

## Family application form

## This form can be filled in digitally

Father Name and Surname				
Cod. Fisc.		Date of Birth		
Place	Y	Age		
Previous and/or current occupation		Full Time	Part Time	Shifted Work
Complete address				
Nationality	7	N.		
Telephone N° (with code)		Mobile N° (with code)		
Email				7
Facebook profile	Days	Skype profile	ppe	17/8-
Are you a single parent?		Yes	No	
Mother Name and Surname		V		
Mother Name and Surname  Cod. Fisc.	CULTURAL	Date of Birth	ES	
	CULTURAL	Date of Birth Age	ES	
Cod. Fisc.	CULTURAL	NCV	Part Time	Shifted Work
Cod. Fisc.	CULTURAL	Age	Part Time	Shifted Work
Cod. Fisc.  Place  Previous and/or current occupation	CULTURAL	Age	Part Time	Shifted Work
Cod. Fisc.  Place  Previous and/or current occupation  Complete address	CULTURAL	Age	Part Time	Shifted Work
Cod. Fisc.  Place  Previous and/or current occupation  Complete address  Nationality	CULTURAL	Age Full Time	Part Time	Shifted Work
Cod. Fisc.  Place  Previous and/or current occupation  Complete address  Nationality  Telephone N° (with code)	CULTURAL	Age Full Time	Part Time	Shifted Work

Family religion						
Name/s and age/s of children						
Do you smoke someone at home?	No	Yes, often	Yes, occasionally	If yes, speci	ify	
Au Pair nationalities preferred	1.		2.		3.	
Age preferred			She'll be alone with the cl	hildren?	Yes No	Occasionally
Which languages must the Au Pair know over her own?						
Other languages spoken between the parents and the children			144			
Please provide a description of yo			terests including if any of the their childminding needs		rious handicap, aller	gies or learning
Description of home (house/flat, n° of rooms, n° of bathrooms, garden, etc.)						
			~ / A		6	7/6
Does she will have her own room to	Yes	No A G E	Does the Au Pair will hav		Yes	No
sleep?	103	140	bathroom?		Tes	
Description of Au Pair's accommodation						
Do you have any other family help?	Yes	No	If yes, specif	У		
Do you have any pets in the house?	Yes	No	If yes, specify			
Do you live in a		City	Suburbs	Small Town	Coast	
50 you live iii a		Country	Mountain	Hill	Lake	

Describe the area where you live and give details about the activities for the Au Pair (language courses, pubs etc)						
Which is the nearest town centre and how far is it from your home?						
	The chemistry	34	The supermarket		The sport centre	
How far in meters from your home is	The shops		The post office		The church	
	The cinema		Down town		The library	
How far and which is the nearest public transport from your home?			(A)			
It will be possible for the Au Pair to attend a language course?			Yes	No		
Note						
Would you pay to the Au Pair the subscription to the public transport?			Yes	No	6. 7	10
Please state wheth	ner you will meet you		er she should take a t ecessary information		ou will have to pay?	
			V			
AGENCY						
Could you accept a smoker Au Pair?		Yes	No	Only	outside home	
Could you accept a vegetarian?			Yes	No		
Could you accept an Au Pair with different religion?			Yes	No		
Driving licence	Essential	Not important	Car available	Yes	No It depe	nds
Bicycle available	Yes	No	Wi-Fi		Yes No	

## You need

Au Pair	(6 family helping hours per day, 2/3 evenings babysitting if required, 2 full days off)
Demi pair	(4 family helping hours per day, 2 evenings babysitting if required, 2 full days off)
Summer Au Pair	(6 family helping hours per day, 2/3 evenings babysitting if required, 1 and ½ day o 2 full days off)
Note	

## Pocket money

Au Pair to be paid (min. € 70.00 weekly)	Weekly			Monthly
Note		YLX		
When do you wish the Au Pair to start?		y'ta		
ongth of stay	1 month	1 m	onth and half	2/3 months
Length of stay	6 months	8/9	months	1 year
Are you flexible on the departure date and length of staying of the Au Pair?		Yes	No	/
During the Au Pair hosting do you think to go on holiday?		Yes	No	
Will the girl come with you on holiday?	Yes	No	If she wants, n	o obligation
Have you ever had an Au Pair pefore?	Yes	No	If yes, for how long	

Please give a brief outline of the Au Pair's duties

Some small domestic work in which the Au Pair can help you

	Please give any further information that may be useful
t will be	helpful from your side if you will give us the name and phone number of Au Pairs available to give references for you
it will be	neipiui from your side ii you wiii give us the name and priorie number of Ad Pairs available to give references for you
I (name in full)	confirm that all the information supplied on this form is true and correct.
Date	Signature
Consenso previsto dalla legge 675 lo sottoscritto Acconsento specificatamente ed es 31/12/1996 e dell'art. 20 della stess	in data pressamente al trattamento, comunicazione e diffusione dei miei dati personali ai sensi dell'art. 11della legge 675 del
Date	Signature

