

Language College Ireland

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Family's Application Form

Au Pair

Demi Pair

Au Pair Plus

Section 1

	You	Spouse/Partner
Name:	_____	_____
Age:	_____	_____
Occupation:	_____	_____
Telephone:	(land) _____ (Mobile) _____	(mobile) _____
Address:	_____ _____	
Fax:	_____	
Email:	_____	
Number of children:	<input type="checkbox"/>	

Name of Child	D.O.B	Sex (M/F)	School Attended	School Times

Nationality _____
Languages Spoken: (You) _____
(Spouse) _____
(Children) _____

Domestic Animals: _____

Nearest town: _____ (approx dist) _____
Nearest City: _____ (approx dist) _____

Is your house a non-smoking household? Yes No

Does anyone else live in the house? _____

What hobbies do you and your family enjoy? _____

Family's Application Form

Section 2

Type of help required:

Male Female
Live in Live out

How long do you require the Au Pair to stay?

3 months 6 months 12 months or _____

Start Date: ____/____/____

Finish Date: ____/____/____

Job Description:

Hours required to work per day: _____ (am) - _____ (pm)

Days required to work per week:

Days off per week: Mon Tue Wed Thurs
Fri Sat Sun

Wages: (Au Pair) € _____ per week

Do you have any preferences regarding the following? Yes No

Smoker	<input type="checkbox"/>	<input type="checkbox"/>
Driver	<input type="checkbox"/>	<input type="checkbox"/>
Swimmer	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>

Type of Accommodation:

Own bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom (en suite)	<input type="checkbox"/>	<input type="checkbox"/>
T.V. in bedroom	<input type="checkbox"/>	<input type="checkbox"/>

Have you any other help/staff? _____

Any additional information about your family, town you live in and where the family goes during the summer and winter holidays:

I undertake to respect the living and working conditions offered above by myself and certify that the information provided by me is correct and accurate.

I also understand that a member of staff will occasionally inspect the accommodation on behalf of the School.

Signed _____

Date ____/____/____