**Application Form** *(Please complete in the language of the country you wish to visit. Tick where applicable)*

***COUNTRY YOU WISH TO VISIT***

***PERSONAL DETAILS***

**Surname** **Date of Birth**

**First name**  **Gender** female  male

**Street**       **Family status**

**Postcode, Town**  **Religion**

**Country**       **Nationality**

**Telephone/ Mobile**  **Passport No./ valid until**

**E-mail**       **Skype ID**

***FAMILY DETAILS***

**Name of parents** **Address**

**Sibling**

Number:       Year of birth:

***DETAILS ABOUT THE AU-PAIR STAY***

**When could you start at the earliest? Latest possible arrival schedule?**

Month/ Year:       Month/ Year:

**Length of stay Latest date of return**

Months:      

***STATE OF HEALTH***

**Do you have to take medicine?**

no  yes why?

**Do you smoke?**

no  yes, how many cigarettes per day?

Could you stop smoking in the house?  no  yes

**Allergies** **Special diet**

**Vegetarian** **Piercing & Tattoo**

no  yes  no  yes

**Health-/ Accident-Insurance**

Name/Address:

***EDUCATION AND PROFESSIONAL EXPERIENCE***

**Highest school qualification** **Practical training**

**Professional training** **Professional experience**

***KNOWLEDGE OF FOREIGN LANGUAGES***

**Knowledge of language of the host country**

good  fair  little

**For how many years have you been learning the language?**

**How many lessons a week would you like to take?** **Do you intend to obtain a language certificate?**

no  yes

**Other language ability**

good  fair  little

       good  fair  little

       good  fair  little

***EXPERIENCE WITH CHILDREN***

**Desired age of the children you wish to take care of?**

Age from       to       how many?

**Baby-sitting-course**

no  yes

**Your Experience**

Baby care:  good  fair  little  none

Dress & bring children to bed:  good  fair  little  none

Entertain children:  good  fair  little  none

Supervising homework:  good  fair  little  none

More experiences:

**Would you be prepared to look after a disabled child?**

no  yes 🡪  mentally handicapped  physically handicapped

***EXPERIENCE IN HOUSE-WORK***

**Tasks**

Cooking:  good  fair  little  none

Washing/ Ironing:  good  fair  little  none

Cleaning:  good  fair  little  none

More experiences:

***REASONS FOR YOUR AU-PAIR-STAY***

**To improve my knowledge of the language**  **Professional reasons**  **Others**

***OTHER INFORMATION***

**Do you agree if the host mother is working?**  no  yes 🡪  part time  full-time

**Are you willing to go to a single parent?**  no  yes

**Do you like pets?**  no  yes

**Do you have a driver’s license?**  no  yes since?

**How is your driving practice?**  daily  good  little practice  own car

**Would you drive the car of the host family?**  no  yes

***DECLARATION***

I have read the information material carefully, understand the conditions of the au-pair program therein and will adhere to the letter.

I will take care that all necessary formalities regarding residence permits and, where applicable, work permits are dealt with on time.

I hereby agree that my details may be passed on to other parties for the purpose of an au-pair placement.

I agree to the working conditions for au-pair.

I agree  / don’t agree  , that for contact purposes my address and telephone number is made available to other au-pairs.

The application form was completed on my own  / with help .

**With his/her signature the au-pair confirms the correctness of the information given on this form. PRO FILIA can not therefore accept any responsibility for the au-pair’s behavior.**

Place, Date Signature of the applicant