



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



CIB Canarias, s.l.
 C/. Lope de Vega, 30 – Local
 38005 Santa Cruz de Tenerife
 Tel: (922) 22-83-83 / Fax: (922) 22-72-56
 www.cib.es E-mail: cib@cib.es



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 _____

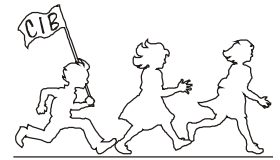
Present Occupation _____

What are your future plans? _____

Earliest start date: _____ Latest start date: _____ Length of stay: _____



CIB Canarias, s.l.
 C/. Lope de Vega, 30 – Local
 38005 Santa Cruz de Tenerife
 Tel: (922) 22-83-83 / Fax: (922) 22-72-56
 www.cib.es E-mail: cib@cib.es



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 _____

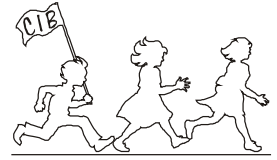
Would you like to attend a language course? Yes No

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



CIB Canarias, s.l.
 C/. Lope de Vega, 30 – Local
 38005 Santa Cruz de Tenerife
 Tel: (922) 22-83-83 / Fax: (922) 22-72-56
 www.cib.es E-mail: cib@cib.es



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 _____



CIB Canarias, s.l.
 C/. Lope de Vega, 30 – Local
 38005 Santa Cruz de Tenerife
 Tel: (922) 22-83-83 / Fax: (922) 22-72-56
 www.cib.es E-mail: cib@cib.es



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: _____



CIB Canarias, s.l.
 C/. Lope de Vega, 30 – Local
 38005 Santa Cruz de Tenerife
 Tel: (922) 22-83-83 / Fax: (922) 22-72-56
 www.cib.es E-mail: cib@cib.es



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: _____



CIB Canarias, s.l.
 C/. Lope de Vega, 30 – Local
 38005 Santa Cruz de Tenerife
 Tel: (922) 22-83-83 / Fax: (922) 22-72-56
 www.cib.es E-mail: cib@cib.es



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 : _____

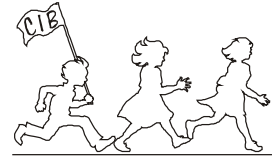
Telephone: _____ Home _____ Work _____

Best time to call: _____ Occupation: _____

Date: _____ Signature: _____



CIB Canarias, s.l.
C/. Lope de Vega, 30 – Local
38005 Santa Cruz de Tenerife
Tel: (922) 22-83-83 / Fax: (922) 22-72-56
www.cib.es E-mail: cib@cib.es

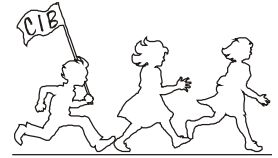


Family Album

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.



CIB Canarias, s.l.
C/. Lope de Vega, 30 – Local
38005 Santa Cruz de Tenerife
Tel: (922) 22-83-83 / Fax: (922) 22-72-56
www.cib.es E-mail: cib@cib.es



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)