

## AUPAIRCARE GERMANY APPLICATION

Congratulations on deciding to apply to the AuPairCare Germany program! Completing this application is an important first step to becoming an au pair in the heart of Europe.

Your application will be shown to interested German host families. Take time to complete this application thoughtfully and clearly, and be very thorough when you describe your experience with children. Please complete the application **legibly, using black ink, or type the application.**

### APPLICATION CHECK-LIST FOR AU PAIRS

Please check the boxes for each item once they have been completed:

#### By the Au Pair:

- Passport-Sized Photograph:** Attach one smiling passport-sized photograph (approx. 2" x 2" or 5cm x 5cm) in the top left-hand corner of your application.
- Au Pair Application:** Please use black ink and print clearly.
- Letter to prospective host family:** The letter must only be one page in length, typed or neatly printed in black ink on a white piece of paper. Describe your reasons for wanting to care for children as an au pair in Germany. Focus on your childcare experiences and then discuss your personal interests, your future goals, and your family. PLEASE EMAIL US THE LETTER IN A WORD (DOC/DOCX) FORMAT ONLY. Thanks
- Photograph Album:** The photograph album should be on two single-sided pieces of paper. Attach photographs of you working with children and you with your family and friends. Please make sure to clearly write a brief description next to each photograph. A photo collage is highly recommended, so please be creative.☺
- Medical Record Verification Form:** This form is to be completed by an authorized physician and must be signed and stamped by the doctor. Please also send in a recent (maximum 6 months old) HIV test, which is required by the insurance company.
- Childcare Recommendation (2):** Completed by a friend, neighbor or childcare employer/co-worker (non-relatives only). When possible, please choose references that speak English so prospective host families can speak with them.
- Personal Recommendation (1):** Completed by a friend, neighbor, teacher or employer (non-relatives only). When possible, please choose references that speak English so prospective host families can speak with them.
- Police Background Check or Certificate of Good Conduct:** To be obtained from the appropriate police agency in your home country.
- Photocopy of Driver's License:** Please include a photocopy of your national driver's license with page #3 showing that it is valid for the entire au pair program. You must also arrive with an international driver's license valid for your entire program year.
- Photocopy of your passport:** Please a copy of your valid passport. It must be valid throughout your entire stay and 6 months beyond.
- Photocopies of any German language tests or completed coursework**

#### By the Agency (these forms will be filled out by the agency after the interview):

- Interview:** To be completed by an interviewer at your local au pair agency.
- Au Pair Matching Sheet:** To be completed by your local au pair agency.
- Structured Interview:** To be provided by your local au pair agency.

Please Paste a  
Bright, Clear & Smiling  
Passport Photograph©



## AuPairCare Germany Program

Availability from \_\_\_/\_\_\_/20\_\_ until \_\_\_/\_\_\_/20\_\_  
day/month day/month

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: F \_\_\_ M \_\_\_  
Day Month Year

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Nationality: \_\_\_\_\_ Native Language: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Skype Username: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Country Code Area Code Local Number

Alternate Telephone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Country Code Area Code Local Number

### CHILDCARE EXPERIENCE—Check the ages you are experienced and comfortable working with.

#### Experienced With

- 3–6 months
- 6–12 months
- 1–2 years
- 2–5 years
- 5–10 years

#### Comfortable With

- 3–6 months
- 6–12 months
- 1–2 years
- 2–5 years
- 5–10 years

#### Au pair & DayCare Applicant yes no

*If yes, select the box below that applies*

- 2 years full time academics study childcare
- 2 years degree/certification in childcare
- 2 years full-time as nanny, childcare provider or nursery/primary schoolteacher

### Please indicate below the type of childcare experience(s) you have had.

\_\_\_ Siblings/Family \_\_\_ Day-Care \_\_\_ Babysitting \_\_\_ Teaching \_\_\_ Tutoring \_\_\_ Camps \_\_\_  
Outside Organizations \_\_\_ Au Pair/Nanny (Where/what year?) \_\_\_\_\_

