



**CIB Canarias, s.l.**

C/. Lope de Vega, 30- 38005 S/C de Tenerife

Tel: (922) 22-83-83 / Fax: (922) 22-72-56

www.eib.es

eib@eib.es



## APPLICATION CHECK LIST- **AU PAIR** CANDIDATES ONLY

PLEASE MAKE SURE ALL DOCUMENTS LISTED BELOW ARE INCLUDED WITH YOUR APPLICATION!

1. Application form filled in black ink
2. At least 2 **Childcare References** (in English) & At least 1 **Character Reference.** (in English)
3. Police record certificate
4. Medical Certificate signed by doctor
5. Photo album - i.e. scrap book with pictures of you family, friends, pets and children
6. Dear family letter - details of yourself, family, hobbies, why you want to work as a Parent Help etc.
7. 4 Passport photographs Smiling
8. Copy of your Drivers License and Passport

PLEASE SEND COMPLETED APPLICATION AND DOCUMENTS TO:

**CIB Canarias, s.l.**

C/. Lope de Vega, 30 – Local

38005 S/C de Tenerife

Canary Islands – Spain



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## ***AU PAIR APPLICATION***

### **GENERAL INFORMATION (PLEASE COMPLETE IN BLACK INK)**

Preferred location:  UK  Ireland  Germany  Austria  Italy  Other \_\_\_\_\_

Surname \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ Religion \_\_\_\_\_

Date and place of birth \_\_\_\_\_ Age \_\_\_\_\_ Nationality \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Passport No \_\_\_\_\_ Valid until \_\_\_\_\_

Name and address of parents \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation Father \_\_\_\_\_ Mother \_\_\_\_\_

Brother(s), sister(s) ages \_\_\_\_\_

Education \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certificates \_\_\_\_\_

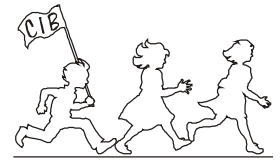
Present Occupation \_\_\_\_\_

What are your future plans? \_\_\_\_\_

Earliest start date: \_\_\_\_\_ Latest start date: \_\_\_\_\_ Length of stay: \_\_\_\_\_



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Which of the following do you prefer?

Countryside  City/ Suburb  Small town  Seaside Town

Preferred city/region \_\_\_\_\_

Do you drive? Yes  No

Would you drive for the family? Yes  No

Do you smoke? Yes  No

Could you refrain from smoking in the family home? Yes  No

Have you had any health problems in the past? Yes  No

\_\_\_\_\_

Do you suffer from any allergies? Yes  No

\_\_\_\_\_

Do you have a special diet? Yes  No

\_\_\_\_\_

Have you ever lived away from home? Yes  No

If so please describe for what reason: \_\_\_\_\_

Knowledge of language	None	Poor	Sufficient	Good
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others \_\_\_\_\_

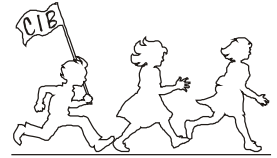
Would you like to attend a language course? Yes  No

Describe below all your childcare experience in as much detail as possible. List : ages of children, responsibility etc. (please use extra paper if necessary).

Dates Of Employment	Job Description	Full Time/ Part Time	Age Of Children	Duties



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Have you taken any course relating to Childcare? \_\_\_\_\_

Have you any professional qualifications? \_\_\_\_\_

Member of any organisation: \_\_\_\_\_

First Aid/ Life saving skills: \_\_\_\_\_

What experience do you have in domestic work? **PLEASE ANSWER YES OR NO:**

Cooking \_\_\_\_\_ Cleaning \_\_\_\_\_ Washing up \_\_\_\_\_

Ironing \_\_\_\_\_ Operate dishwasher and washing machine/ dryer \_\_\_\_\_

Please describe your hobbies, interests and sports: \_\_\_\_\_

Do you know how to swim?  Yes  No

**Childcare Job Preferences**

Do you have experience with disabled children?  Yes  No

Are you willing to care for a disabled child?  Yes  No

Would you like to be placed in a family with children in the age of:

Newborns  1-2 months  1-3 years

3-6 years  6-10 years  Over 10 years

Are you willing to work with a single mother  Yes  No single father?  Yes  No

If not please explain \_\_\_\_\_

How many children do you wish to care for? \_\_\_\_\_ children

Would you be willing to work additional hours for more pay?  Yes  No

Have you ever been arrested/in trouble with the law?  Yes  No

Medical Insurance If you hold a passport from an E.C. country, you must apply to your local health office for an E111 form, which entitles you to health benefits in the designated country.

