



PRIME RESORTS & TOURS PROMOTIONS

Au Pair/Nanny/Caregiver Application Form

Please complete neatly and use black ink. Tick where applicable.

PERSONAL DETAILS:

First Name:	Middle Init:	Surname:	Please attach a Passport size photo of yourself (smiling!!!)
Street Address: _____	City/Zip Code:		
_____	Province:	Country:	
Telephone Number:	Fax Number:		
E-mail Address:	Age:	Date of birth (m/d/y): / /	
City of birth:	Country of Birth:		
Religion:	Marital status:		
Hair Color:	Eye Color:	Height/Weight (cm/kg):	
Earliest Available Departure Date: / /	Last Available Departure Date: / /	Sex: Male: Female:	
Passport Number:	Passport Expiration Date: / /		
Emergency contact:	Relationship:		
Street Address: _____	City/Zip Code:	Providence:	
_____	Country:		
Telephone:	Fax Number:	E-mail Address:	

EDUCATION HISTORY:

Dates Attended (m/y) From To	Name of School, College/University	Main Subject Studied	Graduated (Yes/No)	Type of Diploma Obtained

KNOWLEDGE OF FOREIGN LANGUAGE, VISITS ABROAD & HOBBIES

Knowledge of the host country's language (_____): Fluent Fair Poor None	Other spoken languages: _____ Native Fluent Fair _____ Native Fluent Fair
List interests, talents, school, activities and honors: Do you swim, ski, have a background in or experience with arts & crafts, music, dance? Yes No If yes, please detail: _____ _____	
Do you cook or have other child-related skills that a host family should know when reviewing your file? Yes No if yes, please detail: _____ _____	
Would you like to be placed with a family that has pets? Yes No If yes, please detail: _____ _____	
Do you have a first aid certificate? Yes No If yes, please state the date issued (m/d/y): __/__/__/ _____	
Have you ever participated on a work travel/exchange program? Yes No if yes, please detail program(s), the organization(s) which you traveled with and in which years(s): _____ _____	

CAREGIVING EXPERIENCE (please detail any teaching, medical, baby-sitting, youth group, au pair, tutoring, etc. experience):

Dates (m/y) From To	Ages of children (years and months when started)	Position	Responsibilities changing diapers, bathing, games)	How Often (how many hours/week, daily, weekly, monthly)	Referee (please include telephone number)

EMPLOYMENT HISTORY (don't list jobs already listed in the EXPERIENCE section):

Dates (m/y) From To	Employer / Company (please include address and phone)	Position / Duties (start with present occupation)

AGE GROUP EXPERIENCE AND PREFERENCES:

<p>Experience with Age Groups: (Check appropriate groups)</p> <ul style="list-style-type: none"> <input type="radio"/> Special Needs <input type="radio"/> 3 -24 months <input type="radio"/> 2 - 5 years <input type="radio"/> 5 - 10 years <input type="radio"/> Over 10 years <p>Describe special care given: _____ _____ _____</p>	<p>Preferred Age Groups: (check as many as desired)</p> <ul style="list-style-type: none"> <input type="radio"/> Special Needs <input type="radio"/> 3 – 24 months <input type="radio"/> 2 – 5 years <input type="radio"/> 5 – 10 years <input type="radio"/> Over 10 years <p>Special care preferred: _____ _____ _____</p>	<p>Family Preferences: If you do NOT wish to be placed with a family the following please mark it)</p> <p>a single parent family a family of a different faith a family of a different race</p>
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DETAILS ON FAMILY BACKGROUND:

Parents:		Mother:	Father:
Surname:			
First Name:			
Occupation:			
City / Zip Code:			
Country:			
Phone Number:			
Are they supportive of your decision to come to foreign country (_____) Yes No			
Siblings:	Sisters:	Brothers:	
Number:			
Age:			

OTHER PERSONAL DETAILS:

What are the reasons you want to be an Au Pair/Nanny/Caregiver? _____ _____ _____
What are your plans following your year as an Au Pair/Nanny/Caregiver? _____ _____
How will being an Au Pair/Nanny/Caregiver positively affect your future endeavors? _____ _____

OTHER PERSONAL DETAILS:

Do you have a contact person in the area you wish to visit ? Yes No			
If yes, please give the contact person's details:			
First Name, Surname: _____		Relationship: _____	
Address: _____			
Phone: _____		Fax: _____	
Do you have a current driver's license?	Yes	No	Date issued (m/d/y) _____/_____/_____
Do you have any traffic tickets?	Yes	No	If yes, explain: _____
Have you been involved in a traffic accidents?	Yes	No	If yes, explain: _____
Do you smoke?	Yes	No	If yes, how many cigarettes per day _____
Do you get homesick?	Yes	No	If yes, explain: _____
Have you live away from home?	Yes	No	If yes, explain Yes No If yes, explain: _____
Have you lived out of the country?	Yes	No	If yes, explain Yes No If yes, explain: _____
Do you have any physical or metal Limitations?	Yes	No	If yes, explain Yes No If yes, explain: _____
Do you have any medical conditions requiring treatment?	Yes	No	If yes, explain Yes No If yes, explain: _____
Are you currently taking any medications?	Yes	No	If yes, explain Yes No If yes, explain: _____
Do you have any allergies?	Yes	No	If yes, explain: _____
Have you ever taken illegal drugs?	Yes	No	If yes, explain: _____
Do you drink alcoholic beverages?	Yes	No	If yes, explain: _____
Do you have any dietary restrictions?	Yes	No	If yes, explain: _____
If you are vegetarian, can you cook or be place with a family who eats meat?	Yes	No	If yes, explain: _____
Do you have racial prejudices?	Yes	No	If yes, explain: _____
Have you ever been married?	Yes	No	If yes, explain: _____
Do you have any financial commitments?	Yes	No	If yes, explain: _____
Do you like pets?	Yes	No	If yes, explain Yes No If yes, explain: _____
If you don't like pets, are you willing to be placed in a family who has pets?	Yes	No	If yes, explain Yes No If yes, explain: _____
Can you swim?	Yes	No	

OTHER:

How did you hear about our agency? _____
Have you registered with other Au Pair/Nanny/Caregiver placement agencies ? Yes No
If yes, which ones: _____

CHECK LIST:

Completed Application Form	Yes	No
2 Passport Size Photos	Yes	No
“Dear Family” Letter	Yes	No

Please note that once your application is submitted it becomes the property of Be International Recruiting Inc. therefore please keep your own copies of references and photographs.

I have read, understood and agree abide by the conditions of the application placement as detailed on our web site and the other materials included with this application. I have completed this application fully and honestly. I understand that Prime Resorts & Tours Promotions, has the right to contact my next of kin and my referees without my prior consent. I understand that in future Prime Resorts & Tours Promotions, publicity material may include statements made by participants and/or their photographs and I consent to such use of my comments or photographs of me.

Place, Date

Signature of the Applicant

Note: If you find any of the questions listed above as inappropriate, please do not answer. We list the questions our foreign partners are using in their recruiting process.

CHARACTER REFERENCE

All references must be translated into English on this form with the original attached. Please type or write clearly on this form using BLACK ink.

Name of Applicant: _____					
Name if person providing reference: _____					
Telephone: _____			Best time to call: _____		
Street address: _____				City / State: _____	
Postal code: _____		Country: _____		E-mail _____	
How long have you known the applicant? _____					
In what capacity do you know the applicant*? (employer, friend, neighbor) _____					
<p>In relation to the following areas, please assess the applicant's suitability for the Live-in Caregiver (LIC) Program. PLEASE USE THE EXPLANATION LINE TO CLARIFY YOUR ASSESSMENT, PARTICULARLY WHEN MARKING C OR D. if you do not have sufficient knowledge of a particular area, please note this on the explanation line.</p> <p>A=Completely suitable for LIC Program B=Well suited C=Satisfactory D=Unsuitable</p>					
	A	B	C	D	Explanation
Communication skills					_____
Reliability					_____
Work qualify					_____
Maturity					_____
Friendliness					_____
Manners					_____
Attitude					_____
Responsibility					_____
Honesty					_____
Flexibility					_____
Motivation / Perseverance					_____
Initiative					_____
Energy / Enthusiasm					_____
General Health & Fitness					_____
Grooming					_____
Ability t handle stress					_____
Ability to handle emergencies					_____
Please explain further any C or D assessment: _____					
Please describe the applicant's personality: _____					
Why would you recommend the applicant for placement as a Caregiver?					

Signature :				Date:	

*Please note: People related to the applicant may not provide a mandatory reference but CAN provide an additional reference for you!

CHILDCARE REFERENCE

All references must be translated into English on this form with the original attached. Please type or write clearly on this form using BLACK ink.

Name of applicant: _____
 Name of person providing reference: _____
 Telephone: _____ Best time to call: _____
 Street address: _____ City / State: _____
 Postal code: _____ Country: _____ E-mail _____
 How long have you known the applicant? _____
 In what capacity do you know the applicant*(employer, friend, neighbor) _____

Dates of Care		Ages of Children	Responsibilities
From	To	(when the supervision began)	(e.g. bathing, playing, change diapers, help with homework, other activities. Please <u>feel free to attach a separate sheet</u> of paper with further details)

Please describe the applicant's personality: _____

Why would you recommend/not recommend the applicant for placement as a Caregiver?

Signature : _____ Date: _____

*Please note: People related to the applicant may not provide a mandatory reference but CAN provide an additional reference for you!

