



Au Pair in China Program Questionnaire

Thank you very much for taking interest in our program!

We recommend that you use our online registration under www.mandarin-school.cn. However, if your location or browser requires a manual registration, please, fill out every single field of the Mandarin School Au Pair in China registration form. Unfortunately this process is not automated, yet.

If you use an older version of Adobe Acrobat Reader than version 11: To save your registration form as PDF, you will require the PDF Creator: <http://www.pdfforge.org> . That program enables you to re-save this form as a PDF file. Therefore you just have to print and chose the PDF creator under your print options as printer. Please, note, that no special characters are allowed. Alternatively you may print the document and scan it again.

Please, send the form with the other required documents (stated at the bottom) to:

[application@ mandarin-school.cn](mailto:application@mandarin-school.cn)

Personal Information			
Name	<input type="text"/>	Given Name	<input type="text"/>
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Nationality	<input type="text"/>	Gender	<input type="text"/>
Marital Status	<input type="text"/>	Religion	<input type="text"/>
Street	<input type="text"/>	Street Number	<input type="text"/>
ZIP/City	<input type="text"/>	Country	<input type="text"/>
Email	<input type="text"/>	Telephone	<input type="text"/>
Skype	<input type="text"/>		

Further Personal Information

Can you cook?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you ride a bicycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a car driving license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Could you refrain from smoking in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you like pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Could you take care of a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any allergies or other diseases? If so, what kind of medication do you require?

Do you play an instrument? If so, which instrument do you play?

Please, give a self-assessment of your capabilities as driver?

Parents & Siblings

Father		Mother	
Name	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Name	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Given Name	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Given Name	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Profession	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Profession	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

Siblings

Do you have any siblings? If so, how many and how old are they?

Educational Background & Personality

Highest held degree, Issuing institution, Date of completion

**Only if already enrolled:
Desired future degree,
Institution, Estimated date of
completion**

**Previous professional experience, Internships, Holiday jobs,
Short description of handled tasks**

Previous stays abroad

Hobbies

**Short description of your own
personal character**

Language Skills / Level

English	<input type="checkbox"/> Professional <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> N/A
Where did you acquire your language skills? / Additional information	
Chinese	<input type="checkbox"/> Professional <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> N/A
Where did you acquire your language skills? / Additional information	
Further Language Skills	
Which further languages do you speak? Please, provide a short self-assessment of the respective language level.	

Household & Childcare Experience

Please, provide a short description of your household skills.	
Do you already have any experiences regarding child care? If so, where did you make those and with children of which age?	

Self-Assessment of Childcare Skills

Taking care of babies	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
Dressing/Bringing to bed	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
Keeping occupied/Playing	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None
Homework Supervision	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> None

Preferences Regarding Future Family Situation

Would you be willing to take care of children of the following ages?

0-2 years	<input type="checkbox"/> With pleasure	<input type="checkbox"/> Would be OK	<input type="checkbox"/> Rather not	
3-6 years	<input type="checkbox"/> With pleasure	<input type="checkbox"/> Would be OK	<input type="checkbox"/> Rather not	
7-10 year	<input type="checkbox"/> With pleasure	<input type="checkbox"/> Would be OK	<input type="checkbox"/> Rather not	
> 10 years	<input type="checkbox"/> With pleasure	<input type="checkbox"/> Would be OK	<input type="checkbox"/> Rather not	
How many children would you be willing to look after?	<input type="checkbox"/> 1	<input type="checkbox"/> 1 or 2	<input type="checkbox"/> Up to 3	<input type="checkbox"/> No preferences
Would you be willing to look after handicapped children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be willing to work for a single parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mother <input type="checkbox"/> Father	

Motivation for Your Au Pair Stay

☐ Improving language skills ☐ Subsequent studies in host country ☐ Economical reasons

Other reasons (Please, provide a short explanation of your motivation)

Details of Your Au Pair Stay

Where would you like to live?

☐ City ☐ Suburb ☐ Village ☐ Countryside ☐ No Preferences

Do you have any wishes in particular regarding the place of your stay?

What is the earliest time you could start?

(dd.mm.yyyy)

What is the latest time you could start?

(dd.mm.yyyy)

What is your preferred duration of your stay?

months

What is your preferred period of staying?

Between (dd.mm.yyyy) and (dd.mm.yyyy)

Do you have any other wishes?

In General

Would you like to be introduced to other Mandarin School programs as well?

☐

Yes

☐

No

How did you hear about us?

Declaration

This questionnaire has been completed:

☐

By myself

☐

With the help of others

I agree that my email address will be forwarded to other au pairs.

☐

Yes

☐

No

I hereby declare, that above given information is correct and that all submitted documents are genuine. I am aware of the general regulations for au pairs as stated on the Mandarin School website and ensure that I fulfill the necessary re-quirements. I also agree with the terms of cooperation, which can be downloaded from the Mandarin School web-site.

☐

Yes

I agree that my pictures and personal information can be handed over to interested host families.

(dd.mm.yyyy)

☐

Yes

Please, send your registration form as PDF to

application@mandarin-school.cn

or directly to your personal advisor.

www.mandarin-school.cn

Necessary Attachments to your Email (files not larger than 1MB per file):

- 5 to 10 pictures of myself (pref. together with children) for the host family
- Personal introduction letter to the host family (Word, Open Office, PDF)
- Copy of passport and driving license (if held) – If you do not hold a passport, yet, your ID card will suffice.
- Proof of stated English skills (e.g. certificate or school report, can be handed in later)