

6+ years	<input type="checkbox"/>	<input type="checkbox"/>
Children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
2 or more children at the same time	<input type="checkbox"/>	<input type="checkbox"/>

Family Background

What is your religion? _____ Do you regularly attend religious services? Yes No

What is your native language? _____

Do you speak any other languages? Yes No If yes, please list _____

How many brothers and sisters do you have? _____

Have you ever lived away from home? Yes No If yes, how long? _____

Driving Experience

Do you hold a FULL driving license (Including practical & theory tests)? Yes No

Date passed: _____

Have you ever had a car accident? Yes No If yes, please give details _____

How often do you drive? Every day 3-5 times/week 1-2 times/week less than once a week

In your home country, what kind of roads do you usually drive on?

City Suburban Highway Country

Hobbies and Interests

Please check x your hobbies and interests:

Swimming Riding Cycling Skiing Tennis Soccer Running

Gymnastics Community service Cooking Photography Writing

Computers Reading Craft Internet Choir Dance

Other hobbies: _____

Musical instruments: Piano Violin Flute Guitar

Other instrument: _____

Do you know how to swim? Yes No If yes, how well? Beginner Intermediate Advanced

Would you feel comfortable supervising children while they are swimming Yes No

What are your favourite things to do in your spare time?

Education

Please tick the levels of education that you have achieved and complete the table below giving full details of all your educational achievements after elementary school.

Level of education e.g. High school, college technical college, university	Dates(month, year)		Qualification gained e.g. High school certificate A Levels, Diploma	Subjects studied	degree
	From	To			

Experience and Goals

Give a brief summary of all the jobs – except childcare experience - that you have held with the dates and an explanation of your duties:

Job title	Dates	Duties

When you return to your home country at the end of the program, what do you intend to do? (e.g. study, work) _____

What do you expect to gain from the program for your future? _____

What are your long term career goals? _____

Have you visited other countries before? Yes No If yes, which countries? _____

Have you ever travelled outside your home country for 2 months or more? List locations, dates and reasons _____

General Health and Criminal Information

Information about smoking

Do you smoke cigarettes? Yes No If yes, do you smoke Regularly Socially

How many cigarettes do you smoke per day? _____

NO SMOKING DECLARATION: Read this if you answered YES to the question above. If you do smoke, but agree not to in the home of your host family or when responsible for the children, then tick YES below.

You will be expected to abide by your decision so consider it carefully. Yes No

Information on criminal record

Have you ever been convicted of or charged with a criminal offence? Yes No

If yes, give details: _____

Health Information

Have you ever been a victim of sexual, emotional or physical abuse Yes No If yes, give details _____

Do you have any chronic or reoccurring health problems e.g. asthma, diabetes, epilepsy, cold sores

Yes No If yes, give details _____

Do you have any allergies? Yes No If yes, please specify: _____

Do you follow a special diet? Yes No If yes please indicate: Vegetarian Kosher Other

Comments: _____

Have you ever been hospitalised or under the care of a doctor within the last 12 months Yes No

If yes, give details _____

Have you ever suffered from or received counselling or treatment for a nervous or emotional problem, e.g. any kind of depression or eating disorder? Yes No If yes, give details _____