



General Information	
Full name (as written in the passport)	L
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 checked="" type="checkbox"/> Yes
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify ; B
Driving experience	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify ;
Willing to drive abroad	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Smoking	<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify ; nose piercing, tattoos on neck and shoulder
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 ; I grew up with animals (specifically cats) in our surroundings.
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 type="checkbox"/> Children with special needs <input type="checkbox"/> Personal assistant / house management
Position	<input type="checkbox"/> Live-in position <input checked="" 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
Earliest start date	Mid-august, 2018

Education				
Education / course	Name of institute	Start year	End year	Diploma
Swimming Teacher	Hungary	2017	2018	<input type="checkbox"/> Yes <input type="checkbox"/> No
Childcare Taker	Hungary	2013	2015	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School, Music Major	Hungary	2009	2013	<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 checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Poor
Other :	<input type="checkbox"/> Native	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor

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
NL (nanny)	2016/08/12	2017/10/13	2	6, new born	approximately 45 hours
NL (au pair)	2015/09/03	2016/07/31	3	9, 7, 4	30 hours
Nursery, HUN (childcare taker)	2014/09/02	2015/05/27	12	18 months – 3 years	5 hours / day
Park Hotel, HUN (Animator)	2014/06/23	2014/08/20	5 - 20	2 – 17 years	8 hours / day
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 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?	0, I have arrived to the family two weeks before the baby was born.
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 checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input 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 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input 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 checked="" 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 can cook	<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
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 checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> None. Specify :		
Please select 6 words that describe characteristics of your personality best	<input checked="" type="checkbox"/> Exploring <input type="checkbox"/> Open to new ideas <input type="checkbox"/> Practical <input type="checkbox"/> Relaxed	<input type="checkbox"/> Disciplined <input checked="" type="checkbox"/> Very organized <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> Impulsive	<input type="checkbox"/> Quite organized <input type="checkbox"/> Compromising <input type="checkbox"/> Not easily distracted <input checked="" type="checkbox"/> Innovative and creative



	<input checked="" type="checkbox"/> Flexible	<input checked="" type="checkbox"/> Good in following instructions
Name your interests and hobbies?	<ol style="list-style-type: none"> 1. Reading 2. Traveling 3. Music 	
What type of sports do you do?	<ol style="list-style-type: none"> 1. Swimming 2. Cycling 3. Hiking 	

Suitability to work abroad	
Have you worked abroad before? If so, in which countries?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify: the Netherlands
Have you ever been in the Netherlands/ Belgium	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify:
What is the reason you want to work in the Netherlands/ Belgium?	I have worked in the Netherlands for two years and I really enjoyed working and living there.
What do you like most about your own country and what do you dislike?	I really like the architecture and there are some amazing places to see in Hungary.
What will you miss most while working abroad?	Going to the same church my parents go to.
How will you adjust to a new country and new culture?	I am already familiar with the Dutch culture and I like it a lot.
Did you ever experience home sickness? If so, how did you overcome the home sickness?	Not that often.
What difficulties do you expect to encounter whilst working in the Netherlands/ Belgium?	-
How are you going to spend your free time in the Netherlands/ Belgium?	I would like to study Dutch more efficiently than I did before.
What are your future plans after finishing this job?	-