



Application Form for Mother's Help

Prior to completing the application form, please refer to the 'Information' section under the 'Mother's Help' category on our web site (www.sunfloweragency.co.uk). This section will list the accompanying documents that YOU must send with the completed application as well as other relevant information that you will need to know about the role of a Mother's Help.

Please complete the application form below in block capitals.

Surname:	
First Name(s):	
Date of Birth	
Sex (please tick):	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Nationality:	
Country of Birth:	
Height:	
Weight:	
Occupation:	
What is your current salary?	<i>per week or per year</i>
Religion:	<input type="checkbox"/> <i>practising (please tick if applicable)</i>
Address:	
Postcode:	
Phone (Home):	
Phone (Work):	
Phone (Mobile):	
Fax:	
E-mail:	@
Passport Number:	
Expiry Date:	
Family Details	
Marital Status:	
Do you have dependents:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please state their ages:	
Maximum Period Available	
Start Date:	
Length of Stay:	<input type="checkbox"/> 6 months; <input type="checkbox"/> 2 years; <input type="checkbox"/> 12 months; <input type="checkbox"/> Other (please specify below)
If other please specify:	
Country / City Required (state preference)	
1:	
2:	
3:	
Would you accept a country / village location providing you have access to language classes?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
Position Sort & Expected Pay	
Au-pair:	<input type="checkbox"/>
Au-pair Plus:	<input type="checkbox"/>
Mother's Help:	<input type="checkbox"/>
Other (please specify below):	<input type="checkbox"/>
If other please specify:	
I prefer to:	Live In: <input type="checkbox"/> Live Out: <input type="checkbox"/> (please tick)
What salary are you seeking?	<i>per week or per year</i>

Preferences	
I would prefer to work with children aged (<i>you can select more than one</i>):	<input type="checkbox"/> 0-1; <input type="checkbox"/> 7-10; <input type="checkbox"/> 1-2; <input type="checkbox"/> over 10 years. <input type="checkbox"/> 3-6;
I would like to look after (<i>you can select more than one</i>):	<input type="checkbox"/> 1 child; <input type="checkbox"/> 4 children; <input type="checkbox"/> 2 children; <input type="checkbox"/> 4+. <input type="checkbox"/> 3 children;
I am willing to work with (<i>you can select more than one</i>):	<input type="checkbox"/> single mother; <input type="checkbox"/> family of different race; <input type="checkbox"/> single father; <input type="checkbox"/> family of different religion; <input type="checkbox"/> family pets; <input type="checkbox"/> family with a smoker(s).
I am willing to do (<i>you can select more than one</i>):	<input type="checkbox"/> housework; <input type="checkbox"/> cooking for the family; <input type="checkbox"/> ironing for the family; <input type="checkbox"/> cooking for the children. <input type="checkbox"/> ironing for the children;

Education	
Please list childcare qualifications:	
Do you have any experiences with babies and children in the following age ranges? (<i>please tick accordingly</i>):	<input type="checkbox"/> 0-2 <input type="checkbox"/> 0-11 <input type="checkbox"/> 3-5 <input type="checkbox"/> Disabled <input type="checkbox"/> 6-10
Will you provide references for these?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (<i>please tick</i>)
Do you have knowledge of First Aid?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (<i>please tick</i>)

Knowledge of Languages													
Native Language													
Other Languages	<table border="1"> <thead> <tr> <th>Language</th> <th>Level</th> <th>Years</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Fluent: <input type="checkbox"/> Good: <input type="checkbox"/> Basic: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>2</td> <td>Fluent: <input type="checkbox"/> Good: <input type="checkbox"/> Basic: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>3</td> <td>Fluent: <input type="checkbox"/> Good: <input type="checkbox"/> Basic: <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Language	Level	Years	1	Fluent: <input type="checkbox"/> Good: <input type="checkbox"/> Basic: <input type="checkbox"/>		2	Fluent: <input type="checkbox"/> Good: <input type="checkbox"/> Basic: <input type="checkbox"/>		3	Fluent: <input type="checkbox"/> Good: <input type="checkbox"/> Basic: <input type="checkbox"/>	
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Employment History	
Please describe your last two childcare positions - including duties, approximate working hours, length of employment and reason for leaving:	
Position 1:	
Referee:	
Phone:	
Position 2:	
Referee:	
Phone:	
My experience of housework covers:	
I am willing to do light housework besides housework for children:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (<i>please tick</i>)

Hobbies & Interests	
My special hobbies and interests are (<i>if you participate in sports, please list them</i>):	
Can you swim:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (<i>please tick</i>)

Driving	
Do you have a full driving licence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
Date of Issue:	
Would you drive during your stay?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
Any Endorsements:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
Do you have any penalty points?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
If yes, for what offence?	
Have you ever been banned from driving?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
If yes, please state date and the reason:	
Do you own a car?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
If no, do you have access to a car?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
Smoking, Drinking, Drugs & Health	
Do you smoke?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
If yes, how many per day?	
If yes, are you prepared not to smoke in your employer's house?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
Do you take drugs/medication (you can select more than one):	<input type="checkbox"/> never; <input type="checkbox"/> occasionally; <input type="checkbox"/> when necessary; <input type="checkbox"/> on a regular basis.
Do you suffer from any mental or physical health problems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
If yes, please give details:	
Are you a vegetarian?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
Have you got any special diets?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
If yes, please give details?	
Do you drink alcohol?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
Are you allergic to any of the following (you can select more than one)?	<input type="checkbox"/> food; <input type="checkbox"/> plants; <input type="checkbox"/> animals; <input type="checkbox"/> medication; <input type="checkbox"/> insects; <input type="checkbox"/> chemicals.
If you selected any of the above, please give details:	
Criminal Convictions	
Have you ever been convicted of a criminal offence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick)
If yes, please give details?	

Mother's Help Agreement

I, ----- (please state your full name) certify that the above information is truthful and accurate to the best of my knowledge and I agree that my details will be sent to potential employers. I agree to inform *Sunflower Au-Pair & Mothers Help Agency* immediately if I am offered a position by a Third Party (relative/friend of an *Sunflower Au-Pair & Mothers Help Agency* client).

"Submission of your au-pair application form to *Sunflower Au-Pair Agency* constitutes acceptance of the above Mother's Help Agreement".

Signature: -----

Date: -----