

# AU PAIR LINK APPLICATION FORM

## PERSONAL INFORMATION

First Name (as shown in passport): \_\_\_\_\_

Middle Name(s) (optional): \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Skype Username (optional): \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_  
(must be a valid number)

Mobile Number (optional): \_\_\_\_\_  
(must be a valid number)

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Gender: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

## OTHER INFORMATION

Nationality: \_\_\_\_\_

Number of hours of childcare experience  
you have had in the last 5 years: \_\_\_\_\_

Earliest Departure Date (dd/mm/yyyy): \_\_\_\_\_

Latest Departure Date (dd/mm/yyyy): \_\_\_\_\_

Programme you would like to apply For:

- Au Pair 123
- Au Pair Mate
- Au Pair Whiz
- Au Pair Assist

How many months do you want to be  
an au pair in New Zealand for? \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Emergency contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

## POSTAL ADDRESS

Street number and name: \_\_\_\_\_

City: \_\_\_\_\_

District/State: \_\_\_\_\_

Post code: \_\_\_\_\_

Country: \_\_\_\_\_

## YOUR BACKGROUND

Native language: \_\_\_\_\_

Other languages you speak: \_\_\_\_\_

Are you religious? \_\_\_\_\_  
(If yes provide details)

Do you have any siblings? \_\_\_\_\_  
(If yes provide details)

Have you cared for your siblings  
or babysat them? \_\_\_\_\_  
(If yes provide details)

Have you ever lived away from home? \_\_\_\_\_  
(If yes provide details)

Are you currently in a relationship? \_\_\_\_\_  
(If yes provide details)

Do you know how to swim?	Yes	No	
Do you know how to cook?	Yes	No	
Do you know how do to light housekeeping? (Vacuuming, mopping floors etc.)		Yes	No
Are you happy to help a child with homework?		Yes	No
Have you ever been convicted of a crime? (If yes provide details)	_____		
Do you smoke? (If yes provide details)	_____		

As previously mentioned the program has a non-smoking policy. This means that when you sign this contract with our agency you need to commit to never smoking in the presence of the children or on the families property. If you do not comply with this rule you will risk immediate eviction from the program.

I understand and accept the non-smoking policy

## YOUR INTERESTS AND EDUCATION

Hobbies:	Swimming	Cricket
	Horse Riding	Snorkelling
	Outdoors	Scuba Diving
	Camping	Computers
	Cycling	Cooking
	Tennis	Arts & Crafts
	Soccer	Community Services
	Rugby	Poetry
	Gymnastics	Dance
	Writing/Reading	Photography
	Skiing	
	Gardening	

Please mention any other hobbies you have: \_\_\_\_\_

What is your highest qualification? \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

Do you have any documented childcare qualifications? \_\_\_\_\_

(If yes provide details)

Have you attended any leadership courses? \_\_\_\_\_

(If yes provide details)

Have you had first aid or CPR training? \_\_\_\_\_

(If yes provide details)

Other skills and qualifications: \_\_\_\_\_

Do you know how to perform the following duties?

Bathe a baby (9 months – 12 months)	Yes	No
Bathe a toddler (13 months – 24 months)	Yes	No
Burp a baby	Yes	No
Change a diaper	Yes	No
Put a baby to bed	Yes	No
Put a child to bed	Yes	No
Prepare a child's meal	Yes	No
Discipline a child	Yes	No

## YOUR PREFERENCES AND WORK HISTORY

Please specify the children you are happy to care for:

3 months – 1 year  
1 – 2 years  
2 – 5 years  
6 + years

2 or more children  
Special needs  
All

Where would you like to live? \_\_\_\_\_  
(City/suburb/rural)

Do you want to live with a family with animals?                      Yes                      No                      No preference



## YOUR DRIVING

Do you have a valid driver's licence? (y/n/in progress): \_\_\_\_\_

What type of licence do you have? (Full/restricted/learners/other): \_\_\_\_\_

What age did you start learning to drive? \_\_\_\_\_

Have you ever had a car accident? \_\_\_\_\_

How often do you drive? \_\_\_\_\_

Have you taken lessons with a qualified instructor? \_\_\_\_\_

What type of car do you usually drive? \_\_\_\_\_  
(automatic/manual/both)

What was involved in your driving test?

Defensive driving course

Medical exam

Eye test

Practical exam

First aid

Written exam

Which side of the road are you used to driving on? \_\_\_\_\_

Have you ever driven in another country which \_\_\_\_\_  
drives on the opposite side of the road?

Do you own your own car or have access to a car daily? \_\_\_\_\_

Are you used to driving with passengers? \_\_\_\_\_

Are you used to driving with children in the car? \_\_\_\_\_

Have you ever been prosecuted or penalized for any \_\_\_\_\_  
driving offence or lost your licence?

## YOUR FUTURE AND GOALS

Upon completion of your term with your family, \_\_\_\_\_  
what is your intention when you return to your \_\_\_\_\_  
home country? (study/work etc)

What are your goals in life or with your career? \_\_\_\_\_

Have you visited the country in which you wish \_\_\_\_\_  
to become an Au Pair previously.  
(If yes then when and for how long?)

What are your expectations of our \_\_\_\_\_  
programme? \_\_\_\_\_  
\_\_\_\_\_

Have you lived abroad previously? \_\_\_\_\_  
(If yes for how long?)

## YOUR HEALTH

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair colour: \_\_\_\_\_

Do you have any tattoos or visible piercings? \_\_\_\_\_  
(If yes please give details) \_\_\_\_\_

Eye colour: \_\_\_\_\_

Do you have any reading or writing disabilities (dyslexia)? \_\_\_\_\_

Have you ever been diagnosed with ADHD, Autism \_\_\_\_\_  
or any other condition?

Are you a carrier of any infectious diseases such \_\_\_\_\_  
as HIV or Hepatitis B?

Have you ever received treatment/counselling \_\_\_\_\_  
for eating disorders, nervous disorders, depression \_\_\_\_\_  
or any emotional condition? (If yes please specify) \_\_\_\_\_

Have you ever been treated for self harming? \_\_\_\_\_  
Do you have any cuts or scars on your arms \_\_\_\_\_  
and/or legs after self harming? \_\_\_\_\_  
(If yes please specify)

Do you have any history of physical, \_\_\_\_\_  
emotional or sexual abuse? \_\_\_\_\_  
(If yes please specify)

Do you have any recurring health \_\_\_\_\_

problems or any chronic illnesses? \_\_\_\_\_  
(If yes please specify)

Do you have any allergies of household pets? \_\_\_\_\_  
(If yes please specify)

Do you have any food allergies? \_\_\_\_\_  
(If yes please specify)

Do you follow a diet or are you a vegetarian? \_\_\_\_\_  
(If yes please specify)

Do you take daily medication for any \_\_\_\_\_  
health related problems?  
(If yes please specify)

Have you been hospitalised within \_\_\_\_\_  
the last 18 months?  
(If yes please specify)