

SUMMER AU PAIR APPLICATION COVER SHEET

Return forms to JCR Cultural Exchange Programs Postnet Fourways Mall #88, Private Bag X033, Rivonia 2128 Tel: 011 4642975 Fax 0114642973 Email aupair@jcr.co.za

| Au Pair First Name | A V # |
|---------------------|-------|
| Au Pair Last Name | |
| Au Pair | |
| Mailing Address | |
| | |
| Postal Code | |
| Home Ph/Best Time | |
| Work Ph/Best Time | |
| Cell Ph / Best Time | |
| Email Address | |
| Alt. Email Address | |

| First Available | | | Female | Childcare Age Group | | | English Proficiency | | |
|-----------------|------------|--------------|------------|------------------------|---------|--------|------------------------|---|---|
| Country | | Birth Date | | | | | | | |
| Passport Number | | Age | | Exper | | Prefer | | | 1 |
| Exit Airport | | Driver | □ Yes □ No | | | | | | 2 |
| Smoke | 🗆 Yes 🗆 No | Dilver | | | 2 - | - 5 | | | 3 |
| Cook | 🗆 Yes 🗆 No | Driver Since | | 5 – 10 | | | | 4 | |
| Swim | 🗆 Yes 🗆 No | Driver Since | | | Over 10 | | | | 5 |

| Childcare Experience | |
|--------------------------------------|--|
| Hobbies, Talents and Interests | |
| Key Qualities and Characteristics | |
| Comments | |

| | Agency Name |
|--|-------------|
| I recommend this applicant for participation in the goAUPAIR program and | |
| have verified all information included in the application to be true. | |
| Rep's Signature Date | |
| | |