

# APPLICATION CHECKLIST

Dear Au Pair,

In this pack, you will find the documentation that we require for most of our Au Pair OE programmes. If you are wanting to do our USA programme, we require different documentation so please contact us directly by phone or email to request this. Please find childcare references (x2), character references (x2), childcare experience and medical check forms below. Please make sure that all references are not relatives and are contactable and happy to discuss your application.

You can use the childcare experience form to collect all your previous childcare experience in one form. Give the Doctors Medical Certificate to your physician to be completed. You will also find guidelines on writing your "Dear Host Family Letter" that you might find helpful.

To make your application stand out, we have included instructions for you to upload a Vimeo video. You can make a video about yourself and upload it to Vimeo, a private and password protected website so only families are allowed to view it.

Use this checklist before sending your complete application to Au Pair Link. Please submit all your documentation to [aupairoe@aupairlink.co.nz](mailto:aupairoe@aupairlink.co.nz).

## DO YOU HAVE EVERYTHING?

- Interview partner
- Childcare reference 1
- Childcare reference 2
- Character reference 1
- Character reference 2
- Childcare experience
- Medical Check
- Police Check (or copy)
- Copy of Passport
- Copy of driver's license
- A Dear Host Family Letter  
and photos
- Vimeo video (optional)

We are looking forward to your application!

The Team at Au Pair Link

# CHILDCARE REFERENCE

## PERSONAL INFORMATION

Applicant's name: \_\_\_\_\_

Reference's name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Best time to call: \_\_\_\_\_

## EMPLOYEE DETAILS

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Did the applicant have any personal problems that would hinder him/her from performing? \_\_\_\_\_

How long has the applicant worked for you and cared for your children?  
\_\_\_\_\_

Please list the ages of the children that the applicant cared for:  
\_\_\_\_\_

Has the applicant lived with your family?  
\_\_\_\_\_

How did your children respond to the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DUTIES

How many children was the applicant responsible for? \_\_\_\_\_

\_\_\_\_\_

What did the job generally entail? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you think the applicant performed the duties? (*below average/ average /above average/outstanding*) \_\_\_\_\_

\_\_\_\_\_

## EVALUATION

How do you think the applicant will cope in a new culture?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you think the applicant will handle new situations and stress?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you think the applicant handles instructions & feedback?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Has the applicant lived with your family?  
\_\_\_\_\_

How did your children respond to the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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How do you think the applicant handles instructions & feedback?

\_\_\_\_\_

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\_\_\_\_\_



## CHARACTER REFERENCE

Applicant's name: \_\_\_\_\_

Reference's name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Best time to call: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Does the applicant have any personal problems that you are aware of that would hinder him/her from performing duties? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you think the applicant will cope in a new culture and in new situations?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you recommend the applicant for a placement as an Au Pair? Please give us reasons in as much detail as possible. \_\_\_\_\_

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# CHILDCARE EXPERIENCE FORM

## CHILDCARE EXPERIENCE 1

Type of work: \_\_\_\_\_

Job Description: \_\_\_\_\_

Date started / date finished: \_\_\_\_\_

Age of children: \_\_\_\_\_

How often did you care for them? \_\_\_\_\_

Total hours: \_\_\_\_\_

Other details: \_\_\_\_\_

## CHILDCARE EXPERIENCE 2

Type of work: \_\_\_\_\_

Job Description: \_\_\_\_\_

Date started / date finished: \_\_\_\_\_

Age of children: \_\_\_\_\_

How often did you care for them? \_\_\_\_\_

Total hours: \_\_\_\_\_

Other details: \_\_\_\_\_

## CHILDCARE EXPERIENCE 3

Type of work: \_\_\_\_\_

Job Description: \_\_\_\_\_

Date started / date finished: \_\_\_\_\_

Age of children: \_\_\_\_\_

How often did you care for them? \_\_\_\_\_

Total hours: \_\_\_\_\_

Other details: \_\_\_\_\_

## CHILDCARE EXPERIENCE 4

Type of work: \_\_\_\_\_

Job Description: \_\_\_\_\_

Date started / date finished: \_\_\_\_\_

Age of children: \_\_\_\_\_

How often did you care for them? \_\_\_\_\_

Total hours: \_\_\_\_\_

Other details: \_\_\_\_\_

\_\_\_\_\_

## CHILDCARE EXPERIENCE 5

Type of work: \_\_\_\_\_

Job Description: \_\_\_\_\_

Date started / date finished: \_\_\_\_\_

Age of children: \_\_\_\_\_

How often did you care for them? \_\_\_\_\_

Total hours: \_\_\_\_\_

Other details: \_\_\_\_\_

\_\_\_\_\_

## CHILDCARE EXPERIENCE 6

Type of work: \_\_\_\_\_

Job Description: \_\_\_\_\_

Date started / date finished: \_\_\_\_\_

Age of children: \_\_\_\_\_

How often did you care for them? \_\_\_\_\_

Total hours: \_\_\_\_\_

Other details: \_\_\_\_\_

\_\_\_\_\_





You will need to print out the Doctors Medical Certificate



AU PAIR LINK<sup>®</sup>  
NEW ZEALAND

# DOCTORS MEDICAL CERTIFICATE

FOR AU PAIR PROGRAMME

Surname (as stated in passport):		M/F
First name (as stated in passport):		
Date of birth:	Place of birth:	
Height:	Weight:	
Telephone number:	Mobile number:	