ELDERCARE REFERENCE

All references must be translated into English on this form with the original attached. Please type or write clearly on this form using BLACK ink.

Name of applicant: _____		
Name of person providing reference: _____		
Telephone: _____		Best time to call: _____
Street address: _____		City / State: _____
Postal code: _____		Country: _____ E-mail _____
How long have you known the applicant? _____		
In what capacity do you know the applicant*(employer, friend, neighbor) _____		
<p style="text-align: center;">Dates of Care</p> <p>From _____</p> <p>To _____</p>	<p style="text-align: center;">Special Care Required</p> <p>(e.g. Stroke, Lupus, Dementia, Ambulatory, Parkinson, Alzheimers, other)</p>	<p style="text-align: center;">Responsibilities</p> <p>(e.g. bathing, playing, change diapers, help with homework, other activities. Please <u>feel free to attach a separate sheet</u> of paper with further details)</p>
Please describe the applicant's personality: _____		

Why would you recommend/not recommend the applicant for placement as a Caregiver?		

Signature :		Date:

*Please note: People related to the applicant may not provide a mandatory reference but CAN provide an additional reference for you!

EXPERIENCE (please detail any medical, eldercare, caregiver etc. experience):

Dates of Care (m/y) From To	Ages of Elders (years and months when started)	Position	Responsibilities (Bathing, feeding, assistance with personal hygiene, etc.)	How Often (how many hours/week, daily, weekly, monthly)	Referee (please include telephone number)

EMPLOYMENT HISTORY (don't list jobs already listed in the EXPERIENCE section):

Dates of Care (m/y) From To	Employer / Company(please include address and phone)	Positions / Duties (start with present occupation)

CONDITIONS / DISEASES / SITUATIONS EXPERIENCE AND PREFERENCES:

<p>Experience (check appropriate groups):</p> <p><u>Special Needs</u></p> <ul style="list-style-type: none"> ▪ Ambulatory ▪ Stroke ▪ Lupus ▪ Dementia ▪ Parkinson ▪ Alzheimer's ▪ Other _____ ▪ Other _____ <p>Describe Special care provided: _____</p>	<p>Preferences (Check as many as desired):</p> <p><u>Special Needs</u></p> <ul style="list-style-type: none"> ▪ Ambulatory ▪ Stroke ▪ Lupus ▪ Dementia ▪ Parkinson ▪ Alzheimer's ▪ Other _____ ▪ Other _____ <p>Special care preferred: _____</p>
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DETAILS ON FAMILY BACKGROUND:

Parents:	Mother	Father:
Surname:		
First Name:		
Occupation:		
City / Zip Code:		
Country:		
Phone Number:		
Are they supportive of your decision to come to foreign country (_____) Yes No		
Siblings:	Sisters:	Brothers:
Number:		
Age:		

OTHER DETAILS:

What are the reasons you want to be an Eldercare provider? _____
What are your plans following your year as an Eldercare provider? _____
How will being an Eldercare provider positively affect your future endeavors? _____

Canada Professional Caregiver Program Check List

Completed Application Form		
Signed	Date	Be sure that you answered all questions. Provide as much information as possible
Photographs		
1 neat and smiling/laughing passport size photos		Be sure that you printed your name on the back and that the photo is on a white background.
Photo collage with original photos of yourself with your family AND children /elders you have looked after		be sure that you add a description of each photo.
Diploma / Certificates		
Copies only! You may enclose copies of your Teaching, Nursing, ECE, Live-in Caregiver, Au Pair Aid, CPR and other childcare/eldercare related diplomas and certificates. There is a need to send certified copies/translations, unless otherwise indicated!		
Criminal Record Check		
Copies only! Keep the original! If you do not have time to obtain it, please enclose a copy of the receipt showing that you applied for it.		
Drivers License		
Copy only!		
Passport		
Copy only! Enclose a copy of the page where your photo, name, date of birth and passport number are. Be sure that your passport is valid for at least another 2 years.		
Childcare/Eldercare References*		
At least one (1) non-family/friends/neighbors related reference		If you are applying for both nanny and caregiver for the elderly, be sure that you enclose at least 2 references for each option. Originals only!
Character References*		
At least one (1) non-family friend/neighbors related reference		Originals only!
Bio Data		
Copy only!		
Prime Resorts & Tours Promotions – Caregiver Contract		
Original only! Be sure that you initial each page on the bottom right as indicated and that you print your full name, sign, date, witness and last page.		
Other Information		
Feel free to enclose anything you feel that might help support your application such as Dear Host family letter, more photos, more references, more diplomas/certificates.		

All references must show contact names and telephone numbers. References and all documents must be in English; if not, you should translate them and attach the translation to the original. No professionally translated document is required. Please also note that once your application is submitted it becomes the property of ours, Prime Resorts & Tours Promotions; therefore please keep your own copies of references and photocopies.