

Please return your file to JCR, Postnet Fourways Mall #88,  
 Private Bag X033, Rivonia, 2128, South Africa  
 Tel: 0114642975  
 Fax: 0880114641269  
[aupair@jcr.co.za](mailto:aupair@jcr.co.za)  
[www.jcr.co.za](http://www.jcr.co.za)

## AU PAIR INTERVIEW

**THIS INTERVIEW MUST BE COMPLETED ENTIRELY IN ENGLISH.**

		Date	
Applicant's Name		Nationality	
Interviewer's Name		Phone	
		Alt Phone	
Address		Fax	
		Zip Code	
Email Address			

### PERSONAL INFORMATION

Why does the applicant want to be an au pair?	
What qualities does the applicant use to describe him/herself?	<input type="checkbox"/> Honest <input type="checkbox"/> Dependable <input type="checkbox"/> Trustworthy <input type="checkbox"/> Emotional <input type="checkbox"/> Responsible <input type="checkbox"/> Weak <input type="checkbox"/> Warm <input type="checkbox"/> Friendly <input type="checkbox"/> Hardworking <input type="checkbox"/> Caring <input type="checkbox"/> Sensitive <input type="checkbox"/> Strong <input type="checkbox"/> Other _____
List the applicant's hobbies.	
Describe how the applicant spends his/her free time.	
Is the applicant currently involved in a romantic relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How serious is it and for how long?	
How does the applicant feel about a one-year separation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does the boy/girlfriend feel about a one-year separation?	
Describe the applicant's friends.	
Do his/her friends support the decision to be an au pair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever been in trouble with the law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	
What are the applicant's plans for the future?	

Would the applicant like to marry and have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate the timetable and what the lifestyle would be.	

**PHYSICAL HEALTH**

Please describe the applicant's general health?	
Please describe any special dietary needs the applicant has.	
Has the applicant suffered from or sought treatment for:	<input type="checkbox"/> Depression <input type="checkbox"/> Alcoholism <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Drug Addiction
If yes, please comment.	
Is there anyone in the applicant's family who has suffered from:	<input type="checkbox"/> Depression <input type="checkbox"/> Alcoholism
If yes, please comment.	
Please describe any history of child abuse in the applicant's family.	

**FAMILY INFORMATION**

Where was the applicant born and raised?				
Father's Name				
Occupation				
Mother's Name				
Occupation				
Marital status of Parents				
Please list the applicant's sister(s) and/or brother(s) names and ages.	Sisters		Brothers	
Describe the relationship the applicant has with his/her siblings.				
How often does the applicant have contact with his/her family members?				
Please describe the applicant's family support of his/her decision to become an au pair?				
What is the family's reaction to the applicant spending one year away from home?				
How was the applicant disciplined for unacceptable behavior as a child?				
When, where and for how long has the				

applicant spent time away from home before?	
When, where and for how long has the applicant traveled in English-speaking country(ies)?	
What is the applicant's religious affiliation?	
Is the applicant willing to be placed with a family that is of a different religion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how would the applicant accommodate such a placement?	

**EDUCATION**

What level of education has the applicant completed?	
List any degrees or certificates the applicant has received.	
What classes does the applicant feel were most helpful?	
What classes does the applicant feel were least helpful?	
Where and when did the applicant complete any formal English course(s)?	
Please rate the applicant's knowledge of the English language.	<u>Verbal</u> <u>Written</u> <u>Reading</u> <u>Comprehension</u>
	Native <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Excellent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Very Good <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Good <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Moderate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
How would you rate the applicant's English language proficiency on a scale of 1 to 10 with 10 being the highest?	1    2    3    4    5    6    7    8    9    10

**EMPLOYMENT**

List other jobs the applicant has held that are not listed on the application.	Job	From	To
List any volunteer work the applicant has performed.	Volunteer Work	From	To
List any comments regarding employment history.			
List any other childcare experience the applicant has not listed on the application.			

	Experience	Prefer	Prefer NOT
Indicate the applicant's preferences as to age ranges of the child(ren).	Under 2	<input type="checkbox"/>	<input type="checkbox"/>
	2 – 5	<input type="checkbox"/>	<input type="checkbox"/>
	5 – 10	<input type="checkbox"/>	<input type="checkbox"/>
	Over 10	<input type="checkbox"/>	<input type="checkbox"/>
	Special Needs	<input type="checkbox"/>	<input type="checkbox"/>
Please describe any Special Needs experience.			
List any special skills, talent or abilities the applicant has that might be of assistance to the Host Family.			
What does the applicant consider to be the most important skills he/she has for being the primary childcare provider?			

### **SITUATIONAL RESPONSES**

Please indicate how the applicant would respond to the following circumstances:

A 4-year old child in a toy store asks for a toy that her parents instructed the Au Pair she was not to have. . .		
Two young children are fighting over a piece of candy . . .		
The Host Family calls at the last minute and requests that the Au Pair care for the children while they go out for the evening. The Au Pair had previously made arrangements for that night with friends and the Host Family knew about it . . .		
The 2-year old child the Au Pair is caring for fell down and cut his chin and is bleeding . . .		
The Au Pair believes the children he/she cares for are not disciplined. The Au Pair tells the Host Family and they don't seem to care . . .		
Describe the type of activities the applicant would plan for these age groups	Infant	
	Toddler	
	4 – 6	
	6 – 9	
	10 – 12	
How will the applicant adjust to a new family, new country, new culture.		
How much notice does the au pair require before leaving for placement with a Host		

Family?	
What problems does the applicant anticipate while living with a Host Family?	
How does the applicant feel about being placed with a family of a different race, political views or beliefs.	

**Interviewers Remarks**

	Poor	Fair	Good	Excellent
Please rate the au pair's				
Appearance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manners		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This applicant will make a good au pair for the following reasons:				
What difficulties will the au pair experience while placed with a Host Family:				

Interviewer's Signature	
Date	