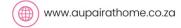
Au Pair at Home

Your Family, our Passion







Tokai office: 021 712 9511

Newlands office: 021 683 7776

Parow office: 021 932 2425

Table View office: 021 556 0066

Au Pair Application Form

Thank you for taking the time to fill out our application form.

Instructions: Complete ALL SECTIONS of the document.

Save it and then Email it to us, along with your CV and References to: aupairathome@iafrica.com.

We will process your application form and, if successful, we will call you to set up a personal interview with us.

Name & Surname:
Contact Details:
Address:
Email:
Cell Phone: Alternative Number:
General Information:
Date of Birth: Age: ID Number:
Nationality: Religion:
Marital Status:
Languages Spoken:
Other
Children: O Yes O No Ages:
Can you swim: O Yes O No Do you like pets: O Yes O No Do you smoke: O Yes O No

Your Hobbies and Interests: [Click in Block to enable Scroll Reading Function] <u>List a few adjectives describing your personality:</u> [Click in Block to enable Scroll Reading Function] **Educational Background: High School Attended:** Grade: Degree's, Diploma's or Courses completed or presently doing: Please indicate with an X the type of position/s you are applying for: Au Pair ☐ Baby Specialist ☐ Tutor ☐ Night Nurse Special Needs Au Pair Learner Facilitator Why Do You Want To Au Pair / Tutor/ Facilitate etc. (Your reason for applying for this/ these positions):

[Click in Block to enable Scroll Reading Function]

Your Availability:	□ Half Day	□ Mornings	□ After	noons		Гimes a Week
☐ Full Day ☐ Weekends	☐ Half Day ☐ Stay Overs	☐ Mornings☐ Babysitting	_	loons I with Fa	_	illies a vveek
☐ Weekends	☐ Stay Overs		I паче	i wilii c	arriny	
Choice of suburbs	<u>you able to work i</u>	<u>n:</u>				
		[Click in Block to enable Scr	oll Reading Func	tion]		
How long can you	commit for:					
Date available:						
						1
Current notice per	iod required:					
Childcare Experien	ce:					
		. Taaahar / Taaaha	u Assistant	Ct d a mt '	Taaabau T	Fasilitatas
•	• •	r, Teacher / Teache p Leader? Complete		Student	reacher, i	utor, Facilitator,
Family Name	Position	ŀ	Kids Ages	Dates	Cor	ntact Number
] [
First-Aid Course:	○ Yes ○ No	Date:				
Will you up	date or do a First A	id Course: O Yes	○ No			

Do you have experience in the foll	owing:	
☐ Home Work Supervision	☐ Driving Children Around	Outings
Sunday School Teacher	☐ Volunteer Work	☐ Youth Leader
Have you cared for Brothers, Sister	, Cousins, and Family Friends: O Yes	s O No
Any Othor:		
Any Other:		
	[Click in Block to enable Scroll Reading Function	n]
Do you enjoy doing activities with	children? Describe (Creative, Outdoo	or, Indoor, Sport etc.):
	[Click in Block to enable Scroll Reading Function]	
How many children would you feel	comfortable with:	
	What is your approach to discipline:	

[Click in Block to enable Scroll Reading Function]

Would you read up to fur	ther educate the	<u>e children in your char</u>	ge (e.g. age appropriate activities):	
○ Yes ○ No				
Would you organise a we	eekly program:			
○ Yes ○ No				
Please List and Evaluate	ALL Your Experie	ence:		
		al Within The Individua ence 1 = limited 2	al Age Groups Below] = fair 3 = moderate 4 = exten	ısive
Age in Years	Rating	Position – Au Pair,	Tutor, Facilitator, Night Nurse etc.	
Babies: [0-1]				
Toddlers: [1 – 3]				
Kids: [4 – 7]				
Kids: [8 – 12]				
Teenagers:				
Special Needs:				
Other: [e.g. Elderly]				
Cooking:				
Enjoy Cooking:	Simple Mea	ls For Children:	Simple Meals For the Family:	•
◯ Yes ◯ No	◯ Yes ◯ I	No	◯ Yes ◯ No	
Other Duties:				
Home Organisation: O Yes O No	Shopping: O Yes	No	Light Household Duties: O Yes O No	

Experience: (formal or in	nformal):				
Supervising Staff:	<u>Cooking:</u>	<u>Overse</u>	eing Maintenance:		
◯ Yes ◯ No	○ Yes ○ No	○ Ye	○ Yes ○ No		
Grocery Shopping:	Organising Cupboards:				
○ Yes ○ No	○ Yes ○ No	○ Ye	s 🔾 No		
Other:					
	[Click in Block to enable S	Scroll Reading Function]			
Driving Experience:					
Do you have a Drivers' L	icense: Yes No	<u>Date Obtained:</u>			
Manual/Automatic:	Manual O Automatic				
Do you have a car:	Yes O No	Model & Year:			
Do you have a clear driv	ring record: Yes No				
Have you ever been con	victed of any crime:				
○ Yes ○ No					
I declare that the above	information is correct, and I g	ive Au Pair at Home pe	rmission to contact my		
references and Employe	rs to confirm and/or clarify m	y information and to giv	ve copies of these forms to		
prospective employers t	ogether with further personal	and medical details that	at may be pertinent to the		
pair placement.					
Signature:		Date:			