



AU PAIR CANDIDATE APPLICATION FORM

Bridging Cultures. Empowering Futures.

Au-pair programme Austria · www.mosibridge.at

Please complete all sections in BLOCK LETTERS. Send the completed form to mail@mosibridge.at.

1 • Personal Information

FULL NAME

PREFERRED NAME

DATE OF BIRTH

NATIONALITY

PASSPORT NUMBER

PASSPORT EXPIRY DATE

CURRENT ADDRESS

CITY

COUNTRY

TELEPHONE

WHATSAPP

EMAIL ADDRESS

2 • Emergency Contact

FULL NAME

RELATIONSHIP

TELEPHONE

EMAIL

ADDRESS

3 • Education

HIGHEST QUALIFICATION

YEAR COMPLETED

INSTITUTION

COUNTRY

4 • Employment History

EMPLOYER

POSITION

COUNTRY

FROM

TO

MAIN DUTIES

5 · Childcare Experience

CHILDREN'S AGES

RELATIONSHIP TO CHILD

PERIOD OF CARE

REFERENCE

DUTIES PERFORMED

6 · Household Skills

- ☐ Cooking ☐ Cleaning ☐ Laundry ☐ Ironing ☐ Grocery shopping
☐ Preparing children's meals ☐ Babysitting

7 · Language Skills

ENGLISH

- ☐ Basic ☐ Intermediate ☐ Good ☐ Fluent

GERMAN

- ☐ None ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1+

OTHER LANGUAGE(S)

8 · Driving Experience

DO YOU HOLD A VALID DRIVER'S LICENCE?

- ☐ Yes ☐ No

COUNTRY OF ISSUE

YEARS OF DRIVING EXPERIENCE

9 · Health Declaration (voluntary)

These details are voluntary. They help us find a host family that truly suits you. If provided, they are processed only with your explicit consent — see the declaration below.

ALLERGIES

CURRENT MEDICATION

MEDICAL CONDITIONS

DIETARY REQUIREMENTS

10 · Au Pair Preferences

PREFERRED START DATE

PREFERRED LENGTH OF STAY

PREFERRED AGE OF CHILDREN

PREFERRED LOCATION

11 · Motivation

WHY DO YOU WANT TO BECOME AN AU PAIR?

WHY DO YOU WANT TO COME TO AUSTRIA?

WHAT CAN YOU CONTRIBUTE TO YOUR HOST FAMILY?

12 · References

REFERENCE 1 (NAME, POSITION, TELEPHONE, EMAIL)

REFERENCE 2 (NAME, POSITION, TELEPHONE, EMAIL)

13 · Document Checklist

Please attach copies of the following documents where available:

- | | |
|---|---|
| ☐ Passport | ☐ Language certificate |
| ☐ CV | ☐ Educational certificates |
| ☐ Motivation letter | ☐ Reference letters |
| ☐ Police clearance certificate | ☐ Passport photo |
| ☐ Medical certificate | |

Declaration & Consent

I declare that the information provided in this application is true and complete. I consent to MOSI BRIDGE e.U. processing my personal data for recruitment and placement purposes. Health information is voluntary; if provided, I explicitly consent to its processing for a suitable and safe placement (Art. 9(2)(a) GDPR). I can withdraw my consent at any time with effect for the future (mail@mosibridge.at).

APPLICANT SIGNATURE

DATE