

## APPLICATION FORM

Name:		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Address:			
Postal (ZIP) code: City:			
Province / Region:		Country:	
Telephone number: (county code, area code)			
Mobile phone number:			
What time suits you the best to be called (local time)?			
E-mail address:			
Date of birth:		Place of birth:	
Age:		Nationality:	
Knowledge of language(s):			
English:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Excellent
Spanish:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Excellent
Filipino:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Excellent

<b>Dutch:</b>	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<b>French:</b>	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<b>German:</b>	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<b>Others:</b>	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent

<b>Civil status:</b>	<b>Present occupation:</b>
<b>Education:</b>	<b>Religion / spiritual practice:</b>
<b>Passport number:</b>	<b>Date issuing passport:</b>
<b>Height:</b>	<b>Weight:</b>
<b>Drivers license:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>When did you start to learn how to drive?</b>	
<b>How often do you drive? (e.g. once a week)</b>	
<b>Do you smoke:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Diet:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Allergies:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Can you swim:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no

Can you bike:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Hobbies and interests:		
Stay and country:		
Seeking a host family in (name country):		
Earliest start date:		
Latest start date:		
Shortest stay:		
Longest stay:		
Are you able to / will you		
Work for a single parent family:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Take care of pets:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do light housework:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Make the beds:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Wash up:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Cook a simple meal:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Shop for food:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Help in the garden:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Wash and iron clothes:	<input type="checkbox"/> yes	<input type="checkbox"/> no

Sew and mend clothes:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you willing to help more than common:	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Do you know how to</b>		
Look after Baby's:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Look after children aged 2- 5:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Look after children aged 6-10:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Take care of disabled children:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Change a diaper:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Prepare a baby's bottle:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Feed the baby with a bottle:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Feed the baby with a spoon / fork:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Get children up and dressed:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Put children to bed:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Keep children occupied:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Personal preferences:	<input type="checkbox"/> yes	<input type="checkbox"/> no
The number of children you want to take care for: <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3		
Which age category you want to take care for:		
<input type="checkbox"/> 3-12 months <input type="checkbox"/> 12-24 months <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 10 years		
Do you accept a host family in:		
<input type="checkbox"/> a small city <input type="checkbox"/> a big city <input type="checkbox"/> a capital city <input type="checkbox"/> countryside		

<b>Additional information</b>	
<b>Have you worked through ESTE Manpower Services before?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>References (name and phone numbers):</b>	
<b>Do you know someone in Belgium/ The Netherlands?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Names:</b>	<b>Relationship:</b>
<b>How do you spend your leisure time at home?</b>	
<b>Explain why you are choosing to apply for work through ESTE Manpower Services:</b>	
<b>How can you describe yourself? (Honest, reliable, shy, etc.)</b>	

## Childcare experience

Please give a detailed description of your childcare experience (including age of children you cared for and your tasks).

Please click the areas below that describe all the ways in which you have gained your childcare experience including experience with members of your own family.

☐ Nanny    ☐ Caring for younger family member    ☐ babysitting:

☐ Au Pair    ☐ Other:

Date:

Signature: