



# INTERNATIONAL CAREER STUDIES

AU PAIR STUDENT APPLICATION FORM

## PERSONAL INFORMATION

**First Name:** \_\_\_\_\_ **Gender:**  *male*  *female*  
**Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY  
**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Age:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Country of Origin:** \_\_\_\_\_  
**Religion:** \_\_\_\_\_ **Native Language:** \_\_\_\_\_  
**Marital Status:**  *married*  *single* **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street Address Apt. Number City  
\_\_\_\_\_  
Province Country Postal Code

## PASSPORT

**Passport Number:** \_\_\_\_\_ **Country Issued:** \_\_\_\_\_  
**Date Issued:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiry Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

## PROGRAM DETAILS

**Proposed Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Proposed End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Length of Program (weeks):** \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

## PREFERENCES

**Would you prefer to live in a:**  *big city*  *small town*  *suburb*  *rural area*  
**Are you willing to live in a house with animals?**  *yes*  *no*  
If yes, please select all that apply:  *dogs*  *cats*  *birds*  *other*  
**Would you be willing to live with a single-parent family?**  *yes*  *no*  
If yes, please select all that apply:  *male*  *female*  
**Would you be willing to live with a family with a different religious affiliation?**  *yes*  *no*  
**Please indicate which housekeeping duties you are willing to do (check all that apply):**  
 Perform light housekeeping only  Ironing  Pet care  
 Perform full housekeeping  Run errands  Prepare meals for the family  
 Do family laundry  Drive children to school  Prepare children's meals only  
**Do you enjoy cooking?**  *yes*  *no*  
**How would you rate your cooking skills:**  *poor*  *good*  *excellent*  
**Other preferences not listed:** \_\_\_\_\_



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## EDUCATION DETAILS

Highest Level of Education Received (or In Progress): \_\_\_\_\_ Date: \_\_\_\_\_  
MM/YYYY

TOEIC Score: \_\_\_\_\_ Date Taken: \_\_\_\_\_  
MM/YYYY

TOEFL Score: \_\_\_\_\_ Date Taken: \_\_\_\_\_  
MM/YYYY

IELTS Score: \_\_\_\_\_ Date Taken: \_\_\_\_\_  
MM/YYYY

Other ( ): \_\_\_\_\_ Date Taken: \_\_\_\_\_  
MM/YYYY

Have you had any full-time caregiving training in a classroom setting?  yes  no

Are you certified to perform CPR?  yes  no

Are you certified to perform First Aid?  yes  no

## EMPLOYMENT HISTORY

Please list your last two jobs beginning with the most recent:

Job Title #1 \_\_\_\_\_ Employer: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/YYYY MM/YYYY

Job Title #2 \_\_\_\_\_ Employer: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/YYYY MM/YYYY

## ABOUT YOU & YOUR EXPERIENCE

Have you ever lived away from home for longer than 2 months?  yes  no

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

Do you smoke?  yes  no

Do you have a criminal record or have you ever had a criminal conviction?  yes  no

Do you have a valid driver's license?  yes  no If yes, since when? \_\_\_\_\_

Are you willing to drive in Canada?  yes  no

## CHILDCARE EXPERIENCE

Please indicate how many years experience you have with the following:

Work with special needs children: \_\_\_\_\_ Total number of years as a nanny: \_\_\_\_\_

Do you have experience with children (select all that apply):

newborns  3-24 months  2-5 years  6-12 years  13+ years

Do you have at least 12 months of experience in paid employment as a child caregiver, obtained within the last 3 years, excluding work for relatives?  yes  no

Are you willing to work with a Special Needs child?  yes  no



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## ELDERLY CARE EXPERIENCE

Do you have paid experience looking after the elderly?  yes  no If yes, how many years? \_\_\_\_\_

Have you worked as caregiver for the elderly in the last three years?  yes  no

If yes, describe the experience (age and condition of the person, etc): \_\_\_\_\_

