


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
aupair@jcr.co.za

	South African <input type="checkbox"/>	Other nationality <input type="checkbox"/>

AU PAIR APPLICATION FORM

GENERAL INFORMATION					
First Name			<input type="checkbox"/> Male <input type="checkbox"/> Female		Attach a passport size picture of yourself here (be sure to smile!!)
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		
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	
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 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 come to America?	<input type="checkbox"/> Yes
Cell Phone Number			<input type="checkbox"/> No
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	
		1. Do you get homesick?			16. Do you know how to change a diaper?
		2. Have you lived away from home?			17. Do you have a criminal record?
		3. Have you lived out of the country?			18. Do you have any financial commitments?
		4. Have you ever traveled out of the country?			19. Do you have any physical or mental limitations?
		5. Have you ever taken illegal drugs?			20. Are you currently taking any medication?
		6. Do you drink alcoholic beverages?			21. Do you have any medical conditions requiring treatment?
		7. Have you ever smoked? If yes, When did you quit smoking?			22. Do you have any allergies?
		8. Do you smoke at the clubs?			23. Do you have any dietary restrictions?
		9. Do you have any traffic tickets?			24. Are you a vegetarian?
		10. Do you have racial prejudices?			25. If you are a vegetarian, can you cook or be placed with a family who eats meat?
		11. Do you have any traffic tickets?			26. Are you willing to work with a single father?
		12. Have you been in a traffic accident?			27. Are you willing to work with a single mother?
		13. Do you currently have a steady romantic relationship?			28. Do you check your email daily? If no how often? _____
		14. Have you ever been married?			29. Do you have friends and family in South Africa?
		15. Do you have any tattoos or piercing?			

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

Emergency Information

Name			
Address			
City, State/Country		Postal Code	
Phone			

I certify that the information provided in this application is complete and accurate. I agree to abide by all JCR program requirements and The Department of Home Affairs Regulations.

Signature _____ Date _____

Print Name _____