### Please indicate the specialized skills you have as they relate to childcare.

\_\_\_ Cooking/ Baking \_\_\_ First Aid/Lifesaving \_\_\_ Nurses Training \_\_\_ Life Guarding  
\_\_\_ Newborn Classes \_\_\_ Child Development Can you swim? \_\_\_ Yes \_\_\_ No

Applicant's Name: \_\_\_\_\_

**EXPERIENCE WITH CHILDREN UNDER TWO YEARS OLD (non-relatives)**— In the boxes below, please list your most recent experience with *non-relatives* under 2 years old. Write GROUP under name if needed.

<b>Type of Childcare:</b> _____	<b>Reference Name:</b> _____
Names of the Children: _____ Sex _____ Age Started _____ Age Stopped _____ Start Date: ____/____/____ End Date: ____/____/____ (M/F)	
_____	Total number of months cared: _____
_____	Number of times cared each month: _____
_____	Number of hours cared each time: _____
_____	Total # hours: _____ Total # hours under 2: _____

<b>Type of Childcare:</b> _____	<b>Reference Name:</b> _____
Names of the Children: _____ Sex _____ Age Started _____ Age Stopped _____ Start Date: ____/____/____ End Date: ____/____/____ (M/F)	
_____	Total number of months cared: _____
_____	Number of times cared each month: _____
_____	Number of hours cared each time: _____
_____	Total # hours: _____ Total # hours under 2: _____

Do you have 200 hours experience with children under the age of two?  Y  N # of hours: \_\_\_\_\_

**OTHER CHILDCARE EXPERIENCE**—In the boxes below, please list your next most recent childcare experience. You may also include experience you have with your siblings and other relatives.

<b>Type of Childcare:</b> _____	<b>Reference Name:</b> _____
Names of the Children: _____ Sex _____ Age Started _____ Age Stopped _____ Start Date: ____/____/____ End Date: ____/____/____ (M/F)	
_____	Total number of months cared: _____
_____	Number of times cared each month: _____
_____	Number of hours cared each time: _____
_____	Total # hours: _____

<b>Type of Childcare:</b> _____	<b>Reference Name:</b> _____
Names of the Children: _____ Sex _____ Age Started _____ Age Stopped _____ Start Date: ____/____/____ End Date: ____/____/____ (M/F)	
_____	Total number of months cared: _____
_____	Number of times cared each month: _____
_____	Number of hours cared each time: _____
_____	Total # hours: _____

Au Pair Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Name: \_\_\_\_\_

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### PERSONAL CHARACTERISTICS

What is your religious affiliation? \_\_\_\_\_

What is your level of participation?  Active  Occasional  Never

Do you smoke?  Yes  No  Social Smoker

If you smoke, do you agree not to smoke in your host family's home and whenever you are responsible for or with the children?  Yes  No

Are you willing to live in a home with pets?  Yes  No If no, why not? \_\_\_\_\_

Are there any pets that you cannot live with? Please list: \_\_\_\_\_

Do you follow a special diet?  Yes  No If yes, please explain: \_\_\_\_\_

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### EDUCATION

What level of education have you completed?  High School  Vocational Training  
 Currently in University  Completed University  Post-Graduate

What are you doing right now for living?  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak any other languages fluently? Please list \_\_\_\_\_

What is your level of German?  excellent  good  fair  low  non-existent

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### DRIVING EXPERIENCE

When did you first begin to drive an automobile? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Do you have a valid driver's license?  Yes  No

When does your license expire? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

What date was your first driver's license issued? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Note: If you plan to drive in Germany, you must have both a national driver's license valid for your entire stay and an international driver's license (IDL) in your possession before you depart your home country. Depending on your nationality you might have to take additional tests when you come to Germany.**

