



# GENKI FAMILIES

## GENKI FAMILIES 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:	Skype address:	
Earliest Date to start:		Last available date:	
Passport Number:		Passport Valid to:	
VISA Type:		VISA expiry date:	
Length of Stay: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months			
Preferred Area: <input type="checkbox"/> No Preference <input type="checkbox"/> City/Town <input type="checkbox"/> Small Country Town			
Do you wish to be an Au Pair or Demi Pair? : <input type="checkbox"/> Au Pair <input type="checkbox"/> Demi Pair			
Do you go to a school during day? : <input type="checkbox"/> Yes <input type="checkbox"/> 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 : <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, how many siblings and how old are they:			
Do you have experience living out of home: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, where did you live and for how long:			

### EDUCATION AND LANGUAGE SKILLS

What is your highest level of education achieved:			
School Name:			
What languages do you speak:			
English level: <input type="checkbox"/> Elementary <input type="checkbox"/> Pre Intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance			

### CHILDCARE EXPERIENCE

please describe your experience caring for children, and any formal Childcare Qualifications:

Number of Children:	Age of Children:	Duration:
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Tasks:  
Reference Contact Details:

Number of Children:	Age of Children:	Duration:
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Tasks:  
Reference Contact Details:

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Tasks:  
Reference Contact Details:

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Tasks:  
Reference Contact Details:

I prefer to work with children ages:

0-12 months    1-2 years    3-5 years    6-8 years    9+ years

Maximum number of children you would like to supervise:  1    2    2+

Do you have experience caring for handicapped children?  Yes    No

If yes, please give details:

Are you willing to work with handicapped children?  Yes    No

**HOUSEHOLD EXPERIENCE**

Have you done any housework/cooking?  
 Tidy up    Vacuum Cleaning    Laundry    Ironing    Folding cloths  
 Gardening    Cooking    Baking    Dishes    Buying groceries

List some foods you can cook:

**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?

**ABOUT YOU**

Do you like pets?  YES  No      Do you have pets at home?  YES  No

Would you be ok living with a family who has pets?  YES  No

Would you want to care for the pets?  YES  No

Are you afraid any animals?  YES  No      If yes, what kind of animals:

Do you have any allergies?  YES  No      If yes, what kind of allergies:

Can you swim?  YES  No

Have you done a first aid course?  YES  No

Do you play any sports?  YES  No      If yes, what sports:

Do you play any instruments?  YES  No      If yes, what instruments:

What hobbies do you have?

Do you have a special diet?  YES  No      If yes, what is it (eg vegetarian):

If you are vegetarian, would you cook meat for the children?  YES  No

Do you have any food allergies?  YES  No

If yes, what allergy and what medication do you use?

Do you have any medical or health problems?  YES  No

If yes, what problems and do you take any medication for it?

Please name 5 characteristics you feel best describe your personality

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Do you plan to do any traveling around Australia after you have finished your au pair stay with the family?

Where did you hear about GENKI Families and the au pair program in Australia?

**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 GENKI Families 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: