

# *Aupair2u – making the right connections*

## **Personal Character Reference Form**

The under-mentioned applicant has applied to work in Britain as an Au pair. He/she will spend up to 2 years in a British family, taking care of, and being responsible for, the family's children. It is important that an applicant entrusted with this responsibility be suitable for this challenging and important work. This recommendation should be completed by a non-relative of the applicant.

Name of applicant : \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

(Example: Employer, Teacher, Doctor, Friend)

How would you describe this person's character? \_\_\_\_\_

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How would you describe the relationship of this person to their family? \_\_\_\_\_

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Please describe any relevant talent, skills, and abilities the applicant has demonstrated: \_\_\_\_\_

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In your opinion, please indicate the level of the applicant's abilities in each of the following:

<b>SKILL</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
Responsibility	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Sense of humour	_____	_____	_____	_____
Warmth/compassion	_____	_____	_____	_____

Would you recommend the applicant for a childcare position? YES / NO

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Send to: Aupair2u, Luciandra, West Ednie, St.Fergus, Peterhead, Aberdeenshire AB42 3BX United Kingdom

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# *Aupair2u –making the right connections*

## **Medical Certificate** (To be completed by the doctor)

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

Applicant's Address: \_\_\_\_\_

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\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please reply YES or NO to the following questions:

Has this person suffered from:

Asthma YES \_\_\_\_\_ NO \_\_\_\_\_

Epilepsy YES \_\_\_\_\_ NO \_\_\_\_\_

Diabetes YES \_\_\_\_\_ NO \_\_\_\_\_

Rheumatic-Fever YES \_\_\_\_\_ NO \_\_\_\_\_

Hay-Fever YES \_\_\_\_\_ NO \_\_\_\_\_

Allergies YES \_\_\_\_\_ NO \_\_\_\_\_

Nervous Illness YES \_\_\_\_\_ NO \_\_\_\_\_

Other health limitations: \_\_\_\_\_

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Is this person taking medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES – please state for what ailment: \_\_\_\_\_

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In your opinion, is the applicant capable of meeting the demands of Au pair work which requires caring for children in a host family, light housework duties and part-time studies? YES \_\_\_ NO \_\_\_

Any other relevant comments: \_\_\_\_\_

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Doctor's Stamp

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

Signed: \_\_\_\_\_

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

**Check List for Au pair Application**

**Please ensure that you send us ALL of the following documents. This will help us to quickly process your application.**

**4 Passport photographs**

**Photocopy of Passport**

**Police Check document**

**2 Personal Character Reference Forms**

**1 Medical Certificate Form**

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