25 Sandy Hill Road. Woolwich. London SE18 6SA
tel: 0044 (0) 2081231888
mob: 0044 (0) 7852996417
fax: 0044 (0) 2080825275
email: virag.kiss@vigiaupair.co.uk
web: http://www.vigiaupair.co.uk

Au Pair Childcare 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 do you know that the Applicant is capable of taking care of children?

a) The Applicant has taken care of my children: ☐ Yes ☐ No
b) We have worked together caring for children: ☐ Yes ☐ No
c) I have supervised the applicant (day care, etc.): ☐ Yes ☐ No
d) Other: _____

Approximate Dates of Care	Name & Age of Children at that time	Duties, Activities & Responsibilities	Amount of Care Provided

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

Responsibility	Excellent	Good	Fair	Poor
Friendliness	Excellent	Good	Fair	Poor
Honesty	Excellent	Good	Fair	Poor
Maturity	Excellent	Good	Fair	Poor
Ability to discipline children	Excellent	Good	Fair	Poor
Flexibility	Excellent	Good	Fair	Poor
Helpfulness	Excellent	Good	Fair	Poor
Punctuality	Excellent	Good	Fair	Poor
Cleaning	Excellent	Good	Fair	Poor
Tidying	Excellent	Good	Fair	Poor
Ironing	Excellent	Good	Fair	Poor
Basic Cooking	Excellent	Good	Fair	Poor

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Please describe the skills and abilities the Applicant showed while caring for children :

_____
_____
_____
_____

Please describe the Applicant's housework duties :

_____
_____
_____
_____

Why would you recommend the Applicant as an Au Pair :

_____
_____
_____
_____

Please write down a typical day of the Applicant :

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Name of Reference: _____

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

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

Signature: _____ Date:_____
(Day/Month/Year)

Office use only

Verified by : _____ **Date :** _____