

|   |  |
|---|--|
| <b>Your details</b>                         |  |
| Family name :                               |  |
| First name (s):                             |  |
| Date of birth:                              |  |
| Nationality:                                |  |
| Address:                                    |  |
| Home telephone number:                      |  |
| Mobile number:                              |  |
| E-mail address:                             |  |
| Skype ID:                                   |  |
| Preferred start date:                       | _____  |
| Latest possible start date:                 | _____  |
| Length of stay                              | 24 weeks                                       |
| (Circle answer)                             | 36 weeks                                       |
|   | If other, please state:                        |
| Highest education:                          |  |
| High School<br>(Circle answer)              | Vocational Training      College or Uni Degree |
| Name and Address of School or Organisation: |  |

Give details of your experience with children:

*(For which family did you work and how long, what tasks did you perform, what are your strengths regarding childcare?)*

|   |   |
|---|---|
| Are you happy to take care of a young baby?                       | Yes <span style="float: right;">No</span> |
| Are you willing to work with a child with special needs?          | Yes <span style="float: right;">No</span> |
| Have you any experience working with children with special needs? | Yes <span style="float: right;">No</span> |
| If yes, please give details.                                      |   |

|   |                           |   |    |   |   |
|---|---------------------------|---|----|---|---|
| How do you rate your skills on a scale of 1 to 5<br>(Circle answer)   | (1= poor) (5 = excellent) |   |    |   |   |
| General housework*  | 1                         | 2 | 3  | 4 | 5 |
| Vacuum & cleaning floors  | 1                         | 2 | 3  | 4 | 5 |
| Cooking   | 1                         | 2 | 3  | 4 | 5 |
| Tidying   | 1                         | 2 | 3  | 4 | 5 |
| Washing machine   | 1                         | 2 | 3  | 4 | 5 |
| Ironing   | 1                         | 2 | 3  | 4 | 5 |
| <b>*Light housework</b><br>Ironing, washing dishes, maintaining children's clothes, vacuuming, wipe the floor, dusting, clearing after meals, tidying children's areas, cooking light meals, running local errands. |                           |   |    |   |   |
| Are you willing to help with pets?  | Yes                       |   | No |   |   |
| Would you accept a single mother?   | Yes                       |   | No |   |   |
| Would you accept a single father?   | Yes                       |   | No |   |   |
| Do you like animals?  | Yes                       |   | No |   |   |
| How do you rate your language skills on scale of 1 to 5<br>(Circle answer)  | (1= poor) (5 = excellent) |   |    |   |   |
| English   | 1                         | 2 | 3  | 4 | 5 |
| German  | 1                         | 2 | 3  | 4 | 5 |
| Please state other language (s).  |                           |   |    |   |   |

|   |     |    |
|---|-----|----|
| Do you have a driving license?  | Yes | No |
| Will your driving license be valid in Germany?                            | Yes | No |
| Would you drive abroad?<br>(May require an International Driving License) | Yes | No |

| Medical   |                             |
|---|-----------------------------|
| Do you take medication?<br><br>If yes, please state what medicine and frequency required. | Yes                      No |
| Do you require a special diet?<br><br>If yes, what kind?                                  | Yes                      No |
| Do you smoke?   | Yes                      No |
| Do you have any allergies?<br><br>If yes, what kind?                                      | Yes                      No |

Hobbies & interests

Please, write a brief description of your family.  
What professions do your parents have? How old are your siblings?

Please give details of why you think that you are suitable to join the Demi Pair program.

I confirm that the details in this form and any other information relating to my formal application for the Demi Pair program are correct.

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Please note that Dialoge – Bodensee Sprachschule GmbH's general terms and conditions also apply for the Demi Pair Programme.