



EDGWARE & SOLIHULL AU PAIR AGENCY LIMITED



P.O. Box 147, Radlett, Herts, WD7 8WX TEL: 01923 289 737 (two lines) FAX: 01923 289 739
EMAIL: info@the-aupair-shop.com WWW: www.the-aupair-shop.com

Family Application Form

Please complete and submit this form with as many details as possible, to enable us to find a suitable applicant. (Also include a Family photograph and send it with this completed document)

Surname: First Name:

Address:

City: County: Post Code:

Home Phone: Work Phone:

Mobile:..... Fax:

E-Mail:

Nationality of family: Religion: Observant Yes/No

Main language spoken at home:

Other languages spoken at home:

Profession of wife: Full/part time shifts Yes/No

Profession of Husband: Full/part time shifts Yes/No

Number of adults in the family:

Special interests/hobbies of the family:

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.....

Details of children:

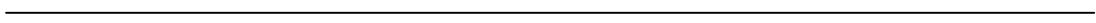
Name: Age: Date of birth:

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Name: Age: Date of birth:

Name:..... Age: Date of birth:

Details of any other children:.....



Details of the house/apartment:

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Domestic appliances in the home: washing machine/drier/microwave/dishwasher

Other Domestic help you employ: How often?.....

Domestic animals (pets):

Employee required: Au Pair / Au Pair +

Au Pair required: Male Female Either

Would you accept a temporary applicant? Yes/No Minimum length of stay:

Nationalities preferred: Approximate age of Au Pair.....

Date required to commence: Length of employment:

Pocket money per week:

Free time per week:

Au Pair's working day: Commencement time: Finish time:

Total number of hours per week:

Duties of Au Pair:

.....

.....



Must Au Pair have knowledge of English? Yes/No

Level of English: Basic/Fair/Good

Will Au Pair live as part of the family? Yes/No

Have own bedroom? Yes/No

Do you require a non-smoker? Yes/No

Would you accept a smoker if he/she agrees not to smoke in the family home? Yes/No

Do you require a driver? Yes/No

PLEASE INCLUDE ANY OTHER DETAILS THAT YOU THINK MIGHT ASSIST US IN FINDING THE RIGHT APPLICANT FOR YOU.

(e.g, incentives/bonuses/holidays/Use of car/phone calls paid/travel card etc.)

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PLEASE SUPPLY NAME/ADDRESS/TELEPHONE NUMBER OF THE FOLLOWING:

Doctor:

Dentist:

Nearest language school (distance from home):

PLEASE GIVE NAME AND TELEPHONE NUMBER OF AN EMERGENCY CONTACT:

Name: Telephone Number: Mobile:

How did you hear of our Agency?.....

Will you go to the station/airport to collect your Au Pair or will you pay for transport to your home?

PLEASE SUPPLY THE FOLLOWING INFORMATION:

Nearest airport:

Nearest railway station:

Nearest coach station:

Nearest underground station (distance from home):

If you are a new family applying for an Au Pair, or a single father, please provide us with full names, addresses and telephone numbers of two referees, current employer or a professional such as your doctor, or a previous au pair.

1. Name: Telephone number:

Address:

.....

Relationship:

2. Name: Telephone number:

Address:

.....

Relationship:

FOR SINGLE FATHERS PLEASE SUPPLY 2 CHARACTER REFERENCES.

1. I, the undersigned, agree to give two week's notice should I wish to terminate the employment of my Au Pair. However, I reserve the right to discharge the Au Pair in the case of my finding him/her dishonest, or having mistreated any member of my family, or indeed of any serious misconduct.
2. I shall also notify the Agency immediately if there are any changes to the information already given on my application form.
3. Although every care is taken by you in the preparation of details of applicants and they are submitted by you in good faith, I understand that you cannot be held responsible for the accuracy of this information and furthermore I agree that you will have no liability whatsoever or however for any loss, damage, injury or expenses incurred by me or any other person arising directly or indirectly from any act or omission of any Au Pair engaged through the Agency or otherwise arising in respect of engagement of any Au Pair.
4. I agree to the Scale of Charges and the Terms of Business.

SIGNATURE:..... DATE:

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