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| MOORES coordinator |
| JAPANESE AU PAIRS IN AUSTRALIA Au pair and demi pair application form |
| personal Details |
| Family Name:      | Given Name:      |
| Date of birth:      | GENDER:      | Age:      |
| Current address:      |
| Email address:      | Phone:      |
| Nationality:      | LINE ID:      |  |
| Earliest Date to start:      | Last available date:      |
| Passport Number:      | Passport Valid to:      |
| VISA Type:      | VISA expiry date:      |
| Length of Stay: 3 months 6 months 12 months  |
| Preferred Area: No Preference City/Town Small Country Town  |
| Do you wish to be an Au Pair or Demi Pair? : Au Pair Demi Pair |
| Do you go to a school during day? : Yes No |
| If yes, school Name:      |
| School Days and Hours:      |
| YOUR family details |
| Father’s Name:      | Father’s Occupation:      |
| Mother’s Name:      | Mother’s Occupation:      |
| Home Address:      |
| Emergency Phone number and Name:      |
| Siblings : Yes No |
| If Yes, how many siblings and how old are they:      |
| education and language skills |
| What is your highest level of education achieved:      |
| School Name:      |
| What languages do you speak:      |
| English level: Elementary Pre Intermediate Intermediate Advance |
| other details |
| Do you have driver’s license? YES NO |
| If yes, when did you get your driver’s license?       |
| How often do you drive? Daily Weekly Monthly Seldom |
| Are you willing to drive in Australia? YES NO |
| Do you drink alcohol? YES NO If yes, how often?      |
| Are you religious? YES NO If yes, what kind of religion?      |
| Do you want to practice your religion while being an au pair? YES NO  |
| Are you willing to be in a family with a different religion: YES NO  |
| Do you smoke cigarettes: YES NO If yes, how many cigarettes do you smoke per day?        |
| Please give your top five reasons for wanting to be an au pair in Australia.1.      2.      3.      4.      5.       |
| Are you willing to work for a single mother or father? YES NO If no, please explain:      |
| Is there anything you want us to know?      |
| Where did you hear about us?      |
| Signatures |
| ***Please check all of your answers before signing.****I the undersigned confirm that all the information is true and if there are any changes to my situation I will notify Moores Coordinator immediately. I understand that fares, health and travel insurance and travel to and from Australia are my responsibility.**Your signature below indicates that you have read, understand, and agree with the contract found on the PDF document at the Guideline.* |
| Signature of applicant:      | Date:      |