

## 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?		
<b>SIGNATURES</b>		
<p><b>Please check all of your answers before signing.</b>  <i>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.</i></p>		
Signature of applicant:	Date:	