

Application to source an AuPair as an Elderly companion

Please Complete this form if you require help that does not involve any childcare

Please complete the form below and give information relating to the person who is **NEEDING** the companion but do complete section one giving the details of who we should contact during this placement process

Do please note that our companions cannot undertake any personal care or dispense medication. Their duties can include light housework, cooking, odd jobs, driving and general companionship duties like accompanying on visits, excursions or activities and doing grocery shopping



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Section 1 CONTACT INFORMATION FOR PERSON A2Z SHOULD LIASE WITH DURING THE PLACEMENT PROCESS

| | | | |
|--|---------|---------------------------------|-------------------------------|
| Name | | Female <input type="checkbox"/> | Male <input type="checkbox"/> |
| Address | | | |
| Contact details | Phone: | Mobile: | |
| | E-mail: | Skype Address: | |
| Relationship to person needing the companion | | | |

Section 2 PERSONAL DETAILS OF THE PERSON NEEDING THE COMPANION

| | | | |
|---|---|---------------------------------|-------------------------------|
| Name | | Female <input type="checkbox"/> | Male <input type="checkbox"/> |
| Address | | | |
| Contact details | Phone: | Mobile: | |
| | E-mail: | Skype Address: | |
| Age and date of birth | Date of Birth | Age | |
| Marital status: | Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | |
| What type of location do you currently live in? | City <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> Countryside <input type="checkbox"/> | | |
| Please give information about current state of health, mobility and any physical restrictions | | | |

Section 3 –

Please answer the questions giving more detail about the type of help that is required

| | |
|---|--|
| What is your ideal start date and length of stay? | |
| Would you consider a shorter length of stay for a great candidate? | |
| What is the minimum and maximum age you would consider? (We get people aged 18-60) | |
| Do you prefer a male or female companion | |
| Have you had an Au Pair or companion before? | |
| Do you prefer a non smoker or is a social smoker (outside the family home)? | |
| Do you have someone helping at the moment? What is their name? What nationality are they? How long have they been with you? Would they be happy to talk to a new au pair about your family and your job? | |
| Do you need the au pair to drive? | |
| Is driving essential? | |
| What age can you insure? | |
| CAR BENEFITS IF DRIVER Do you provide the Au Pair with their own car? What petrol allowance will you provide? | |
| What pets do you have? | |
| What are the normal hours that you need the person to help – what are the total weekly hours? | |
| Which 2 free days are they likely to have? | |
| What pocket money do you pay per week? | |
| What outline the sort of help that you need? Give me an idea of a typical days work for them. Also outline any helpful information about the person who needs the companion | |
| Can you tell me a bit about your home and the accommodation for the person joining you (bedroom, CD, DVD, TV, own bathroom etc?) | |
| What about your location – Which is your local college that provides language classes? Do you have other au pairs in the area/ Are there any local places of interest? How far are you from the nearest town or city (if village)? What public transport is available locally? (local buses, trains etc) Which is your nearest airport? Are you happy to give your aupair a lift to and from local activities? | |
| Do you offer any other benefits – Is there Internet access? Is it wireless? Can they use of a family computer by arrangement? Do you contribute towards the cost of the language school Are you happy to give them a mobile phone allowance. How much do you want to give each month? Will you allow them to make any calls from your landline? How many free calls? | |
| Do you have any questions that we can help you with? | |
| How did you hear about us? | |

Please use this sheet to give us any additional information that you feel is relevant to this application