

FlyPair Application Form

PROGRAM DETAILS

Destination Country: _____

First Name: _____

Family Name: _____

Position: _____

Earliest Date to Start (dd/mm/yy): _____

Latest Date to Start (dd/mm/yy): _____

Last Date to Stay (Return to Germany): _____

Flexible with dates? yes no

Stay (months): _____

English level: fair good fluent

German with kids? yes no

Photo

PERSONAL INFORMATION

Date of Birth (dd/mm/yy): _____

Age on arrival: _____

Citizenship: _____

Country of Birth: _____

Address: _____

ZIP Code & City: _____

Phone (Home): 0049 (0) _____

Phone (Mobile): 0049 (0) _____

Email: _____

ACTIVITIES

Sports: Swimming Cycling Tennis Horse riding Dancing Water sports

Other: _____

Hobbies: Cooking & Baking Art & Craft Games Reading Acting

Other: _____

Music: Listening Singing Recorder/Flute Piano Violin Guitar

Other: _____

GENERAL INFORMATION

Driver's license? no yes, since: _____

Frequency: daily 2-3×/week once/week

Currently in driving school? yes no

Willing to drive abroad? yes no

Drive children? yes no

First aid certificate? no yes, since: _____

Can swim? yes no

Special diet? yes no – If yes: _____

Prepare meat? yes no

Allergies (food/animals)? yes no – If yes: _____

Afraid of animals? no yes – If yes: _____

Smoke? yes no –

Will not smoke with children/home? yes

Drink alcohol? no yes – Will not drink with children/home? yes

Religious? no yes – If yes: _____

Accept family with different religion? yes no

MY FAMILY

Father's Name: _____

Occupation: _____

Phone & Email: _____

Mother's Name: _____

Occupation: _____

Phone & Email: _____

Emergency contact (name & contact): _____

Siblings (names & ages): _____

Pets at home? no yes – If yes: _____

Please check all your answers before signing!

By signing this form, I confirm that all information is correct and agree that FlyPair and its partners may process my data for placement purposes in accordance with the GDPR. I, the undersigned, confirm that all the information herein is a true and accurate account of my details and that if there are any changes to my situation, I will notify the organisation offering this program immediately through the referring agency.

I understand that fares, health and travel insurance as well as travelling to and from the country are my responsibility.

Place, Date: _____

Signature: _____

Signature of authorized representative if under 18 years old when submitting the application

EDUCATIONAL BACKGROUND & LANGUAGES

Do you have any previous experience in a foreign country?

yes no

If yes, where and when? _____

HOST FAMILY PREFERENCES

Although we cannot guarantee placement in line with any of the below preferences, our partners will try their best to consider these when placing you with a family.

Please circle which preference is your priority (location, age or number of children).

How many children do you prefer to take care of? _____

Maximum number: _____

Are you willing to take care of babies/toddlers? yes no

Would you care for children with special needs? yes no

physical disorder mental disorder both other: _____

Would you accept to inject insulin? yes no

Are you willing to be an au pair in the following family constellation?

single mother single father same sex couple divorced parents

Are you willing to stay in a smoker's household? yes no

CHILD CARE EXPERIENCE

Please indicate if you are experienced in the following child care tasks:

newborn (0–6 months) toddlers (6–36 months) small children (3–5 years)

children (6–11 years) teenagers (12+) single child

groups of children (10+) Helping with homework Planning activities Entertaining Playing

Feeding Changing diapers Bathing Driving Travelling Outdoor activities

Children with special needs, please specify: _____

Other important information your future host family should know about you (e.g. hobbies):

HOUSEHOLD EXPERIENCE

Please indicate if you are experienced in the following household tasks:

Buying groceries Preparing meals Cooking Baking Dusting Vacuuming Cleaning/Wiping floors Laundry Ironing Doing the dishes Gardening Taking care of pets

Other: _____

Are you willing to do light household tasks? yes no

Are you willing to prepare meals for the children? yes no

Are there any tasks you definitely do not want to do? _____

LAST CHECK

Please check all your answers before signing!

