



| General Information | |
|--|--|
| Name | E |
| Age | 30 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 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 ; |
| 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 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 type="checkbox"/> Able to stay longer than 1 year |
| Earliest start date | 10/04/2018 |

| Education | | | | |
|--------------------|-------------------|------------|----------|--|
| Education / course | Name of institute | Start year | End year | Diploma |
| High school | Hungary | 2004 | 2008 | <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 type="checkbox"/> Fluent | <input checked="" 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 checked="" type="checkbox"/> Moderate | <input 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 |
| Other : Romanian | <input type="checkbox"/> Native | <input checked="" type="checkbox"/> Fluent | <input checked="" 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 |
| Private family | Nanny | 45 | 2012 | 2013 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Private family | Nanny and mother's help | 60 | 2014 | 2016 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Private family | Nanny | 55 | 2016 | 2017 | <input checked="" 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 |
| Private family | 2012 | 2013 | 3 boys | 4 mnds, 3 yo, 4 yo | 45 hrs |
| Private family | 2014 | 2016 | Twins and toddler | New born babies and 3 yo | 60 hrs |
| Private family | 2016 | 2017 | 1 girl | 2 mnds | 55 hrs |
| 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 type="checkbox"/> 9 <input checked="" 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 checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input 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? | 2 weeks 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"/> Night shifts watching over the baby <input checked="" type="checkbox"/> Change diapers <input checked="" type="checkbox"/> Prepare baby food <input checked="" type="checkbox"/> Bath baby <input checked="" type="checkbox"/> Feed the baby <input checked="" type="checkbox"/> Put the baby to bed <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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> 8 <input checked="" 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 checked="" type="checkbox"/> 9 <input 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 checked="" type="checkbox"/> 9 <input 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 type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 |

| Cooking | |
|--|---|
| Are you a vegetarian or vegan? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify ; |
| 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 type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" 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 type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> None. Specify : |
| 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 checked="" type="checkbox"/> Exploring | <input checked="" type="checkbox"/> Disciplined | <input type="checkbox"/> Quite organized |
| | <input type="checkbox"/> Open to new ideas | <input type="checkbox"/> Very organized | <input type="checkbox"/> Compromising |
| | <input checked="" type="checkbox"/> Practical | <input checked="" type="checkbox"/> Spontaneous | <input type="checkbox"/> Not easily distracted |
| | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Innovative and creative |
| | <input checked="" type="checkbox"/> Flexible | <input checked="" type="checkbox"/> Good in following instructions | |
| Name your interests and hobbies? | 1. Reading | 2. Cinema, theatre | 3. Walking |
| What type of sports do you do? | 1. Running | 2. Table tennis | |

| Suitability to work abroad | |
|--|--|
| Have you worked abroad before? If so, in which countries? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify: Germany, France, Sweden and Hungary |
| 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? | I would like to know the country and discover new things |
| What do you like most about your own country and what do you dislike? | I like the mountains, the sea, nature, food and the folk dance. I dislike the roads and the financial situation |
| What will you miss most while working abroad? | My family and friends |
| How will you adjust to a new country and new culture? | I quickly accept new surroundings and cultures |
| Did you ever experience home sickness? If so, how did you overcome the home sickness? | I have not experienced home sickness before |
| What difficulties do you expect to encounter whilst working in the Netherlands/ Belgium? | I don't really see any difficulties apart from the Dutch language. I'm open and adjust easily. |
| How are you going to spend your free time in the Netherlands/ Belgium? | Walking, exploring, meeting new people and try new food |
| What are your future plans after finishing this job? | If all goes well I would love to stay in the Netherlands |
| Can you cycle? | <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
| Can you swim? | <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |