

IES Au Pairs, New April Business Centre, Furzeview,
 Slinfold, West Sussex, RH13 0RH, England
 Tel: +44 (0)1403 783816
 Fax: +44 (0)1403 784625
 Email: enquires@iesconsultants.co.uk

Application for placement as au pair	
About You	
Full Name	
Address	
Telephone Number	
E-mail	
Date of Birth	Day: __ Month: _____ Year: ____
Gender (Tick one which applies)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality	
Passport No. (if not in European Community)	
Nearest relative (person to contact in emergency)	
Name	
Tel No.	
Address	
Education and Experience	
Examinations and qualifications	
First aid knowledge (if any)	

Present job (please give dates)													
Previous Employment (please give dates)													
When can you start?	Day: __ Month: ____ Year: ____												
How long can you stay?													
Level Of English	Basic <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/>												
Other languages spoken													
Do you wish to attend language classes?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Childcare experience													
Brief summary of your experience, indicating the type of care provided, ages of children and for how long you did this.													
If you have been an au pair before, please give details, including which country and for how long													
Training: If you have had childcare training, then please give details													
Domestic Duties (tick all domestic duties you are willing to do)													
<table border="1"> <tr> <td>Washing Up</td> <td>Ironing</td> <td>Cooking</td> <td>Vacuuming</td> <td>Dusting</td> <td>Tidying</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Washing Up	Ironing	Cooking	Vacuuming	Dusting	Tidying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing Up	Ironing	Cooking	Vacuuming	Dusting	Tidying								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Driving													
Do you hold a current driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
When did you pass your test?	Day: __ Month: ____ Year: ____												

Are you willing to drive abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have had any accidents then please give details	
More about you	
Do you have any brothers and sisters (if yes then please give ages)	
Would you be prepared to work with disabled children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you happy to live with pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are your interests?	
Why do you want to be an Au Pair?	
Where would you be prepared to work (please tick all that apply)	London <input type="checkbox"/> Another City <input type="checkbox"/> Countryside <input type="checkbox"/>
Have you ever been abroad with your family (if yes then please give details)	
Have you applied for any courses or any other jobs (if yes then please give details)	
Have you ever been convicted of a criminal offence (if yes then please give details)	
Health Declaration	
Are you undergoing any treatment/ check up due to injury, handicap or physical disorder? (Please give details)	

Do you suffer from any allergies? (please give details)	
Do you use any medication regularly? (please give details)	
Do you suffer from any kind of eating disorder?	
Please give details of any special dietary requirements (e.g. vegetarian)	
Height (in metres)	
Weight (in Kilograms)	
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you smoke, how many do you smoke per day?	Less than 10 <input type="checkbox"/> 10+ <input type="checkbox"/> 20+ <input type="checkbox"/> 30+ <input type="checkbox"/>
Will you promise not to smoke in the house or in front of the children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where did you hear of IES Au Pairs?	
<p>Remember:- You must also provide</p> <ul style="list-style-type: none"> • A letter addressed "Dear Family" • Two recent references • Two Photographs of yourself • Medical certificate or a letter from you doctor confirming that you are fit and able to be an au pair <p>I have read and understood the IES Au Pair terms and conditions Yes <input type="checkbox"/></p> <p>I have read and understood the IES Au Pair guidelines Yes <input type="checkbox"/></p> <p>I agree that all information given on this form is true and correct to the best of my knowledge Your Signature:</p> <p style="text-align: center;">Thank you for your completing this form</p>	