I, the undersigned, confirm that all the information herein is a true and accurate account of my details and that if there are any changes to my situation, I will notify the organisation offering this program immediately through the referring agency.

I understand that fares, health and travel insurance as well as travelling to and from the country are my responsibility.

Place and Date: _____

Applicant's Signature: _____

Signature of authorized representative if under 18 years old when submitting the application

OVERVIEW CHILD CARE EXPERIENCE

CHILDREN 'S NAMES	CHILDREN'S AGE	CHILD CARE START/END	CHILDCARE FREQUENCY	TOTAL AMOUNT OF WORKING HOURS	RESPONSIBILITIES &ACTIVITIES

CHILD CARE REFERENCE NO. 1

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Bitte beachten Sie, dass wir mindestens zwei Referenzen in der Kinderbetreuung benötigen, welche nicht von Verwandten ausgefüllt werden dürfen.

Name of applicant: _____

Name des/der Bewerbers/in

Person giving this reference: _____

Angaben zum/r Referenzgeber/in

Children: _____

Relation towards the children: _____

Beziehung der/des Referenzgebers/in zu den Kindern, die betreut wurden

Address: _____

Phone Number: 0049 (0) _____

(Place and Date / Ort und Datum): _____

Where do you know the applicant from and for how long?

In welchem Verhältnis stehen Sie zum/-r Bewerber/in und wie lange kennen Sie diese/n bereits?

Referee's signature / Unterschrift ReferenzgeberIn: _____

The applicant would like to take part in an Au Pair Program. To better evaluate the applicant's ability for the exchange experience, we (the sending agency) would appreciate your opinion on the following:

Der/Die Bewerber/in möchte gern an einem Au Pair Programm teilnehmen. Um besser beurteilen zu können, ob der/die Bewerber/in für die Teilnahme an diesem Austauschprogramm qualifiziert ist, bitten wir (als vermittelnde Agentur) Sie um eine Einschätzung des/der Bewerber/in zu den folgenden Fragen:

How would you characterise the applicant?

Wie würden Sie den/die Bewerber/in charakterisieren?

How many children do you have and how old were they when the applicant took care of them? How old are they now?

Wie viele Kinder haben Sie und wie alt waren diese als der/die Bewerber/in sie betreut hat. Wie alt sind die Kinder heute?

How often did the applicant care for the child(ren)?

Wie oft hat der/die Bewerber/in das/die Kind(er) betreut?

Please describe the tasks carried out by the applicant. Did the applicant assist with light housework or cook for the child(ren)?

Bitte listen Sie die Aufgaben auf, welche der/die Bewerber/in im Rahmen der Kinderbetreuung übernommen hat.

Hat er/sie auch Aufgaben im Haushalt übernommen oder für das/die Kind(er) gekocht?

CHILD CARE REFERENCE NO.1

What is your evaluation on the following abilities of the applicant? Leave blank if unknown.

Wie bewerten Sie folgende Fähigkeiten des/der Bewerbers/in?

Falls nicht bekannt, bitte frei lassen.

Ability / Fähigkeit	Excellent / Sehr gut	Good / Gut	Fair / Wenig	Poor / Schlecht
Overall attitude / Gesamtverhalten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards children / Einstellung gegenüber Kindern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to entertain children / Fähigkeit, Kinder zu beschäftigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity / Reife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility / Adaptability / Flexibilität/Anpassungsfähigkeit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow present guidelines / Fähigkeit, Richtlinien zu befolgen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence / Selbstbewusstsein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic skills / Schulbildung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills / Soziale Fertigkeiten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the child care responsibilities with which the applicant could be entrusted in your opinion:

Bitte geben Sie die Aufgaben in der Kinderbetreuung an, mit denen der/die Bewerber/in Ihrer Meinung nach betraut werden kann:

Task / Aufgabe	Yes / Ja	No / Nein	Unknown / Unbekannt
Meal preparation / Zubereitung von Mahlzeiten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing children / Baden der Kinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's laundry / Wäsche der Kinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light housekeeping / Leichte Hausarbeiten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for sick children / Betreuung kranker Kinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for handicapped children / Betreuung von behinderten Kindern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving children / Autofahren mit Kindern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan children's activities / Aktivitäten für Kinder planen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant care / Betreuung von Kleinkindern unter 2 Jahren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple children of different ages / mehrere Kinder verschiedenen Alters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for twins / Betreuung von Zwillingen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel perfectly comfortable recommending the applicant to a prospective host family?

Können Sie den/die Bewerber/in bedenkenlos einer zukünftigen Gastfamilie empfehlen?

Yes / Ja **No** / Nein

Why do you recommend the applicant as an au pair to a host family?

Aus welchen Gründen können Sie den/die Bewerber/in für das Au Pair Programm empfehlen?

CHILD CARE REFERENCE NO. 2

Please type or print in dark ink and in English. The German subtitles are for translating support only. We need at least two child care references and one character reference which must not be filled out by relatives, friends nor partners.

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Name of applicant: _____

Name des/der Bewerbers/in

Person giving this reference: _____

Angaben zum/r Referenzgeber/in

Children: _____

Relation towards the children: _____

Beziehung der/des Referenzgebers/in zu den Kindern, die betreut wurden

Address: _____

Phone Number: 0049 (0) _____

(Place and Date / Ort und Datum): _____

Where do you know the applicant from and for how long?

In welchem Verhältnis stehen Sie zum/-r Bewerber/in und wie lange kennen Sie diese/n bereits?

Referee's signature / Unterschrift ReferenzgeberIn: _____

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Wie würden Sie den/die Bewerber/in charakterisieren?

How many children do you have and how old were they when the applicant took care of them? How old are they now?

Wie viele Kinder haben Sie und wie alt waren diese als der/die Bewerber/in sie betreut hat. Wie alt sind die Kinder heute?

How often did the applicant care for the child(ren)?

Wie oft hat der/die Bewerber/in das/die Kind(er) betreut?

Please describe the tasks carried out by the applicant. Did the applicant assist with light housework or cook for the child(ren)?

Bitte listen Sie die Aufgaben auf, welche der/die Bewerber/in im Rahmen der Kinderbetreuung übernommen hat.

Hat er/sie auch Aufgaben im Haushalt übernommen oder für das/die Kind(er) gekocht?

CHILD CARE REFERENCE NO. 2

What is your evaluation on the following abilities of the applicant? Leave blank if unknown.

Wie bewerten Sie folgende Fähigkeiten des/der Bewerbers/in?

Falls nicht bekannt, bitte frei lassen.

Ability / Fähigkeit	Excellent / Sehr gut	Good / Gut	Fair / Wenig	Poor / Schlecht
Overall attitude / Gesamtverhalten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards children / Einstellung gegenüber Kindern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to entertain children / Fähigkeit, Kinder zu beschäftigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity / Reife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility / Adaptability / Flexibilität/Anpassungsfähigkeit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Self confidence / Selbstbewusstsein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic skills / Schulbildung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills / Soziale Fertigkeiten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the child care responsibilities with which the applicant could be entrusted in your opinion:

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Children's laundry / Wäsche der Kinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Care for sick children / Betreuung kranker Kinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for handicapped children / Betreuung von behinderten Kindern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving children / Autofahren mit Kindern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan children's activities / Aktivitäten für Kinder planen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant care / Betreuung von Kleinkindern unter 2 Jahren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple children of different ages / mehrere Kinder verschiedenen Alters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for twins / Betreuung von Zwillingen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel perfectly comfortable recommending the applicant to a prospective host family?

Können Sie den/die Bewerber/in bedenkenlos einer zukünftigen Gastfamilie empfehlen?