When will you obtain your International Driver's License? \_\_\_\_\_

How often do you drive?  Often (3-7 days/week)  Sometimes (1-2 days/week)  Never

Have you ever driven in snow?  Yes  No

Would you feel comfortable driving in snow?  Yes  No

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Applicant's Name: \_\_\_\_\_

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**HOBBIES AND INTERESTS**

Please mark the box of all activities that you are interested in. Circle the three activities that you participate in most frequently:

- Do-It-Yourself/Handicrafts       Artwork       Piano       Drawing       Painting       Music
  - Handicrafts       Camping       Drama       Animals       Reading       Writing
  - Socializing       Community Service       Travel       Gardening       Fishing       Dance
  - Photography       Cooking       Baking       Concerts       Dining Out       Boating
  - Computers       Entertaining
  - Sports
  - Aerobics       Bowling       Gymnastics       Swimming       Hiking       Running
  - Table Tennis       Tennis       Badminton       Horseback Riding       Scouting       Golf
  - Baseball       Basketball       Volleyball       Football       Soccer       Skiing
  - Karate/Judo       Skating       Bicycling       Water-ski       Windsurf
- Other Hobbies: \_\_\_\_\_

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**FAMILY INFORMATION**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Do you have any sisters? \_\_\_\_ Yes \_\_\_\_ No      Do you have any brothers? \_\_\_\_ Yes \_\_\_\_ No

What are their ages? \_\_\_\_\_      What are their ages? \_\_\_\_\_

Please tell us about your family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been to Germany? \_\_\_\_ Yes \_\_\_\_ No

If yes, where and for how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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## Essay and Photo Album Tips

Your essay is an important part of the application. Please follow these tips when writing your essay:

**Children should be the main topic of your essay!** A few suggestions on ways to do this are:

1. Give a detailed explanation of your childcare experience.
2. Discuss what you enjoy about children.
3. Childcare should be the focus of your essay, but you may also include some information about your family and your hobbies.

**Write an essay that is only ONE page in length.** Be sure your handwriting is easy to read. It is preferable that the essay is written in black ink or typed.

**Please do not limit the number of children that you are willing to care for.** For example, do not say that you prefer a family with two children. This will lessen the number of families who may be interested in your application.

**Please do not state a location request** (such as a particular city or state) in your essay or in your application.

### CREATING YOUR PHOTO ALBUM

First impressions count! Follow these tips when creating your photo album.

**Include photos of yourself with children (minimum of four photos)!** You may also send photos of your family and friends, of course!

**Neatly label and attach your photos to TWO pieces of paper.**

**Please do not include more than two pages of photos.**

**Please do not make a book or put your photos in plastic covers.**

Applicant's Name: \_\_\_\_\_

### MEDICAL RECORD VERIFICATION FORM

The applicant presenting you with this form would like to be accepted by the AuPairCare Germany program. If accepted, she/he will spend time in a German family taking care of and being responsible for children in this family. It is important that the young people we entrust with this responsibility are in good health.

**To be completed by the applicant's physician:**

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**1. Does the applicant now have or has she/he ever had any of the following?**

Illness	No	Yes	Year	Disorders	No	Yes	Year
Chicken Pox _____	<input type="checkbox"/>	<input type="checkbox"/>	____	Seizure Disorders _____	<input type="checkbox"/>	<input type="checkbox"/>	____
Measles _____	<input type="checkbox"/>	<input type="checkbox"/>	____	Vertigo, Dizziness _____	<input type="checkbox"/>	<input type="checkbox"/>	____
Mumps _____	<input type="checkbox"/>	<input type="checkbox"/>	____	Diabetes Melitus _____	<input type="checkbox"/>	<input type="checkbox"/>	____
Rubella _____	<input type="checkbox"/>	<input type="checkbox"/>	____	Enuresis _____	<input type="checkbox"/>	<input type="checkbox"/>	____
Malaria _____	<input type="checkbox"/>	<input type="checkbox"/>	____	Headache (Persistent) _____	<input type="checkbox"/>	<input type="checkbox"/>	____
Parasites _____	<input type="checkbox"/>	<input type="checkbox"/>	____	Menstrual Disorders _____	<input type="checkbox"/>	<input type="checkbox"/>	____
Hyper/Hypothyroidism _____	<input type="checkbox"/>	<input type="checkbox"/>	____	Cold Sores _____	<input type="checkbox"/>	<input type="checkbox"/>	____
Hernia _____	<input type="checkbox"/>	<input type="checkbox"/>	____	Gall Stones _____	<input type="checkbox"/>	<input type="checkbox"/>	____
*Hepatitis _____	<input type="checkbox"/>	<input type="checkbox"/>	____	Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	____
*If yes, what type? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____				*Allergies _____	<input type="checkbox"/>	<input type="checkbox"/>	____

