



General Information	
Full name (as written in the passport)	D
Place and Date of birth	23 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 type="checkbox"/> Single <input checked="" 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 <div style="float: right; margin-left: 20px;"> <input type="checkbox"/> If children of own; What are their ages? ----- ----- ----- </div>
Driver's license	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify ; from 2013
Driving experience	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify ; I am driving every day.
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
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 love dogs.
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 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	August 2018

Education				
Education / course	Name of institute	Start year	End year	Diploma
Social science	Hungary	2009	2013	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hungarian and english language and literature	Hungary	2013	2016	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
First aid training	Hungary	2018	2018	<input checked="" 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 type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Poor
Hungarian	<input checked="" type="checkbox"/> Native	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor
Romanian	<input type="checkbox"/> Native	<input 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
Camp	Summer camp animator in Romania	38	Jul 2016	Aug 2016	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private family	Au-pair in the UK	40	Aug 2016	Jan 2017	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private family	Au-pair in the UK	50	Jan 2017	Jun 2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Primary School	Hungarian language and literature teacher in Romania	20	Sept 2017	now	<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
Private family	August 2016	January 2017	2	5 + 8	40
Private family	January 2017	June 2017	2	0 + 3	50
Camp	July 2016	August 2016	100-150	4-14	38
Primary School	September 2017	now	40-50	7-14	20
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 checked="" type="checkbox"/> 8 <input 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 checked="" 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?			7 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 checked="" 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 checked="" type="checkbox"/> 9 <input 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 checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input 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 checked="" type="checkbox"/> 9 <input 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 checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input 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 checked="" type="checkbox"/> 8 <input 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 checked="" 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
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 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 checked="" 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None
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	
Please select 6 words that describe characteristics of your personality best	<input type="checkbox"/> Exploring	<input checked="" type="checkbox"/> Disciplined	<input type="checkbox"/> Quite organized
	<input checked="" type="checkbox"/> Open to new ideas	<input checked="" type="checkbox"/> Very organized	<input type="checkbox"/> Compromising
	<input checked="" type="checkbox"/> Practical	<input 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. Nature 3. Dogs
What type of sports do you do?		1. Kangoo jump	2. Swimming 3. Cycling

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
Have you ever been in the Netherlands/ Belgium	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
What is the reason you want to work in the Netherlands/ Belgium?	I would be happy to have a new experience there. I heard just good things about the country and I want to live in. In the same time improve my language skills and meet with new cultures.
What do you like most about your own country and what do you dislike?	I love the breathtaking views in the nature: forests, waterfalls, lands etc.
What will you miss most while working abroad?	My family and my friends
How will you adjust to a new country and new culture?	My host family hopefully
Did you ever experience home sickness? If so, how did you overcome the home sickness?	Yes, nowadays it is easy cause I can ring them any time.
What difficulties do you expect to encounter whilst working in the Netherlands/ Belgium?	Not that many, as I have worked as an au pair abroad twice. It is a matter of getting to know the parents, the children and the work.
How are you going to spend your free time in the Netherlands/ Belgium?	It depends on the possibilities (reading, walking, cinema, library)
What are your future plans after finishing this job?	I'll come back to teach.