



**RESULTS**  
NANNIES-AU-PAIRS  
INTERNATIONAL

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## DOMESTIC PLACEMENT APPLICATION

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

|   |                                 |
|---|---------------------------------|
| <b>First Name</b>                               |                                 |
| <b>Family Name</b>                              |                                 |
| <b>Address</b>                                  |                                 |
| <b>Suburb</b>                                   |                                 |
| <b>Telephone</b>                                | <b>H:</b> _____ <b>W:</b> _____ |
| <b>Fax</b>                                      |                                 |
| <b>Mobile</b>                                   |                                 |
| <b>D.O.B</b>                                    |                                 |
| <b>Passport No: (If applicable)</b>             |                                 |
| <b>Visa:</b>                                    | <b>Valid until:</b> _____       |
| <b>Nationalities/Citizenships:</b>              |                                 |
| <b>Driver's License:</b>                        | <b>Yes / No</b>                 |
| <b>Have you ever been convicted of a crime?</b> |                                 |
| <b>Do you smoke?</b>                            | <b>Yes / No</b>                 |
| <b>Do you suffer from allergies?</b>            | <b>Please explain:</b>          |
| <b>Do you take any drugs or medication?</b>     | <b>Please explain:</b>          |
| <b>Do you drink alcohol?</b>                    | <b>Yes / No</b>                 |
| <b>Do you have a First Aid certificate?</b>     | <b>Yes / No</b>                 |

## AVAILABILITIES

I would like to work as

|                          |                      |
|--------------------------|----------------------|
| <input type="checkbox"/> | <b>Mother's Help</b> |
| <input type="checkbox"/> | <b>Au Pair</b>       |
| <input type="checkbox"/> | <b>Baby Sitter</b>   |
| <input type="checkbox"/> | <b>Cleaner</b>       |
| <input type="checkbox"/> | <b>Nanny</b>         |
| <input type="checkbox"/> | <b>Live in</b>       |
| <input type="checkbox"/> | <b>Live out</b>      |
| <input type="checkbox"/> | <b>Full Time</b>     |
| <input type="checkbox"/> | <b>Part Time</b>     |
| <input type="checkbox"/> | <b>Other</b>         |

Hours/Week: \_\_\_\_\_

Available to start on: \_\_\_\_\_

Circle Days available: Mon | Tue | Wed | Thur | Fri | Sat | Sun

Mornings | Afternoons | Evenings | Weekends

I would be happy to stay for:

|                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | <b>3 months</b>       |
| <input type="checkbox"/> | <b>6 months</b>       |
| <input type="checkbox"/> | <b>9 months</b>       |
| <input type="checkbox"/> | <b>12 months</b>      |
| <input type="checkbox"/> | <b>Over 12 months</b> |

### **PREFERENCES**

I prefer children:

|                          |                      |
|--------------------------|----------------------|
| <input type="checkbox"/> | <b>Up to 1 year</b>  |
| <input type="checkbox"/> | <b>1-3 years</b>     |
| <input type="checkbox"/> | <b>3-6 years</b>     |
| <input type="checkbox"/> | <b>6-10 years</b>    |
| <input type="checkbox"/> | <b>Over 10 years</b> |

I would want to look after?

|                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | <b>1 child</b>    |
| <input type="checkbox"/> | <b>2 children</b> |
| <input type="checkbox"/> | <b>3 children</b> |
| <input type="checkbox"/> | <b>4 children</b> |

And prefer to:

|                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | <b>Live in</b>  |
| <input type="checkbox"/> | <b>Live out</b> |

Especially in a:

|                          |                      |
|--------------------------|----------------------|
| <input type="checkbox"/> | <b>Big city</b>      |
| <input type="checkbox"/> | <b>Small town</b>    |
| <input type="checkbox"/> | <b>Suburb</b>        |
| <input type="checkbox"/> | <b>Rural area</b>    |
| <input type="checkbox"/> | <b>No preference</b> |

I'm willing to work with:

|                          |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | <b>A single mother</b> |
| <input type="checkbox"/> | <b>A single father</b> |

|                           |
|---------------------------|
| <b>A family with pets</b> |
|---------------------------|

**QUALIFICATIONS**

I have knowledge of:

|                    |            |           |
|--------------------|------------|-----------|
| <b>First Aid</b>   | <b>Yes</b> | <b>No</b> |
| <b>CPR</b>         | <b>Yes</b> | <b>No</b> |
| <b>Life Saving</b> | <b>Yes</b> | <b>No</b> |

**And the following certificates:**

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**My experience in childcare covers:**

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**I have attended courses relating to childcare in:**

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I have most experience with children aged:

|                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <b>Newborn</b>                    |
| <input type="checkbox"/> | <b>Up to 1 year</b>               |
| <input type="checkbox"/> | <b>1-3 years</b>                  |
| <input type="checkbox"/> | <b>3-6 years</b>                  |
| <input type="checkbox"/> | <b>6-10 years</b>                 |
| <input type="checkbox"/> | <b>Over 10 years</b>              |
| <input type="checkbox"/> | <b>Children with disabilities</b> |

I have been overseas as

|                          |                               |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | <b>Au Pair</b>                |
| <input type="checkbox"/> | <b>Mother's help</b>          |
| <input type="checkbox"/> | <b>Nanny</b>                  |
| <input type="checkbox"/> | <b>Other. Please specify:</b> |

before and have lived for \_\_\_\_\_ months in \_\_\_\_\_

### **EMPLOYMENT RECORD**

Please describe your last three positions, including duties, approximate working hours, length of period of employment and reasons for leaving.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYERS' DETAILS**

| From | To | Employer | Telephone |
|------|----|----------|-----------|
|      |    |          |           |
|      |    |          |           |
|      |    |          |           |
|      |    |          |           |

**My experience in housework covers:**

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**LANGUAGES**

My mother language is: \_\_\_\_\_ and I have knowledge of the following foreign languages:

| Language | Fluent | Good | Fair | Poor | No of years | Certificates |
|----------|--------|------|------|------|-------------|--------------|
|          |        |      |      |      |             |              |
|          |        |      |      |      |             |              |
|          |        |      |      |      |             |              |

**HOBBIES & INTERESTS**

My special hobbies/interests are: \_\_\_\_\_

Sports I participate in are: \_\_\_\_\_

I can:

|                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | <b>Play a musical instrument</b> |
| <input type="checkbox"/> | <b>Swim</b>                      |
| <input type="checkbox"/> | <b>Ride a horse</b>              |
| <input type="checkbox"/> | <b>Ride a bicycle</b>            |

**DRIVING**

I have a current driver's license since \_\_\_\_\_ I can drive a manual car (circle): **YES / NO**

I have experience driving a car in

|                    |
|--------------------|
| <b>City</b>        |
| <b>Rural areas</b> |
| <b>Highway</b>     |
| <b>Snow</b>        |
| <b>At night</b>    |

Have you ever had a traffic violation (other than parking)? **YES / NO**

If yes, please give details:

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Has your driver's license ever been suspended or revoked? **YES / NO**

If yes, please give details:

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**SMOKING / DRINKING / DRUGS**

I am a

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|---|
| <b>Non-smoker</b>                                   |
| <b>Social smoker</b>                                |
| <b>Smoker and smoke about ____ cigarettes / day</b> |

I will refrain from smoking in the host family's home or in the presence of children \_\_\_\_ Yes

I drink alcohol:

|  |
|--|
| <b>Never</b>   |
| <b>Socially</b>  |
| <b>Regularly and consume about ____ glasses / week</b> |

I take drugs or medication

|                       |
|-----------------------|
| <b>Never</b>          |
| <b>Occasionally</b>   |
| <b>When necessary</b> |

I consume \_\_\_\_\_ around \_\_\_\_\_ times / week

**HEALTH**

I would describe my health as: \_\_\_\_\_

I have been treated for the following conditions: \_\_\_\_\_

My diet restrictions (i.e vegetarian) are: \_\_\_\_\_

I am allergic to certain:

|                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | <b>Food</b>       |
| <input type="checkbox"/> | <b>Animals</b>    |
| <input type="checkbox"/> | <b>Insects</b>    |
| <input type="checkbox"/> | <b>Plants</b>     |
| <input type="checkbox"/> | <b>Medication</b> |
| <input type="checkbox"/> | <b>Chemicals</b>  |

In particular: \_\_\_\_\_

Contact person in case of emergency: \_\_\_\_\_

**CRIMINAL RECORD**

Have you ever been convicted of a criminal offence? YES / NO

If yes, give details: \_\_\_\_\_

**PERSONALITY PROFILE**

The main reason why I should be considered for employment is:

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My friends would describe me as:

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My previous employers would describe me as:

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My strongest character points are:

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Points I would like to improve are:

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**DOCUMENTS AND ITEMS PROVIDED**

|  |   |
|--|---|
|  | <b>Written references relating to recent childcare</b>  |
|  | <b>Written character or other employment references</b> |
|  | <b>Passport</b>   |
|  | <b>Signed acknowledgement form (as below)</b>           |



## **ACKNOWLEDGEMENT FORM**

I acknowledge that all the information I have provided in this Application is true and correct in all respects. I recognize that Results Nannies – Au-Pairs International (the “agency”) is entitled to discuss its contents with any potential employer. I understand that an employer will rely on this information as being true and correct in every respect when hiring me. If any part of this application is found to be false, I acknowledge that I may be dismissed without further obligation on the part of my employer. I understand that the agency will not be liable or responsible for any loss, damage or harm occasioned by me as a result of any act, omission, statement or representation and that I will not hold this agency responsible for any claims as a result of any such act, omission, statement or representation made by any person arising out of my employment.

I agree to inform the agency about the outcome of my discussions and negotiations with potential employers and I will not commence work without giving prior notice to the agency. Failure to do so will exclude me from any further employment prospects or placements through the agency.

I understand that failure to pay to the agency any monies collected by me on behalf of the agency when they are due may exclude me from further placements, as well as use of any other services the agency might offer, until I have paid the monies to the agency.

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(Signature of Applicant)

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(Date)