Other: \_\_\_\_\_

\*If yes, what allergies? \_\_\_\_\_

**2. Any Disease or Abnormality of the:**

	No	Yes		No	Yes		No	Yes
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Nervous System	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>
Bones, Joints	<input type="checkbox"/>	<input type="checkbox"/>	Ears or Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Tonsils, Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>
Locomotion	<input type="checkbox"/>	<input type="checkbox"/>	Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	Heart or Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>
			Blood/Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>	Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>

**3. Please give detailed information and dates (including explanation of medical terms and treatments in English) regarding any disease or impairment checked "yes" in sections 1 and 2 above. Use a separate doctor's letter if needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Has the applicant ever been hospitalized?  Yes  No If yes, please explain and give dates/reasons:**

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

5. Please list any medications or injections the applicant is currently taking (other than birth control) and list reasons for taking them: \_\_\_\_\_

6. If the applicant is allergic to any medications, please list the names in English and what substitutes should be used: \_\_\_\_\_

Vaccinations	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year
Polio	_____	_____	_____	_____
DTP and/or TD	_____	_____	_____	_____
Measles (10-day)	_____	_____	_____	_____
Rubella (3-day)	_____	_____	_____	_____
Mumps	_____	_____	_____	_____

8. Has the applicant been vaccinated against tuberculosis with the BCG vaccine?  Yes  No

If no, she must take a TB skin test (TB skin tests must be done within the past year):

Skin Test Date: \_\_\_/\_\_\_/\_\_\_

Test result (check one):  Tests positive for TB antigen\*  Does not have TB

\*If she tests positive for a TB antigen, she must have a chest X-Ray done to test for TB:

Chest X-Ray date: \_\_\_/\_\_\_/\_\_\_

Chest X-Ray result (check one):  Has TB  Does not have TB

9. What is the applicant's height? \_\_\_\_\_ (cm) 10. What is the applicant's weight? \_\_\_\_\_ (kg)

11. Has the applicant been treated by a physician, psychiatrist, psychologist or counselor for:

	No	Yes		No	Yes
Depression Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Personality Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

12. If answered yes above, please provide a complete explanation (including dates):  
\_\_\_\_\_

13. Has the applicant ever been the victim of sexual, emotional or physical abuse?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

14. Does the applicant have any health limitations (physical or emotional) that would limit her/his participation in a program where she/he will be providing childcare?  Yes  No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**I, the undersigned, have given a thorough physical examination and reviewed the medical history of the applicant. I certify that all important medical information has been included, and that the above information is complete and accurate.**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Stamp and Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Applicant's Name: \_\_\_\_\_

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### CHILDCARE REFERENCE

The applicant presenting you with this form would like to be accepted by the AuPairCare Germany program. If accepted, she/he will spend time in a German family taking care of and being responsible for the children in this family.

*NOTE: This reference must be completed by a **NON-RELATIVE** and will be verified by an AuPairCare representative. You will be contacted by the local office to confirm this reference.*

1. How long have you known this applicant? \_\_\_\_\_ 2. How do you know this applicant? \_\_\_\_\_  
(example: employer, neighbor, friend, etc.)

