



## PREPARING YOUR APPLICATION

Check out our brochure or website ([www.aupairamerica.com](http://www.aupairamerica.com)) to make sure you qualify for the program you want to apply for and to learn more about being an Au Pair in America!

### Gather together the following items:

- A copy of your passport (if you don't have one, apply for one now)
- A copy of your full driving license
- A criminal record check certificate
- Copies of your high school / university / vocational certificates
- 4 – 6 family and childcare photographs
- 1 passport sized photograph (remember to smile)

### Before your interview, you will need to:

- Complete the Application Form
- Complete the Childcare Experience Form
- Write your Dear Host Family Letter
- Ask your chosen referees to complete the Au Pair in America reference forms
- Complete the first section (Part A) of the Au Pair in America Medical Form and arrange a medical check up so your doctor can review your section and complete the second section (Part B)

## COMPLETING YOUR APPLICATION - GUIDELINES

### Application Form

Write clearly in black ink and answer all questions

### Childcare Experience Form

You will need a minimum of 200 hours of childcare experience (with non family members) gained within the last 3 years to be considered for this program:

- List all your relevant childcare experience including experience with family members
- Enter each experience entry individually
- Make sure the details (dates, ages of children) match the details provided by your referees

### Dear Host Family Letter

Write a letter to potential American host families to tell them all about yourself. This should be about 600 words long and you should type it or write clearly in black ink on A4 paper. Write your name at the top of each page. This is your chance to show off your personality, so make it something you can be proud of.

Things to include are:

- Who you are (your family and friends)
- What your hobbies and interests are
- Discuss your childcare experience and the children you cared for. Explain why and how you enjoyed the experience and what you learned from it
- What you hope to gain from the program. What interests you about American families, children and culture?

### Photographs

Your photographs should show you with the children you have cared for and you with your family and friends.

- Arrange 4-6 colour photos onto plain A4 white paper. Add one passport sized photo and remember to smile!
- Next to each photo add a description of who is in the picture and what you are doing
- Write your name at the top of each page

### References

You will need a minimum of 3 references. References must be completed on the enclosed Au Pair in America reference forms (photocopy or print more copies from the website if you need to)

- At least 1 of the references must be a childcare reference supporting your main/most recent childcare experience
- 200 hours of childcare experience gained within the last 3 years must be covered by your references
- Relatives/family members should not complete a reference
- All references must be translated into English – write the name of whoever translated the form on the reference. You must include the original reference
- If you are applying to the EduCare program, add a character reference from a teacher

### Arranging your interview

Check our website for your nearest Au Pair in America interviewer  
Bring your completed application to the interview

**Remember! Write neatly in black ink, be accurate with your details and honest about your experience and health.**

# Terms and Conditions

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**READ THE TERMS AND CONDITIONS CAREFULLY AND SIGN AND DATE BELOW.**

In consideration of you, the American Institute for Foreign Study Inc., herein after referred to as 'AIFS', accepting me for their Au Pair in America, Au Pair Extraordinaire or EduCare in America program, I hereby undertake and agree as follows:

- I.
  - a) I will complete all visa and screening requirements in accordance with the instructions given and will be responsible for obtaining a valid passport and complying with all vaccinations and immunization requirements.
  - b) I will only accept a placement with a host family whom I have interviewed with personally by telephone. I will review all Pre-departure Training materials and attend all sessions during the Orientation program.
  - c) I will be present in good time for all flights or other transportation provided or arranged by AIFS. AIFS will not provide or be responsible for alternative transportation except in the case of illness or accident in accordance with its group insurance policy.
  - d) I will abide by all appropriate regulations and instructions of the US Government and obey all applicable laws.
- II.
  - a) As a participant on the Au Pair in America or Au Pair Extraordinaire program, I will provide childcare up to 45 hours per week and not more than 10 hours per day, for a period not exceeding the 12 months granted under the terms of my visa. As a participant on the EduCare in America program, I will provide childcare up to 30 hours per week and not more than 10 hours per day, for a period not exceeding the 12 months granted under the terms of my visa.
  - b) I will carry out my childcare and other responsibilities to the host family to the best of my ability and with due respect and will take full advantage of the cultural opportunities and will fulfil the educational requirements in accordance with the rules set out in the brochure and applicants' handbooks.
  - c) At the end of my stay I will return to my home country on or before the expiry of my 'duration of stay' as determined by US Immigration and will not attempt to return subsequently to the United States without a valid and current US visa.
  - d) I understand that program flights will depart from and return to selected airports. I must pay any transportation costs to and from these airports for both my departure and return flights. I understand that I am responsible for all travel arrangements to and from these airports and I must ensure that I arrive in time for my scheduled flights. AIFS is not responsible for airline baggage costs or airport taxes.
  - e) I understand the support system provided by the London and Connecticut offices, and affiliated offices if appropriate, and the Community Counselor network. I will maintain monthly contact with my Community Counselor. I will co-operate fully with those supervising the program on my behalf for AIFS and I agree to abide by any reasonable instructions they may give me.
  - f) I will not accept any form of paid employment in the USA during my stay other than within my duties as a program participant with my host family.
  - g) While living with my host family I will be responsible for all personal debts, such as telephone calls. In the event of an automobile accident, I may be liable for up to US\$500 of the insurance deductible.
  - h) As detailed on my application, I certify that I have successfully completed my secondary school studies/training.
  - i) I declare that I have never been charged with or convicted of a criminal offence.
  - j) I understand that my application and contents herein cannot be returned to me at any time.
- III.
  - a) I understand that failing to provide full and accurate responses to the questions asked in this application, on the medical report form, at interview and on all ancillary documents, may result in the rejection of my application or termination from the program. I hereby warrant that the information I have given in the application form completed by me is accurate. I also declare that all qualifications gained and certificates and references provided, including photocopies are genuine.
  - b) I understand that after my acceptance my application may be withdrawn from the program at any time, should AIFS become aware of any new information which may have affected my initial acceptance for the program.
- IV. I agree that I will perform my duties as an au pair or companion to the best of my ability and indemnify AIFS, its staff, agents and all affiliated organisations from any damages, losses or claims resulting from my participation in the program.
- V. I agree that AIFS may take such actions as it considers necessary regarding my health and safety during my time on the program, including securing medical treatment for me and transporting me to my home country. I release AIFS from any liability relating to the medical care received, and agree to pay for any medical or transportation expenses that are not covered by insurance.
- VI. I understand that, in the event of late cancellation from the program (after the visa application has been issued) Au Pair in America and AIFS reserves the right to charge a US\$200 cancellation fee.
- VII.
  - a) I understand that as a participant on the Au Pair in America or Au Pair Extraordinaire program, if for any reason I do not complete the full 12 month term of the program, or the required educational hours, I shall forfeit the Completion Bonus and will not be entitled to any refund of the Au Pair in America Program Fee, insurance costs or any other supplementary payments for any ancillary services, and will be responsible for the full cost of my airfare to my home country.
  - b) I understand that as a participant on the EduCare in America program, if for any reason I do not complete the full 12 month term of the program, or the required educational hours, I will not be entitled to any refund of the EduCare in America Program Fee, insurance costs or any other supplementary payments for any ancillary services and will be responsible for the full cost of my airfare to my home country.
- VIII. I have read and understand the Au Pair in America brochure and handbooks and agree that its terms are deemed incorporated in this agreement.
- IX. This agreement shall be governed by the laws of the State of Connecticut. I agree that any dispute with AIFS, its staff, agents and all affiliated organizations that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, I understand that I am giving up my right to have any claim against AIFS, Inc. and its affiliated organizations decided in Court before a judge or jury.
- X. I agree to abide by the above conditions should I legally extend my stay on the Au Pair in America, Au Pair Extraordinaire or EduCare in America program beyond the initial 12 month term.

**Privacy Consent**

I understand that the application to the Au Pair in America program requires me to disclose sensitive and private personal information. I understand that this application will be sent to the American Institute for Foreign Study [AIFS] office located in London and/or Bonn, and then to the American office which is located at 9 West Broad Street, Stamford, CT 06902. AIFS will then provide my application to its network of Community Counselors [who are not employees of AIFS] and to prospective Host Families in an effort to obtain a placement for me in the Au Pair in America program.