## 1. Does the applicant presently suffer from or ever had any of the following?

	Yes	No		Yes	No		Yes	No
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	Anaemia:	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia:	<input type="checkbox"/>	<input type="checkbox"/>
Appendicitis:	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis:	<input type="checkbox"/>	<input type="checkbox"/>	Asthma:	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia:	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox:	<input type="checkbox"/>	<input type="checkbox"/>	Depression:	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Fainting:	<input type="checkbox"/>	<input type="checkbox"/>	Eye problems:	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/Convulsions:	<input type="checkbox"/>	<input type="checkbox"/>	German Measles (Rubella):	<input type="checkbox"/>	<input type="checkbox"/>	Glandular Fever:	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease:	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis:	<input type="checkbox"/>	<input type="checkbox"/>	Hernia:	<input type="checkbox"/>	<input type="checkbox"/>
Herpes (cold sores):	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease:	<input type="checkbox"/>	<input type="checkbox"/>	Malaria:	<input type="checkbox"/>	<input type="checkbox"/>
Measles:	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems:	<input type="checkbox"/>	<input type="checkbox"/>	Miscarriage:	<input type="checkbox"/>	<input type="checkbox"/>
Migraine/Headaches:	<input type="checkbox"/>	<input type="checkbox"/>	Mumps:	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Illness:	<input type="checkbox"/>	<input type="checkbox"/>
Polio:	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever:	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever:	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis:	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease:	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers:	<input type="checkbox"/>	<input type="checkbox"/>

If answered Yes to any of the above, please give details and dates as applicable:

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## 2. Please indicate if the applicant has been immunised against the following:

	Yes	No	Date		Yes	No	Date
Tetanus:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Mumps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Typhoid:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Measles:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diphtheria:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Whooping Cough:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tuberculin Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	German Measles (Rubella):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Polio:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>				

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You will need to print out the Doctors Medical Certificate

3. Is the applicant currently, to the best of your knowledge, a carrier for any infectious diseases such as HIV virus or Hepatitis B?

Yes  No

If answered Yes to any of the above, please give details and dates as applicable:

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4. Is the applicant currently (or has the applicant ever) to the best of your knowledge received treatment/counselling for eating disorders, nervous disorders, depression or any emotional condition?

Yes No

If answered Yes to any of the above, please give details and dates as applicable:

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5. Has the applicant ever, or to the best of your knowledge, been treated for self harming? Does the candidate exhibit any cuts on their arms or legs that could imply that the candidate has self harmed?

Yes No

If answered Yes to any of the above, please give details and dates as applicable:

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6. Has the applicant, to the best of your knowledge, ever had a criminal conviction filed against them?

Yes No

If answered Yes to any of the above, please give details and dates as applicable:

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7. Does this applicant, to the best of your knowledge, have any history of physical, emotional or sexual abuse? Please note that the applicant will be caring for children and therefore it is important that this information is accurate.

Yes No

If answered Yes to any of the above, please give details and dates as applicable:

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You will need to print out the Doctors Medical Certificate



Name of Doctor:	
Practice:	
Telephone number:	Fax:
Signature:	<i>(Doctors stamp or seal of the practice)</i>
Date:	

**Information:**

Please bring this document to your medical practitioner. Please send the original to Au Pair Link Limited and make a copy for yourself.

**Important Notice**

The applicant has granted permission to Au Pair Link to conduct this medical check. This medical check contains both personal and professional information which is strictly confidential and may be legally privileged. Information in this reference check is intended for the named recipient only. If the reader is not the named recipient, you are duly notified that any use, disclosure, copying or distribution of this information is prohibited. The information in this reference check is to be used for the specified purpose only.

Failure to comply with these instructions may be a breach of the Privacy Act 1993.

*Thank you for providing Au Pair Link Limited with a truthful and accurate portrayal of your medical history. We appreciate your co-operation.*

## “DEAR HOST FAMILY LETTER” GUIDELINES

Once you have applied online with Au Pair Link to become an Au Pair you are required to provide us with a Dear Host Family letter. The Dear Host Family letter is a summary document about you that is used throughout the matching process with our partner agency and is presented to potential families to review. This letter should comprise of approximately 1 to 2 A4 pages and be written in a personal manner as if writing directly to a family. When you write your “Dear Host Family” letter you can use the following guidelines:

- Introduction:
  - Tell your host family your first and last name
  - Tell them why you want to become an Au Pair and why in that country.
  - Tell them what you love about children.
  
