERLANDS	<input type="checkbox"/> BELGIUM
<input type="checkbox"/> FRANCE	<input type="checkbox"/> GERMANY	<input type="checkbox"/> DENMARK	<input type="checkbox"/> OTHER?

I certify that the information provided in this application is complete and accurate. I agree to abide by all JCR program requirements and those of the Government Department regulating aupairwork in the host country .

Signature _____ Date _____

Print Name _____