In the unlikely event of a legal claim, lawsuit or arrest in connection with my participation in the Au Pair in America program, it may be necessary to provide my application to attorneys, insurers, or the United States Department of State [which regulates the program] and, if AIFS receives a valid Court order or subpoena, to whatever entity is determined to have a legal right to obtain this information. The AIFS Privacy Policy provides that my personal information will not be disclosed to any other parties unless I am given notice and an opportunity to object. AIFS takes reasonable precautions to protect personal information from loss, misuse and unauthorized access, disclosure, alteration and destruction.

By completing and submitting the application, I am authorizing AIFS to disseminate the information that is contained in my application in the manner and for the purposes set forth above. I understand that I may revoke this consent at any time and I can request access to my personal information by sending a written request to the American Institute for Foreign Study, Inc., Attention: Privacy Officer, 9 West Broad Street, Stamford, CT 06902

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Application Form

**MEMBERSHIP NO:**

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**FOR OFFICE USE ONLY**

## PERSONAL DETAILS

First Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_  
 Last Name \_\_\_\_\_ Preferred / Nickname \_\_\_\_\_  
(Please write your full name as it appears in your passport)

Date of Birth        
d/d m/m yyyy

What is your native language? \_\_\_\_\_  
 Languages you speak other than English and your native language \_\_\_\_\_  
 How many brothers and sisters to you have? \_\_\_\_\_ What is your religion? \_\_\_\_\_  
 Please enter any additional information regarding your religion that you would like host families to know \_\_\_\_\_

What is your marital status?  Single  Married  Divorced  Separated  Widowed

## YOUR PASSPORT

You need a valid passport for all of our programs. If you do not have one, apply for one now. Remember your passport needs to be valid for the whole time you intend to be in the USA and for at least 6 months after your return - check your passport expiry date.

Country of Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
(as it appears on your passport)

What country issued or will issue your passport? \_\_\_\_\_

Passport number \_\_\_\_\_ Passport expiry date        
d/d m/m yyyy

## CONTACT DETAILS

Email Address \_\_\_\_\_ Skype ID \_\_\_\_\_  
 Postal Address \_\_\_\_\_

Postcode \_\_\_\_\_ Country \_\_\_\_\_  
 Main telephone number \_\_\_\_\_ Best time to call \_\_\_\_\_  
(country code/area code/number) Mobile/Cell

Alternative telephone number \_\_\_\_\_ Best time to call \_\_\_\_\_  
(country code/area code/number) Mobile/Cell

Emergency contact name \_\_\_\_\_ Telephone number \_\_\_\_\_  
 Does this person speak English?  YES  NO Relationship to you \_\_\_\_\_

## PROGRAM DETAILS

Please select which program you are applying for:  
 Au Pair in America  eduCare in America  Au Pair Extraordinaire

Please check in the brochure or on our website to check you qualify for the selected program. If you are applying as an Extraordinaire, don't forget to complete the additional questions. EduCare candidates must have had a full driving license for at least 6 months and be a frequent driver by the time they depart to the USA.

If you have already found a host family you would like to work with in the United States, please provide some information about this family

(Remember, if your chosen family have children under the age of 2 and/or are expecting a baby, you will need to have at least 200 hours of experience caring for infants in the last 3 years)

If you were referred to Au Pair in America by one of our Ambassadors, please provide their full name

# Application Form

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## AVAILABILITY

Earliest availability date      Latest availability date

d/d
m/m
yyyy
d/d
m/m
yyyy

(Your earliest availability must be 2 months or more from today's date) (You need to be available for at least 2 months – if you are available for longer, your application will circulate to more families)

Preferred city of departure \_\_\_\_\_  
(Refer to website for options and flight surcharges)

Have you visited the USA before?  YES  NO

If yes, how long were you there for (include dates) and what type of visa did you have (if applicable) \_\_\_\_\_

Have you ever been denied a US visa or been denied entry to the USA?  YES  NO

If yes, please give details and dates \_\_\_\_\_

If you will be away from home (e.g. vacation), please provide dates and how host families can contact you \_\_\_\_\_

## HOBBIES AND INTERESTS

Please select all of your hobbies and interests:

