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Babysitter Character Reference

Applicant's Name: _____

How long have you known the Applicant? _____

Instructions: This reference must be completed by a **non-relative** and will be verified by Au Pair Agency representative. You (Applicant's reference) will be contacted by the local representative to confirm the information given. All references must be in English or translated into English with the original document attached. Each employer/reference should fill in separate forms.

What is your relationship to the Applicant (neighbour, teacher, etc.): _____

How would you describe the Applicant's character?

- | | | | |
|------------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Energetic | <input type="checkbox"/> Helpful | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Flexible | <input type="checkbox"/> Humorous | <input type="checkbox"/> Polite |
| <input type="checkbox"/> Careful | <input type="checkbox"/> Fun | <input type="checkbox"/> Independent | <input type="checkbox"/> Positive |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Friendly | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Sociable |
| <input type="checkbox"/> Efficient | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Open-minded | <input type="checkbox"/> Sporty |

Please indicate the Applicant's ability in the following areas (please circle):

Attitude	Excellent	Good	Fair	Poor
Communication skills	Excellent	Good	Fair	Poor
Maturity for her/his age	Excellent	Good	Fair	Poor
Handling stress	Excellent	Good	Fair	Poor
Handling emergencies	Excellent	Good	Fair	Poor
Work ethics	Excellent	Good	Fair	Poor

Please describe two strengths of Applicants:

Please describe why you believe the Applicant is suitable for the Au Pair Program:

Name of Reference: _____

Address (Street/City/Post Code/Country): _____

Daytime/Evening telephone (county code/area code/ local number): _____

Signature: _____ Date: _____

Office use only

Verified by : _____ Date : _____