

Application Form — Au Pair in Spain

☐ LONG-TERM AU PAIR

☐ SUMMER AU PAIR

Personal Information:

Surname of applicant:

First name of applicant:

Address:

Town:

Postal code:

Country:

Phone:

Email:

Skype username:

Date of birth:

Place of birth:

Height:

Weight:

Marital status:

Nationality:

Passport number:

Passport valid until:

Emergency contact name and phone number:

Family Information:

Your father's occupation:

Your mother's occupation:

Age of brothers and sisters:

Does your family unanimously support your decision to become an au pair? ☐ YES ☐ NO

Availability Dates:

Length of stay desired: ☐ 2-3 months ☐ 6 months ☐ 10 months ☐ 12 months

Earliest date I could depart:

Latest date I could depart:

Latest date I have to return to my home country:

Skills:

Language ability:

Knowledge of languages:

French:

☐ Good ☐ Sufficient ☐ Poor ☐ None

Spanish:

☐ Good ☐ Sufficient ☐ Poor ☐ None

Other:

☐ Good ☐ Sufficient ☐ Poor ☐ None

Would you attend a language course (not possible for summer stays)? ☐ YES ☐ NO

Driving ability/experience:

Do you have a driving license? ☐ YES ☐ NO

If yes, how long have you had your license since?

Can you drive a manual transmission car? ☐ YES ☐ NO

How would you rate your driving experience and ability? ☐ Good ☐ Sufficient ☐ Poor ☐ None

How often do you drive? ☐ Daily ☐ Weekly ☐ Monthly ☐ Seldom ☐ Never

Where do you drive? ☐ City ☐ Suburbs ☐ Country ☐ Highway

Are you comfortable driving with children? ☐ YES ☐ NO

Are you comfortable driving a manual transmission car with children? ☐ YES ☐ NO

Have you been in an automobile accident that was caused by you? ☐ YES ☐ NO

Have you been in an automobile accident that was not caused by you? ☐ YES ☐ NO

Swimming ability:

Can you swim? ☐ YES ☐ NO

How would you rate your swimming experience and ability? ☐ Good ☐ Sufficient ☐ Poor ☐ None

Are you comfortable watching over children who are swimming in a pool? ☐ YES ☐ NO

Are you comfortable watching over children who are swimming in the ocean? ☐ YES ☐ NO

Horse riding ability:

Can you ride a horse? ☐ YES ☐ NO

How would you rate your horse riding experience and ability? ☐ Good ☐ Sufficient ☐ Poor ☐ None

Are you comfortable watching over children who are riding horses? ☐ YES ☐ NO

First aid:

Do you have knowledge of first aid? ☐ YES ☐ NO

What are your certifications?

Have you ever been in a situation where you've had to perform first aid? ☐ YES ☐ NO

If yes, please describe

General athletic ability:

Do you play any sports currently? ☐ YES ☐ NO

Have you played any sports in the past? ☐ YES ☐ NO

If yes, for how long?

How would you rate your athletic experience and ability? ☐ Good ☐ Sufficient ☐ Poor ☐ None

How might you incorporate your interest in sport with your host child or children?

Artistic and musical ability:

Do you play any musical instruments? ☐ YES ☐ NO

If yes, for how long?

Do you enjoy singing? ☐ YES ☐ NO

How would you rate your musical experience and ability? ☐ Good ☐ Sufficient ☐ Poor ☐ None

Do you enjoy painting or drawing? ☐ YES ☐ NO

How would you rate your artistic experience and ability? ☐ Good ☐ Sufficient ☐ Poor ☐ None

How might you incorporate your interest in art and music with your host child or children?

Do you have any other hobbies, skills, or talents that you feel might be of interest to your host family?

Smoking:

Do you smoke? ☐ YES ☐ NO

If yes: How many cigarettes each day?

Would you refrain from smoking in the host family's house ☐ YES ☐ NO

Would you prefer to be placed with a family who is comfortable with you smoking? ☐ YES ☐ NO

Religion:

What is your religion?

How long have you been practicing your religion?

Do you regularly attend religious services? ☐ YES ☐ NO

Do you plan to attend religious services abroad? ☐ YES ☐ NO

If religion is a big part of your everyday life, please provide a brief summary about your religion and how it impacts you on a daily basis (optional).

Child Care Experience:

Please check off your child care experience in the following age groups:

☐ Baby ☐ 6-12 months ☐ 1-3 years ☐ 3-6 years

If you have cared for infants, please give details about your responsibilities

How many years have you been caring for children?

Have you taken any courses related to child care? ☐ YES ☐ NO

If yes, which courses?

What was your most challenging situation in caring for a child or children? How did you handle this situation?

Preferences (if there is no preference, please leave the space or box blank):

I prefer a family:

- ☐ With a maximum number of _____ children
- ☐ With children under the age of _____ years old
- ☐ With children over the age of _____ years old
- ☐ With only male children
- ☐ With only female children
- ☐ Who lives in a city/suburb
- ☐ While lives in a small town
- ☐ Who lives in a rural area
- ☐ With two parents in the household
- ☐ Who speaks multiple languages in the home
- ☐ Who has a special-needs child or children

I prefer not to:

- | | |
|--|---|
| <input type="checkbox"/> Wash dishes | <input type="checkbox"/> Load/unload dishwasher |
| <input type="checkbox"/> Prepare simple meals for the children | <input type="checkbox"/> Keep the kitchen tidy |
| <input type="checkbox"/> Shop for light groceries | <input type="checkbox"/> Eat together with the family |
| <input type="checkbox"/> Do the children's laundry | <input type="checkbox"/> Iron |
| <input type="checkbox"/> Tidy up children's rooms | <input type="checkbox"/> Keep my own room tidy |
| <input type="checkbox"/> Vacuum | <input type="checkbox"/> Change the sheets |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Clean the floors |
| <input type="checkbox"/> Take out the trash | <input type="checkbox"/> Learn the language of my host country |
| <input type="checkbox"/> Care for pets | <input type="checkbox"/> Be in a household with pets |
| <input type="checkbox"/> Care for plants | <input type="checkbox"/> Help the children with their homework |
| <input type="checkbox"/> Bake | <input type="checkbox"/> Prepare/handle meat |
| <input type="checkbox"/> Drive manual transmission | <input type="checkbox"/> Drive automatic transmission |
| <input type="checkbox"/> Play with the children | <input type="checkbox"/> Read books to the children |
| <input type="checkbox"/> Go for walks with the children | <input type="checkbox"/> Go for bike rides with the children and family |
| <input type="checkbox"/> Bathe the children | <input type="checkbox"/> Change diapers |
| <input type="checkbox"/> Dress the children | <input type="checkbox"/> Put the children to bed |
| <input type="checkbox"/> Be in a single-parent home | <input type="checkbox"/> Work with special needs children |

Additional Information About You:

How would you describe yourself?

Have you ever been abroad before? ☐ YES ☐ NO

If yes, where did you go and for how long?

What are your tentative plans after your au pair program is complete?

What does being an au pair mean to you?