Yes / Ja **No** / Nein

Why do you recommend the applicant as an au pair to a host family?

Aus welchen Gründen können Sie den/die Bewerber/in für das Au Pair Programm empfehlen?

CHARACTER REFERENCE NO. 1

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Name of applicant: _____

Person giving this reference: _____

Occupation: _____

Address: _____

Phone Number: 0049 (0) _____

Place and Date / Ort und Datum: _____

Referee's signature / Unterschrift Referenzgeber/in: _____

Where do you know the applicant from and for how long?

How would you characterise the applicant?

In your opinion, what are the applicant's strongest qualities? Name at least 3, please.

What is the applicant's biggest weakness? Would you like to give him/her an advice?

Does the applicant have any special skills? What prior work experience does the applicant have?

What is your evaluation on the following abilities of the applicant? Leave blank if unknown.

Wie bewerten Sie folgende Fähigkeiten des/der Bewerber/in? Falls nicht bekannt, bitte frei lassen.

Ability	Excellent Sehr gut	Good Gut	Fair Wenig	Poor Schlecht
Overall attitude / Gesamtverhalten				
Academic skills / Schulbildung				
Sense of responsibility / Verantwortungsbewusstsein				
Maturity / Reife				
Flexibility / Adaptability / Flexibilität / Anpassungsfähigkeit				
Ability to follow present guidelines / Fähigkeit, Richtlinien zu befolgen				
Trustworthiness / Reliability / Vertrauenswürdigkeit / Zuverlässigkeit				
Ability to adapt to new situations / Fähigkeit, sich an neue Situationen anzupassen				
Social skills / Soziale Fertigkeiten				

Do you feel perfectly comfortable recommending the applicant to a prospective host family?

Können Sie den/die Bewerber/in bedenkenlos einer zukünftigen Gastfamilie empfehlen?

Yes/Ja No/Nein

Why do you recommend the applicant as an au pair to a host family?

Können Sie den/die Bewerber/in bedenkenlos einer zukünftigen Gastfamilie empfehlen?

Aus welchen Gründen können Sie den/die Bewerber/in für das Au Pair Programm empfehlen?

CHARACTER REFERENCE NO. 2

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Name of applicant: _____

Person giving this reference: _____

Occupation: _____

Address: _____

Phone Number: 0049 (0) _____

Place and Date / Ort und Datum: _____

Referee's signature / Unterschrift Referenzgeber/in: _____

Where do you know the applicant from and for how long?

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Ability to follow present guidelines / Fähigkeit, Richtlinien zu befolgen				
Trustworthiness / Reliability / Vertrauenswürdigkeit / Zuverlässigkeit				
Ability to adapt to new situations / Fähigkeit, sich an neue Situationen anzupassen				
Social skills / Soziale Fertigkeiten				

Do you feel perfectly comfortable recommending the applicant to a prospective host family?

Können Sie den/die Bewerber/in bedenkenlos einer zukünftigen Gastfamilie empfehlen?

Yes/Ja No/Nein

Why do you recommend the applicant as an au pair to a host family?

Können Sie den/die Bewerber/in bedenkenlos einer zukünftigen Gastfamilie empfehlen?

Aus welchen Gründen können Sie den/die Bewerber/in für das Au Pair Programm empfehlen?

MEDICAL CERTIFICATE – PART 1

To be filled out by the doctor

The applicant plans to spend several months with a host family, providing child care assistance as well as eventually driving the family's car with the child(ren). It is therefore necessary that the applicant has no medical disorder(s) which could anyhow influence her/his duties and abilities concerning the health and safety of the children and her/his own.

Name: _____

Address: _____

Date of Birth: _____

Please be as specific as possible and note every severe event in the applicant's medical history.