3. How do you know that the applicant can take care of children?

The applicant has taken care of my children  I have supervised the applicant with children

We have worked together with children  Other:

\_\_\_\_\_

4. When did the applicant care for the child(ren)? Start Date: \_\_\_/\_\_\_/\_\_\_ Stop Date: \_\_\_/\_\_\_/\_\_\_

5. How frequently did the applicant take care of the child(ren)? \_\_\_\_\_

Please list the number of ages of the child(ren) for whom the applicant cared: \_\_\_\_\_

\_\_\_\_\_

6. Please state the applicant's duties and activities during this period: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please describe skills and abilities this applicant showed while caring for the children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Reference Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

9. May a prospective host family contact you ? \_\_\_ Yes \_\_\_ No

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Country Code / Area Code / Local Number

**(For Office Use Only) Verified By:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Applicant's Name: \_\_\_\_\_

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### CHILDCARE REFERENCE

The applicant presenting you with this form would like to be accepted by the AuPairCare Germany program. If accepted, she/he will spend time in a German family taking care of and being responsible for the children in this family.

*NOTE: This reference must be completed by a **NON-RELATIVE** and will be verified by a representative. You will be contacted by the local office to confirm this reference.*

1. How long have you known this applicant? \_\_\_\_\_ 2. How do you know this applicant? \_\_\_\_\_  
(example: employer, neighbor, friend, etc.)

3. How do you know that the applicant can take care of children?

The applicant has taken care of my children  I have supervised the applicant with children

We have worked together with children  Other:

\_\_\_\_\_

4. When did the applicant care for the child(ren)? Start Date: \_\_\_/\_\_\_/\_\_\_ Stop

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

5. How many hours per week did the applicant care for the children? \_\_\_\_\_

Please list the number of ages of the child(ren) for whom the applicant cared: \_\_\_\_\_

\_\_\_\_\_

6. Please state the applicant's duties and activities during this period: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please describe skills and abilities this applicant showed while caring for the children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Reference Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

9. May a prospective host family contact you? \_\_\_ Yes \_\_\_ No

Phone: \_\_\_\_\_

Country Code / Area Code / Local Number

Email address: \_\_\_\_\_

**(For Office Use Only) Verified By:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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[www.aupaircare.de](http://www.aupaircare.de)

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Applicant's Name: \_\_\_\_\_

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### PERSONAL/CHARACTER REFERENCE

The applicant presenting you with this form would like to be accepted by the AuPairCare Germany program. If accepted, she/he will spend time in a German family taking care of and being responsible for the children in this family.

*NOTE: This reference must be completed by a **NON-RELATIVE** and will be verified by an AuPairCare representative. You will be contacted by the local office to confirm this reference.*

1. How long have you known this applicant? \_\_\_\_\_ 2. How do you know this applicant? \_\_\_\_\_  
(example: employer, neighbor, friend, etc.)

3. How would you describe this person's character?

- |                                    |  |                                      |                                       |
|------------------------------------|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Active    | <input type="checkbox"/> Family-oriented | <input type="checkbox"/> Open-minded | <input type="checkbox"/> Sociable     |
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Flexible        | <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Sporty       |
| <input type="checkbox"/> Creative  | <input type="checkbox"/> Humorous        | <input type="checkbox"/> Polite      | <input type="checkbox"/> Warm-hearted |
| <input type="checkbox"/> Efficient | <input type="checkbox"/> Independent     | <input type="checkbox"/> Positive    | Other: _____                          |

4. Please describe why you believe the applicant is suitable for the AuPairCare Germany program. List any relevant skills and abilities the applicant has demonstrated:

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5. Additional comments on the applicant's character:

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6. Reference Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

9. May a prospective host family contact you? \_\_\_ Yes \_\_\_ No

Phone: \_\_\_\_\_  
Country Code / Area Code / Local Number

Email address: \_\_\_\_\_

**(For Office Use Only) Verified By:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_