- |                                |                                      |                                      |                                       |
|--------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="radio"/> Swimming | <input type="radio"/> Tennis         | <input type="radio"/> Gymnastics     | <input type="radio"/> Arts and Crafts |
| <input type="radio"/> Cooking  | <input type="radio"/> Dance          | <input type="radio"/> Horse Riding   | <input type="radio"/> Soccer          |
| <input type="radio"/> Writing  | <input type="radio"/> Artwork        | <input type="radio"/> Voluntary Work | <input type="radio"/> Photography     |
| <input type="radio"/> Cycling  | <input type="radio"/> Running        | <input type="radio"/> Reading        | <input type="radio"/> Computers       |
| <input type="radio"/> Choir    | <input type="radio"/> Piano/Keyboard | <input type="radio"/> Violin         | <input type="radio"/> Flute           |
| <input type="radio"/> Guitar   | <input type="radio"/> Skiing         |                                      |                                       |

If you have any hobbies/interests that are not listed above, please write them here \_\_\_\_\_

Please select any certificates you have from the following:

- Childcare/Babysitting  Coaching (e.g. sports)  Equestrian (horse riding)  First Aid  Life Saving Certificate

Do you have any other special skills / certificates not listed above? \_\_\_\_\_

Do you know how to swim?  YES  NO

How well do you swim?  Beginner  Intermediate  Advanced

Have you lived away from home for two months or more?  YES  NO

If yes, please provide details \_\_\_\_\_

## DRIVING DETAILS

What type of driving license do you hold?  Full  Learners  Restricted  Permissao  None

Other \_\_\_\_\_

What date did you pass your driving test?      When did you start learning to drive?

d/d
m/m
yyyy
m/m
yyyy

How often do you drive per week?  4 or more times  2-3 times  1 or fewer times

Did you take lessons with a qualified instructor?  YES  NO

# Application Form

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**DRIVING DETAILS (continued)**

What kinds of roads do you usually drive on?  City  Highway  Country  Snowy/Icy  
(Select all that apply)

Have you ever had a driving accident?  YES  NO

If yes, please provide dates and details of what happened \_\_\_\_\_  
\_\_\_\_\_

Have you ever been penalised for any driving offenses?  YES  NO

If yes, please provide dates and details of what happened \_\_\_\_\_  
\_\_\_\_\_

**CHILDCARE EXPERIENCE**

Please indicate if you have experience caring for the following groups of children and if you would be willing to care for them in the USA:  
(Your placement chances will improve if you are willing to care for children of all ages and for 2 or more children at the same time)

Group	Experience with?	Willing to care for?
3 months – 1 year	<input type="radio"/>	<input type="radio"/>
1 – 2 years	<input type="radio"/>	<input type="radio"/>
2 – 6 years	<input type="radio"/>	<input type="radio"/>
6 years and older	<input type="radio"/>	<input type="radio"/>
2 or more children at same time	<input type="radio"/>	<input type="radio"/>
Children with special needs	<input type="radio"/>	<input type="radio"/>

Please provide details of any experience you have with children with special needs (e.g. mental, physical or learning disabilities)  
\_\_\_\_\_  
\_\_\_\_\_

Please select how often you perform the following childcare tasks:

Childcare task	Often	Sometimes	Never
Bath a toddler (1-2 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bath an older child (2 years plus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare meals for children (1 year plus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for a child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put children to bed (1 year plus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Only answer this section if you have experience with children under the age of 2. Please select how often you perform the following childcare tasks:

Childcare task	Often	Sometimes	Never
Prepare a baby's bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change a nappy (diaper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feed a baby with a bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burp a baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feed a baby with a spoon / fork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bath an infant (3 – 12 months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put a baby to bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever helped potty-train a child?  YES  NO

# Application Form

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**YOUR EDUCATION**

Please complete the education table below (use a continuation sheet if necessary):

Level of Education (e.g. High School, College, University)	Dates From / Until (mm/yyyy - mm/yyyy)	Name of Qualification	Subjects Studied	Successfully Completed? (Yes / No)

When you return to your home country, do you plan to go to university or college?     YES     NO

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

**WORK EXPERIENCE**

Please complete the table below telling us about all recent non childcare-related jobs you have had - paid or voluntary (use a continuation sheet if necessary):

Job Title	Dates From / Until (mm/yyyy - mm/yyyy)	Responsibilities	Paid or Voluntary?