Has the applicant ever suffered from or been diagnosed with any of the following diseases or abnormalities? (Please tick the applicable option and detail the timeframe under 'Notes')

Medical Conditions Table

Condition	Yes	No	Notes
Anxiety disorder			
Chickenpox			
Convulsive Disorder			
Depression			
Diabetes			
Dialysis			
Dyslexia			
Eating disorder/ Anorexia			
Epilepsy			
Hepatitis			
Measles			
Migraine			
Mumps			
Pertussis			
Rheumatic fever			
Physical handicap			
Rubella			
Scarlet fever			
Thyroid disease			
Ulcer			
Urological Problems			

Other health limitations (If yes, please specify including the timeframe):

Any known addictions or abuse currently / in the past? Does the applicant have all the recommended vaccinations (Tick if applicable and specify including the timeframe) for preventable diseases?

Substance Use and Medications

	Yes	No	Notes
Alcohol			
Recreational drugs			
Medications / Drugs			
Narcotics			
Other substances			

Vaccination Record

	Yes	No	Date	Notes
Diphtheria				
Hepatitis A				
Hepatitis B				
Lyme disease				
Measles				
Meningococcal				
Mumps				
Pertussis				

Pneumococcal				
Polio				
Rabies				
Rubella				
Tetanus				

If yes, please specify:

Is the applicant taking regular medication? If yes, name ailment and period:

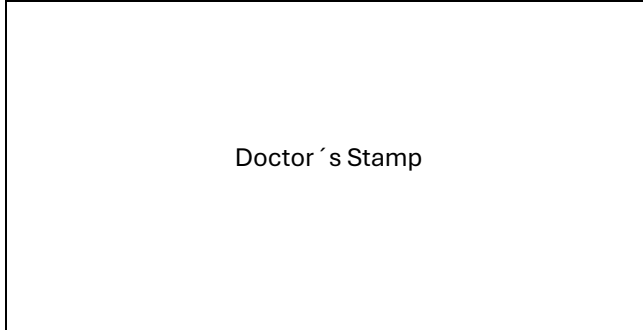
Has the applicant undergone any surgery? (Please specify and add the date.):

Is the applicant pregnant? yes No

Is the applicant somehow limited in his/her ability due to their medical state?

In my professional opinion the general state of the applicant's health is: Excellent Good Fair Poor

This is to certify that the applicant named above is in general good health and an ordinary clinical examination shows normal conditions with no definite symptoms of illness. The applicant has adequate vaccination protection. The applicant will be able to handle and take part in the above mentioned tasks and is not limited in his/her ability to care for children or to drive a car.



Date: _____

Name: _____

Address: _____

Signature: _____

MEDICAL DECLARATION

PERSONAL INFORMATION

Name: _____

Address: _____

Date of Birth: _____

In order to avoid gaps in personal and medical history we kindly ask you to read carefully and sign the following statements:

- I (full name of applicant) confirm that I'm not suffering from any mental or chronic disease, that I am not actively in psychotherapy and if I have been, the therapy has been successfully concluded 2 years ago or longer.
- I (full name of applicant) have not been treated with psychotherapeutic medication within the last two years.
- I (full name of applicant) confirm that I am informed about the current vaccinations necessary in my host country.
- I (full name of applicant) confirm that I am not pregnant.
- If the situation changes prior to my departure date or during my stay, I will inform FlyPair, the partner organisation in the host country, as well as my host family immediately. Please note that abortion is illegal in many countries.
- Please be aware that provision of false information at any stage of your application or during your stay may result in immediate cancellation of your application and/or cancellation of your au pair placement.

If you like to declare any additional information, please use this space to explain:

Date: _____

Signature: _____

REQUIRED DOCUMENTS TO BE UPLOADED WITH THIS FORM

Please make sure to upload the following documents together with this completed application form:

- Police clearance certificate (Führungszeugnis)
- Driver's license (if available)
- Language proficiency (B2 level, e.g. school report with at least 11 NP in English or official tests like TOEFL, Cambridge, etc.)
- School leaving certificate
- Host Family letter
- Photo collage
- Passport or ID copy

All documents must be clearly readable and preferably in PDF format.