Please indicate which responsibilities you have performed (select all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Elder care duties         | <input type="checkbox"/> Administering of Medication           | <input type="checkbox"/> Family laundry    |
| <input type="checkbox"/> Cooking for the elder(s)  | <input type="checkbox"/> Accompanying elder(s) to appointments | <input type="checkbox"/> Elder(s)' laundry |
| <input type="checkbox"/> Cooking for the family    | <input type="checkbox"/> Drive elder(s) to appointments        | <input type="checkbox"/> Ironing           |
| <input type="checkbox"/> Monitoring of vital signs | <input type="checkbox"/> Full housekeeping                     | <input type="checkbox"/> Pet Care          |
| <input type="checkbox"/> Bed bathing               | <input type="checkbox"/> Light housekeeping only               | <input type="checkbox"/> Other: _____      |

## INTERESTS & ACTIVITIES

Please specify your interests and activities (check all that apply):

- |  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Guitar       | <input type="checkbox"/> Running      |
| <input type="checkbox"/> Baseball        | <input type="checkbox"/> Skiing       | <input type="checkbox"/> Soccer       |
| <input type="checkbox"/> Computers       | <input type="checkbox"/> Gymnastics   | <input type="checkbox"/> Swimming     |
| <input type="checkbox"/> Cooking         | <input type="checkbox"/> Horse Riding | <input type="checkbox"/> Tennis       |
| <input type="checkbox"/> Cycling         | <input type="checkbox"/> Photography  | <input type="checkbox"/> Violin       |
| <input type="checkbox"/> Dance           | <input type="checkbox"/> Piano        | <input type="checkbox"/> Writing      |
| <input type="checkbox"/> Flute           | <input type="checkbox"/> Reading      | <input type="checkbox"/> Other: _____ |

## HEALTH INFORMATION

Do you have any health conditions that may prevent you from doing the essential duties of your job?

yes  no If yes, please specify: \_\_\_\_\_

Are you on a special diet?  yes  no

If yes, please specify: \_\_\_\_\_

Do you have any serious allergies?  yes  no

If yes, please specify: \_\_\_\_\_

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE



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## FAMILY INFORMATION

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent's Address:

\_\_\_\_\_  
Street Address Apt. Number City

\_\_\_\_\_  
Province Country Postal Code

Other Family Members:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

By signing this application form, I certify that all information given is true and accurate to the best of my knowledge. I understand that this information will not be distributed to any outside source however certain information will upon being matched with a host family, be provided to the host family.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

## Nanny/Caregiver Program Application CHECK LIST

Please ensure that you have submitted the following documents/forms along with this application form:

- Photocopy of the information page of your valid passport
- Photographs of you and your family or friends
- Letter to Host Family
- Medical Report
- Reference-1
- Reference-2





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## MEDICAL REPORT

Please bring this MEDICAL REPORT to your physician and have him/her fill in SECTION 2 in this form.

### SECTION 1 - Please fill in your information.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD/MM/YYYY

### SECTION 2 - To be completed by your physician.

How long has this applicant been treated by you? \_\_\_\_\_ months

Are there any findings that are unremarkable or minor conditions?  yes  no

If yes, please specify: \_\_\_\_\_

Are there any findings that require periodic specialist follow-up care?  yes  no

If yes, please specify: \_\_\_\_\_

Are there any findings that may require more extensive investigation or care?  yes  no

If yes, please specify: \_\_\_\_\_

Are there any other conditions/disorders?  yes  no

If yes, please specify: \_\_\_\_\_

### DECLARATION

I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.

Physician's First Name: \_\_\_\_\_ Physician's Last Name: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_

#### Business Address:

Street Address \_\_\_\_\_ Apt. Number \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Date (MM/DD/YYYY) Place of Examination

\_\_\_\_\_  
Applicant's Signature Date (MM/DD/YYYY) Place of Examination