What job or career do you hope to have in the future?  
 \_\_\_\_\_  
 \_\_\_\_\_

# Application Form

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## MEDICAL AND HEALTH

Please tick if you have any allergies to the following

- |  |  |
|--|--|
| <input type="checkbox"/> Dogs          | <input type="checkbox"/> Cats            |
| <input type="checkbox"/> Birds         | <input type="checkbox"/> Horses          |
| <input type="checkbox"/> Other Animals | <input type="checkbox"/> Food            |
| <input type="checkbox"/> Medication    | <input type="checkbox"/> Other Allergies |

Please provide further information about any of your allergies here \_\_\_\_\_

Do you follow a special diet?  YES  NO

If yes, please select your dietary requirements:

- Gluten intolerant  Lactose intolerant  Vegetarian  Kosher  Vegan  Other \_\_\_\_\_

Do you have any problems with your health?  YES  NO

If yes, please provide details \_\_\_\_\_

Do you take any medication?  YES  NO

If yes, please provide details \_\_\_\_\_

Have you been hospitalised or been in the care of a doctor within the past twelve months?  YES  NO

If yes, please provide details \_\_\_\_\_

Have you ever suffered from a nervous or emotional condition?  
For example, depression, anxiety, an eating problem etc.  YES  NO

If yes, please provide details \_\_\_\_\_

Have you been a victim of sexual, emotional or physical abuse?  YES  NO

If yes, please provide details \_\_\_\_\_

## SMOKING DECLARATION

Do you smoke cigarettes?  YES  NO

If yes, how many cigarettes do you smoke per day?  Less than 1  1-5  5-10  10+

### NO SMOKING DECLARATION:

Please indicate whether you will or will not smoke in the home of your host family or when responsible for the host children:

- Will not smoke  Will smoke

## YOUR POLICE RECORD

Have you ever been cautioned, charged or convicted in connection with a criminal offence?  YES  NO

If yes, please provide further information, including dates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILDCARE EXPERIENCE**

Please tick which type(s) of childcare make up your childcare experience:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Nanny / Au Pair                  | <input type="checkbox"/> Babysitting                                   | <input type="checkbox"/> Day care centre       |
| <input type="checkbox"/> Caring for younger family member | <input type="checkbox"/> Tutoring children                             | <input type="checkbox"/> Summer activity camps |
| <input type="checkbox"/> Youth or church group/club       | <input type="checkbox"/> Practical childcare training / work placement | <input type="checkbox"/> Teacher               |
| <input type="checkbox"/> Nurse                            | <input type="checkbox"/> Other _____                                   |  |

Please enter your childcare experience in the table below. Add each entry individually and list all of your relevant childcare experience including experience with family members.

**Remember you will need a minimum of 200 hours with non-family members gained within the last 3 years to be considered for the program.**

Type of childcare experience	Dates of care (mm/yyyy-mm/yyyy)	Names of children and ages when supervision began for these children	Duties and activities (e.g. bath time, playing, supervision)	How often cared you (e.g. 2 hours, twice a week)	Total number of hours gained in this experience	Name of referee
<b>Example:</b> Babysitting	Feb 08 - Feb 09	James, 5 Ava, 3	Playing games, preparing snacks, reading	1 hour, 5 times a week	260	Leanne Cullen

**Please read this statement and sign and date below**

I confirm that the above information (and that on any continuation sheet) is a true and correct record of my experience and that I have at least 200 hours of practical childcare experience gained in the last 3 years.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Extraordinaire Program

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**COMPLETE THIS SECTION IF YOU ARE APPLYING TO BE AN AU PAIR EXTRAORDINAIRE.  
AU PAIR EXTRAORDINAIRE IS A PROGRAM FOR QUALIFIED AND/OR EXPERIENCED CHILD CARERS - PLEASE SEE OUR WEBSITE OR BROCHURE FOR PROGRAM REQUIREMENTS AND QUALIFICATIONS.**

