



General Information	
Name	BB
Place and Date of birth	24 years old
Nationality	Hungarian
If non-EU citizen, do you have a valid residence permit?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
Gender	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
Civil status <i>(please select the most appropriate, can be more than 1)</i>	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Boyfriend <input type="checkbox"/> Married <input type="checkbox"/> Have children of own <input type="checkbox"/> Divorced <input type="checkbox"/> Living with parents <input checked="" type="checkbox"/> Living on your own <input type="checkbox"/> Living with partner/ boyfriend
	<input type="checkbox"/> If children of own; What are their ages? ----- ----- -----
Driver's license	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify ; have had lessons in Hungary before moving to Malta
Driving experience	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify ;
Willing to drive abroad	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Smoking	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> On occasions only
Do you understand if you are a smoker you are not allowed to smoke near the children nor inside the house?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Do you have any visual piercings or tattoos?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify ;
Do you want to take care of pets? <i>(walking, feeding, playing with pets)</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify ;
Program that you are interested in: More options	<input checked="" type="checkbox"/> Light household chores <input checked="" type="checkbox"/> Cleaning <i>(light and heavy household chores)</i> <input type="checkbox"/> Elderly Support <input checked="" type="checkbox"/> Childcare <input checked="" type="checkbox"/> Children with special needs <input checked="" type="checkbox"/> Personal assistant / house management
Position	<input checked="" type="checkbox"/> Live-in position <input type="checkbox"/> Live-out position
Are you available for 1 year? <i>(1 year is required)</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Able to stay longer than 1 year
Earliest start date	Immediately

Education				
Education / course	Name of institute	Start year	End year	Diploma
Secondary school	Hungary	2008	2012	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



Language Skills					
English	<input type="checkbox"/> Native	<input checked="" type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor
Dutch	<input type="checkbox"/> Native	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Poor
Other : Hungarian	<input checked="" type="checkbox"/> Native	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor

Relevant Working experience					
Employer	Job description	Hours per week	Start date	End date	Reference included
Coffee bar	Waitress	40 - 50	Sept 2017	Feb 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Relevant Childcare experience					
<i>(fill out if you are willing to work with children)</i>					
Employer (name family or organisation)	Start date	End date	How many children	Ages of children	How many hours did you work with children
Au Pair in UK	Jan 2014	Jan 2015	4 children	Triplet girls of 4,5 months a boy of 5 years old	40 to 50 hrs
Private family	Oct 2008	Oct 2012	4 children	2x girls of 5 and 8 2x boys 7 and 12	On call / part-time
Rate yourself on your childcare experience			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10		
Rate yourself on how well you perform the childcare tasks			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10		
Rate yourself on how much you enjoy working with children			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10		

Relevant Baby experience	
Do you have experience with new born babies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, please go to "Household Working Experience")</i>
How many months did the baby have when you started?	4,5 months old
Can you perform the following tasks? <i>(please mark the tasks you have experience with)</i>	<input checked="" type="checkbox"/> Give bottle <input checked="" type="checkbox"/> Change diapers <input checked="" type="checkbox"/> Bath baby <input checked="" type="checkbox"/> Put the baby to bed <input checked="" type="checkbox"/> Night shifts watching over the baby <input checked="" type="checkbox"/> Prepare baby food <input checked="" type="checkbox"/> Feed the baby <input checked="" type="checkbox"/> Go outside with the baby
Rate yourself on your baby experience	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10



Rate yourself on how well you perform the baby tasks	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Rate yourself on how much you enjoy working with babies	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

Relevant Elderly experience	
Are you willing to work with elderly people? <i>(help in the household, do groceries, prepare food, accompany elderly people, go for a walk)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(if no, please go to "Household Working Experience")</i>
Do you have experience working with elderly people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rate yourself on your elderly experience	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Rate yourself on how well you perform your tasks for elderly	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Rate yourself on how much you enjoy working with elderly people	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

Household Working Experience	
Do you want to do light household chores? <i>(E.g. washing dishes, tidy kitchen, cooking, keep the kitchen clean and organized, grocery shopping, mopping, washing laundry, hang-up laundry, sort laundry, put the laundry away, iron clothing, arrange the rooms in the house, make the beds, change the beds, organize the bedrooms of the children, hover the rooms of the house, give water to the plants in the house)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rate yourself on your light household experience	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Rate yourself on how well you perform the light household chores	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Rate yourself on how much you enjoy performing light household chores	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Do you want to do heavy household chores? <i>(E.g. gardening, cleaning the windows, wash and clean the car, clean the whole house incl. bathrooms, re-organize inventory, put the trash outside, recycle paper/ glass/ plastic, help out during parties)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rate yourself on your heavy household experience	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Rate yourself on how well you perform the heavy household chores	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Rate yourself on how much you enjoy performing heavy household chores	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

Cooking	
Are you a vegetarian or vegan?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify ; Vegetarian since Jan 2018 (no problem with preparing meat)
Rate yourself on your cooking experience	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Rate yourself on how well you can cook	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Rate yourself on how much you like to cook	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

Additional Personal Information	
Do you have any special religious faith needs or diet habits that will interfere with your job ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None. Specify : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> None. Specify : Vegetarian
Do you know anyone/ do you have any relatives who live in the Netherlands? If you do, what is your relation with this person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None. Specify :



Please select 6 words that describe characteristics of your personality best	<input type="checkbox"/> Exploring	<input type="checkbox"/> Disciplined	<input type="checkbox"/> Quite organized
	<input checked="" type="checkbox"/> Open to new ideas	<input type="checkbox"/> Very organized	<input checked="" type="checkbox"/> Compromising
	<input checked="" type="checkbox"/> Practical	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Not easily distracted
	<input type="checkbox"/> Relaxed	<input checked="" type="checkbox"/> Impulsive	<input checked="" type="checkbox"/> Innovative and creative
	<input checked="" type="checkbox"/> Flexible	<input type="checkbox"/> Good in following instructions	
Name your interests and hobbies?	1. Running	2. Reading	3. swimming
What type of sports do you do?	1. Running	2. Wants to start yoga soon	3.

Suitability to work abroad	
Have you worked abroad before? If so, in which countries?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify: UK, USA and Malta
Have you ever been in the Netherlands/ Belgium	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify:
What is the reason you want to work in the Netherlands/ Belgium?	To explore a new country
What do you like most about your own country and what do you dislike?	Like: Nature, my amazing family and friends Dislike: Atmosphere, negative people, poorness
What will you miss most while working abroad?	My beautiful mother & brothers
How will you adjust to a new country and new culture?	Really well, I like new situations
Did you ever experience home sickness? If so, how did you overcome the home sickness?	I experienced few times. Well I am tough girl I just overcame it by accepting it
What difficulties do you expect to encounter whilst working in the Netherlands/ Belgium?	I expect only good things not difficulties
How are you going to spend your free time in the Netherlands/ Belgium?	I will see what options I have, but for sure I will run
What are your future plans after finishing this job?	I don't have plans
Can you cycle?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Can you swim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly