

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



AUPAIR APPLICATION FORM

Please select



GENERAL INFORMATION

First name

Last Name

Address

Phone Number

Fax Number

Cell Phone #

Email

Passport Number

Passport Expiration Date

Female Male

Age

Birth date

Height

Weight

Hair Colour

Eye Colour

Insert passport photo
in the space above

City of birth

Country of birth

First Available Departure Date

Last available Departure Date

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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EMPLOYMENT HISTORY (don't list jobs already listed above)

Present Occupation Employer

Address / Telephone Date Started

Previous Occupation Employer

Address/ Telephone Date Finished

Initial Date

AGE GROUP EXPERIENCE AND PREFERENCES

Experience with Age Groups
(Check appropriate groups)

Preferred Age Groups
(Check as many as possible)

Describe Special Care Experience

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

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

List interests, talents, school activities and honours

- Swim
- Cook
- Ski

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?

What size of car do you drive?

FAMILY BACKGROUND

Father's name Occupation

Mother's name Occupation

Address

Telephone

Are they supportive of your decision to go to America as an au-pair?

Cell Phone

- Yes
- No

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. Have you ever been denied a visa to the United States before?
- 29. Do you have friends and family in the United States?

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 goAUPAIR program requirements and the Department of State regulations.

Signature Date/Time Field

Print Name

Initial _____ Date