- Paragraph one:
  - What kind of childcare experience do you have? Have you worked as a babysitter, volunteered at a daycare or kindy?
  - What were the ages of the children you’ve taken care of?
  - What can you offer? Can you do some cooking?
  - What would you do to calm down children?
  - What kind of activities will you do with children?
  
- Paragraph two:
  - Describe your family situation. Do you have brothers and sisters? Do you have a pet? What values do you find important your family?
  - Mention your interests and hobbies. Where did you go to school and what diplomas do you have?
  - Tell your host family if you like to do sports and what kind of sports.
  - Do you have experience living overseas?
  - Explain what you expect from your year as an Au Pair and what you expect from your host family.
  
- Summary:
  - Summarize why they should choose you to live in their home and become a part of their family?
  
- Upon submitting your Dear Host Family letter:
  - Please send your Dear Host Family in Word or PDF and send it to [aupair@aupairlink.co.nz](mailto:aupair@aupairlink.co.nz) and compress as much as possible.
  - Include in the letter max. 5 nice pictures of you with children and your family and friends.
  - Please note that the photos must be suitable, so no party images, no images of visible piercings and no nude images.

## CREATE YOUR AU PAIR VIDEO

Want to improve your chances of finding a host family? Make a video! The video is private and password protected so only specific family candidates can view your Au Pair video.

Whilst creating a video is optional, an Au Pair video is a great way to express who you are and what your life is all about.

You can create your Au Pair video in 4 easy steps:

- Record your video
- Upload your video to [www.vimeo.com](http://www.vimeo.com)
- Password protect your video for privacy
- Send Au Pair Link the link to your video and password.

## INSTRUCTIONS FOR UPLOADING TO VIMEO

Vimeo is an online video sharing service like YouTube. However, Vimeo gives you more security and flexibility. You can password protect your videos or choose not to make them public. Vimeo is a free service and is recommended by Au Pair Link as the best and most secure video sharing platform for Host Families and Au Pairs. For more information please visit [www.vimeo.com](http://www.vimeo.com)



Upload a video 

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Please follow the steps below to upload your video to Vimeo:

1. Go to the homepage [www.vimeo.com](http://www.vimeo.com)
2. Click on "Sign up for Vimeo"
3. Click on "Sign up for Basic"
4. Enter your first and last name, your e-mail address and a password
5. Click on the button that you agree with Vimeo terms of service
6. After you have typed in your name, e-mail address and password you will receive a confirmation e-mail from Vimeo
7. Click on the link in your e-mail to finish your registration
8. Now you can get started! Click on "Upload a video"
9. Click on "Choose a file to upload" (Please note the accepted file types: asf, asx, avi, divx, dv, dvx, m4v, mov, mp4, mpeg, mpg, qt, wmv, 3gp, 3ivx and 3vx)
10. Choose the right video and click on "open"
11. Your video will automatically be uploaded
12. You can add a title or description to your video if you want
13. As soon as your video is completely uploaded, it will be automatically converted. This might take some time (up to 2 hours)! An e-mail from Vimeo will inform you when your video is ready. You don't have to be online during that time.
14. In the e-mail from Vimeo you will find a link (e.g. <http://vimeo.com/123456>), this link will take you to your video
15. Now click on "Settings"
16. Here you click on "Privacy" and you choose, who has access to your video

- a. for "Who can see my video" you choose "Password protected"
  - b. now you type in the password you want (we recommend: "firstname-NewZealand", e.g. "Johnsons-NewZealand")
  - c. for "What can people do with this video", you choose nothing or it might be the case that you have to remove the hooks
  - d. for "Who can post comments on this video", you choose "only my contacts"
17. The last step: click on "Save" to save the changes you made.

Once you have completed these steps, please send us the link to your video, which you have received from Vimeo and the password you have chosen. We will then forward this video to specific Au Pair candidates (that you have expressed interest in) during the matching process.

Please send the link to your video and relevant password to: [aupair@aupairlink.co.nz](mailto:aupair@aupairlink.co.nz).

## OUR TIPS FOR CREATING YOUR VIDEO

- Don't forget to smile during the video!
- This is a great opportunity to show Host Family something special about you and why the Host Family would want to have you taking care of their children.
- First of all think about a couple of subjects you want to talk about. The video shouldn't be longer than 1-2 minutes and you should directly speak into the camera. Whatever you choose to present it is important that the Host Families can hear and see you properly throughout the whole video. Some things to include in your video could be:
  - Your home and your family (the environment in which you live).
  - Why would like to be an Au Pair overseas?
  - Your experience with Childcare.
  - What do you do in your spare time?
  - A bit about your country culture.
  - Your hobbies.
  - Something special about you.
- Think about where you want to film your video. This could be at home, in the city/town where you live or somewhere else appropriate. Please speak clearly into the camera.
- Keep moving: Videos, where you only sit in front of the camera and talk about something, easily get boring. Show something out of your life and your surroundings, but make sure that the camera isn't moving too fast as it will be difficult for the viewer to follow.