Please provide further details of your educational achievements that qualify you for this program - course, college, dates attended, subjects studied and grades (if applicable)

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Give details of all full time positions held as a child carer, and/or work experience placements that were part of your qualification - outline duties, hours of 'on duty' time, whether you were in sole charge, etc

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Why did you choose to go into this field of childcare? \_\_\_\_\_

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What are your future career plans involving children? \_\_\_\_\_

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# Childcare Reference

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**THIS APPLICANT IS APPLYING TO BE AN AU PAIR IN AMERICA. PLEASE ANSWER ALL QUESTIONS HONESTLY AND COMPLETE THIS FORM USING BLACK INK. A LOCAL REPRESENTATIVE WILL CONTACT YOU TO CONFIRM THIS REFERENCE. IF YOU ARE UNABLE TO WRITE IN ENGLISH, PLEASE COMPLETE THE REFERENCE IN YOUR NATIVE LANGUAGE. RELATIVES SHOULD NOT COMPLETE THIS FORM. THANK YOU!**

How do you know the applicant (employer, family friend, childcare teacher, etc)? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How long has the applicant been employed by you/cared for the children? From 

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 m/m 

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 yyyy To 

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 m/m 

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 yyyy

Please provide the following details regarding the children the applicant cared for:

Name/sex of child (if group, write how many children)	Age of child when care began	Age of child when care ended	Frequency of care	Helper or fully responsible?

If you taught the applicant a childcare course, please provide details about the course: \_\_\_\_\_

Please give a full account of the applicant's duties as a child carer: \_\_\_\_\_

Describe any special skills and abilities the applicant showed: \_\_\_\_\_

Please give your opinion on how the applicant handles stressful situations: \_\_\_\_\_

Please give your opinion on how the applicant has adapted to new circumstances / new cultures: \_\_\_\_\_

To the best of your knowledge, has the applicant ever been convicted of or charged with a criminal offence?  YES  NO

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

To the best of your knowledge, does the applicant have any health or family problems?  YES  NO

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

Why would you recommend this applicant as an au pair in America? Please provide detailed reasons: \_\_\_\_\_

## REFEREE'S DETAILS

Name (please print): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Mobile/Cell Number: \_\_\_\_\_

Best time(s) to call: \_\_\_\_\_

Dates in the near future when you will not be contactable (eg vacation): \_\_\_\_\_

Do you speak English?  YES  NO

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Character Reference

(EduCare applicants will need one Character Reference completed by a teacher)

**MEMBERSHIP NO:**

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**FOR OFFICE USE ONLY**

**THIS APPLICANT IS APPLYING TO BE AN AU PAIR IN AMERICA. PLEASE ANSWER ALL QUESTIONS HONESTLY AND COMPLETE THIS FORM USING BLACK INK. A LOCAL REPRESENTATIVE WILL CONTACT YOU TO CONFIRM THIS REFERENCE. IF YOU ARE UNABLE TO WRITE IN ENGLISH, PLEASE COMPLETE THE REFERENCE IN YOUR NATIVE LANGUAGE. RELATIVES SHOULD NOT COMPLETE THIS FORM. THANK YOU!**

How do you know the applicant (employer, family friend, teacher, etc)? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How would you describe the applicant's personality and character? \_\_\_\_\_

If you have taught the applicant, please provide the course name and describe the applicant's particular academic interests and abilities:

Please give your opinion on how the applicant handles stressful situations: \_\_\_\_\_

Please give your opinion on how the applicant has adapted to new circumstances / new cultures: \_\_\_\_\_

To the best of your knowledge, has the applicant ever been convicted of or charged with a criminal offence?  YES  NO

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

To the best of your knowledge, does the applicant have any health or family problems?  YES  NO

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

Why would you recommend this applicant as an au pair in America? Please provide detailed reasons: \_\_\_\_\_

Please provide any additional information about the applicant that you think might be helpful to a prospective host family: \_\_\_\_\_

## REFEREE'S DETAILS

Name (please print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Best time(s) to call: \_\_\_\_\_

Do you speak English?  YES  NO

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

Mobile/Cell Number: \_\_\_\_\_

Dates in the near future when you will not be contactable (eg vacation): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_