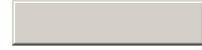


You can return your form via email by clicking on the submit email button or by courier or registered post to:  
**JCR Cultural Exchange Programs;**  
**Postnet Fourways Mall #88,**  
**Private Bag X033,**  
**Rivonia, 2128 Fax: 0880114641269**  
**Tel: 0114642975**



## AUPAIR APPLICATION FORM South Africa

Page 1 of 3

### GENERAL INFORMATION

<p>First name <input style="width: 90%;" type="text"/></p> <p>Last Name <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%; height: 60px;" type="text"/></p> <p>Phone Number <input style="width: 90%;" type="text"/></p> <p>Fax Number <input style="width: 90%;" type="text"/></p> <p>Cell Phone # <input style="width: 90%;" type="text"/></p> <p>Email <input style="width: 90%;" type="text"/></p> <p>Passport Number <input style="width: 90%;" type="text"/></p> <p>Passport Expiration Date <input style="width: 90%;" type="text"/></p>	<p><input type="checkbox"/> Female      <input type="checkbox"/> Male</p> <p>Age <input style="width: 80%;" type="text"/></p> <p>Birth date <input style="width: 80%;" type="text"/></p> <p>Height <input style="width: 80%;" type="text"/></p> <p>Weight <input style="width: 80%;" type="text"/></p> <p>Hair Colour <input style="width: 80%;" type="text"/></p> <p>Eye Colour <input style="width: 80%;" type="text"/></p> <p>City of birth <input style="width: 90%;" type="text"/></p> <p>Country of birth <input style="width: 90%;" type="text"/></p> <p>First Available Departure Date <input style="width: 90%;" type="text"/></p> <p>Last available Departure Date <input style="width: 90%;" type="text"/></p>
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Insert passport photo  
in the space above

### EDUCATION

Level of Education reached

Educational and Professional Training

All Languages spoken

### EXPERIENCE (childcare, home management, medical, teaching, etc)

Type of child care experience (daycare, aupair, youth group, nanny, tutoring etc)	Dates From	To	Ages of children (Years and months when started)	Responsibilities (example, changing nappies, bathing, feeding, playing games, etc)	Name and telephone number of reference
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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### EMPLOYMENT HISTORY (don't list jobs already listed above)

Present Occupation <input style="width: 90%;" type="text"/>	Employer	<input style="width: 95%;" type="text"/>
Address / Telephone <input style="width: 90%;" type="text"/>	Date Started	<input style="width: 95%;" type="text"/>
Previous Occupation <input style="width: 90%;" type="text"/>	Employer	<input style="width: 95%;" type="text"/>
Address/ Telephone <input style="width: 90%;" type="text"/>	Date Finished	<input style="width: 95%;" type="text"/>
Initial <input style="width: 100px;" type="text"/>	Date <input style="width: 100px;" type="text"/>	

**AGE GROUP EXPERIENCE AND PREFERENCES**

Experience with Age Groups  
(Check appropriate groups)

- 3 - 24 months
- 2 - 5 years
- 5 - 10 years
- Over 10 years
- Special Needs

Preferred Age Groups  
(Check as many as possible)

- 3 - 24 months
- 2 - 5 years
- 5 - 10 years
- Over 10 years
- Special Needs

Describe Special Care Experience

List interests, talents, school activities and honours

Swim

Cook

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 all skills.

Are there any pets you do not want to be placed with? Please explain.

Do you have a first aid certificate?

Yes

No

**DRIVING INFORMATION**

Do you have a driver's license?

Yes

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?

**FAMILY BACKGROUND**

Father's name

Occupation

Mother's name

Occupation

Address

Telephone

Cell Phone

Religious Affiliation

How often do you attend religious services?

Initial \_\_\_\_\_

Date

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

Yes No

- 1. Do you get homesick?
- 2. Have you ever lived away from home?
- 3. Have you ever lived out of the country?
- 4. Have you ever travelled out of the country?
- 5. Have you ever taken illegal drugs?
- 6. Do you drink alcoholic beverages?
- 7. Have you ever smoked? If yes, when did you quit ?
- 8. Do you smoke at the clubs?
- 9. Do you have any traffic tickets?
- 10. Do you have any racial prejudices?
- 11. have you ever been in a traffic accident?
- 12. Do you currently have a steady romantic relationship?
- 13. Have you ever been married?
- 14. Do you have any tattoos or piercing?
- 15. Do you know how to change a diaper?

Yes No

- 16. Do you have a criminal record?
- 17. Do you have any financial commitments?
- 18. Do you have any physical or mental limitations?
- 19. Are you currently taking any medication?
- 20. Do you have medical conditions requiring treatment?
- 21. Do you have any allergies?
- 22. Do you have any dietary restrictions?
- 23. Are you a vegetarian?
- 24. If you are a vegetarian , can you cook or be placed with a family who eats meat?
- 25. Are you willing to work with a single father?
- 26. Are you willing to work with a single mother?
- 27. Do you check your email daily? If no, how often?
- 28. Do you have friends and family in South Africa?

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

**EMERGENCY INFORMATION**

Name

Address

City  State  Post Code

Country

Phone Number  Phone Number



I certify that the information contained 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/Time Field

Print Name

		Initial _____	Date <input style="width: 100px;" type="text"/>
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