



ELITE NANNIES CANADA

Au Pair/Nanny/Caregiver Application Form

Please complete neatly and use black ink. Tick where applicable.

PERSONAL DETAILS:

First Name:		Middle Init:	Surname:		Please attach a passport size photo of yourself (Smiling!!!)
Street Address: _____		City / Zip Code:			
_____		Province:	Country:		
Telephone Number:		Fax Number:			
E-mail Address:		Age:	Date of birth (m / d / y): / /		
City of birth:		Country of Birth:			
Religion:		Marital status:			
Hair Color:	Eye Color:		Height / Weight (cm/kg):		
Earliest Available Departure Date: / /		Last Available Departure Date: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passport Number:		Passport Expiration Date: / /			
Emergency contact:		Relationship:			
Street Address: _____		City / Zip Code:		Province:	
_____		Country:			
Telephone Number:		Fax Number:		E-mail Address:	

EDUCATION HISTORY:

Dates Attended (m / y)	Name of School/College/University	Main Subject Studied	Graduated (Yes / No)	Type of Diploma Obtained
From	To			

KNOWLEDGE OF FOREIGN LANGUAGES, VISITS ABROAD & HOBBIES

Knowledge of the host country's language (_____): <input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None	Other spoken languages: _____ <input type="checkbox"/> Native <input type="checkbox"/> Fluent <input type="checkbox"/> Fair _____ <input type="checkbox"/> Native <input type="checkbox"/> Fluent <input type="checkbox"/> Fair
List interests, talents, school activities and honors: Do you swim, ski, have a background in or experience with arts & crafts, music, dance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail: _____ _____	
Do you cook or have other child-related skills that a host family should know when reviewing your file? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail: _____ _____	
Would you like to be placed with a family that has pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail: _____ _____	
Do you have a first aid certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the date issued (m / d / y): ____/____/____	
Have you ever participated on a work travel/exchange program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail program(s), the organization(s) which you traveled with and in which year(s): _____ _____	

CAREGIVING EXPERIENCE (please detail any teaching, medical, baby-sitting, youth group, au pair, tutoring, etc. experience):

Dates (m / y)		Ages of Children (years and months when started)	Position	Responsibilities (changing diapers, bathing, games, etc.)	How Often (how many hours/week, daily, weekly, monthly)	Referee (please include telephone number)
From	To					

EMPLOYMENT HISTORY (don't list jobs already listed in the EXPERIENCE section):

Dates (m / y)		Employer / Company (please include address and phone)	Position / Duties (start with present occupation)
From	To		

AGE GROUP EXPERIENCE AND PREFERENCES:

<p>Experience with Age Groups: <i>(check appropriate groups)</i></p> <p><input type="checkbox"/> 3 – 24 months <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years</p> <p>Describe special care given: _____ _____</p>	<p>Preferred Age Groups: <i>(check as many as desired)</i></p> <p><input type="checkbox"/> 3 – 24 months <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years</p> <p>Special care preferred: _____ _____</p>	<p>Family Preferences: <i>(If you do NOT wish to be placed with a family like the following, please mark it)</i></p> <p><input type="checkbox"/> a single parent family <input type="checkbox"/> a family of a different faith <input type="checkbox"/> a family of a different race</p>
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DETAILS ON FAMILY BACKGROUND:

Parents:	Mother:	Father:
Surname:		
First Name:		
Occupation:		
City / Zip Code:		
Country:		
Phone Number:		
Are they supportive of your decision to come to foreign country (_____)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Siblings:	Sisters:	Brothers:
Number:		
Age:		

OTHER PERSONAL DETAILS:

What are the reasons you want to be an Au Pair/Nanny/Caregiver? _____

What are your plans following your year as an Au Pair/Nanny/Caregiver? _____

How will being an Au Pair/Nanny/Caregiver positively affect your future endeavors? _____

OTHER PERSONAL DETAILS:

Do you have a contact person in the area you wish to visit? Yes No
 If yes, please give the contact person's details:
 First Name, Surname: _____ Relationship: _____
 Address: _____
 Phone: _____ Fax: _____

Do you have a current driver's license? Yes No Date issued (m/d/y): _____ / _____ / _____
 Do you have any traffic tickets? Yes No If yes, explain: _____
 Have you been involved in a traffic accident? Yes No If yes, explain: _____
 Do you smoke? Yes No If yes, how many cigarettes per day? _____
 Do you get homesick? Yes No If yes, explain: _____
 Have you lived away from home? Yes No If yes, explain: _____
 Have you lived out of the country? Yes No If yes, explain: _____
 Do you have any physical or mental limitations? Yes No If yes, explain: _____
 Do you have any medical conditions requiring treatment? Yes No If yes, explain: _____
 Are you currently taking any medication? Yes No If yes, explain: _____
 Do you have any allergies? Yes No If yes, explain: _____
 Have you ever taken illegal drugs? Yes No If yes, explain: _____
 Do you drink alcoholic beverages? Yes No If yes, explain: _____
 Do you have any dietary restrictions? Yes No If yes, explain: _____
 If you are a vegetarian, can you cook or be placed with a family who eats meat? Yes No If yes, explain: _____
 Do you have a criminal record? Yes No If yes, explain: _____
 Do you have racial prejudices? Yes No If yes, explain: _____
 Have you ever been married? Yes No If yes, explain: _____
 Do you have any financial commitments? Yes No If yes, explain: _____
 Do you like pets? Yes No If yes, explain: _____
 If you don't like pets, are you willing to be placed in a family who has pets? Yes No If no, explain: _____
 Can you swim? Yes No

OTHER:

How did you hear about our agency? _____

Have you registered with other Nanny/Au Pair placement agencies? Yes No
 If yes, which ones: _____

CHECK LIST:

Completed Application Form Yes No
 2 Passport Size Photos Yes No
 Photos with children have cared for / own family including yourself Yes No
 "Dear Family" Letter Yes No

Please write a "Dear Host Family" letter to your new Host Family telling them about your childcare experience, your background, your family, and most importantly about yourself. Please remember that the letter is used by potential Host Families to learn about your and assess the suitability of your matching with the family. Please consider carefully the information you put into this letter.
 Please also note that once your application is submitted it becomes the property of Elite Nannies Canada therefore please keep your own copies of references and photographs.

I have read, understood and agree abide by the conditions of the application and placement as detailed at www.EliteNanniesCanada.com and the other materials included with this application. I have completed this application fully and honestly. I understand that Elite Nannies Canada has the right to contact my next of kin and my referees without my prior consent. I understand that future Elite Nannies Canada publicity material may include statements made by participants and/or their photographs and I consent to such use of my comments or photographs of me.

_____ Place, Date _____ Signature of the Applicant

Note: If you find any of the questions listed above as inappropriate, please do not answer. We list the questions our foreign partners are using in their recruiting process.