**N.B. While every care is taken in introducing families, the agency is not responsible for any problems arising from information given in good faith. I have read and accept the conditions of this agency. I hereby declare that the information given on this form and the enclosed documents are true in every respect.**

Signed \_\_\_\_\_

Date \_\_\_\_\_



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## Child Care Reference - Confidential

Name of Applicant: \_\_\_\_\_

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

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

For how long have you employed this applicant? \_\_\_\_\_

When did she/he last care for your children? \_\_\_\_\_

Did she/he work regularly or occasionally? \_\_\_\_\_

Please give the number and age of children she/he cared for: \_\_\_\_\_

Please explain the duties at your home. Did she/he help with household chores (cleaning, ironing, vacuuming etc.):  
 \_\_\_\_\_

Did the applicant live with your family? \_\_\_\_\_

Please indicate the level of the applicant's skills and abilities in the following categories :

Love of children: \_\_\_\_\_ Understanding of Children: \_\_\_\_\_

Responsibility: \_\_\_\_\_ Flexibility: \_\_\_\_\_

Punctuality: \_\_\_\_\_ Honesty: \_\_\_\_\_

Warmth/Compassion: \_\_\_\_\_ Ability to work with adults: \_\_\_\_\_

How would you describe the applicant? \_\_\_\_\_  
 \_\_\_\_\_

***Would you recommend the applicant?***

Please give details : \_\_\_\_\_  
 \_\_\_\_\_

Please give your opinion of the applicant's ability to handle new situations and possible stress, culture shock etc. :  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant any health or family problems which may affect her/his ability to work on the Parent Help Programme Yes  No

To the best of your knowledge, has the applicant ever been convicted or charged with a criminal offence? Yes  No

If yes, please give details : \_\_\_\_\_

**WE MAY CONTACT YOU TO DISCUSS THIS REFERENCE.**

Name of Referee : \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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## Character Reference – Confidential

Name of applicant: \_\_\_\_\_

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

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

Have you employed this applicant? \_\_\_\_\_

Would you recommend the applicant for placement with a foreign family?

Please give details: \_\_\_\_\_

How would you describe the applicant? \_\_\_\_\_

Has the applicant any health or family problems which may affect their participation in the Parent Help Work Programme? Yes  No

If yes, please give details: \_\_\_\_\_

Please give your opinion of the applicant's ability to handle new situations and possible stress, culture shock etc.:

Please explain in detail why you would recommend this applicant for working with children in the Help Programme:

To the best of your knowledge, has the applicant ever been convicted or charged with a criminal offence? Yes  No

If yes, please give details : \_\_\_\_\_

### WE MAY CONTACT YOU TO DISCUSS THIS REFERENCE.

Name of Referee: \_\_\_\_\_

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

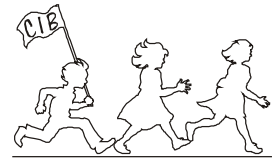
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Best time to call: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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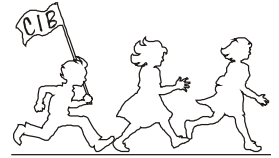
## Family Album

You can use this page for pictures of your friends and family. Pictures of you with the children you have cared for in the past. Remember to use clear pictures and try to explain each other. This way your future family can get a good impression of your life.





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## Medical Report

This is to Certify that \_\_\_\_\_ who  
has been a patient of mine for years is in general good health and that an ordinary  
clinical examination shows normal conditions with no definite symptoms of illness.

She/he is fit and able to participate on the Au Pair Programme.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

\_\_\_\_\_  
Signature of Doctor

**(Please use official stamp)**