

NAME OF APPLICANT



## **Demi Pair Character Reference Form**

This individual is applying to become a Demi Pair in Australia. The applicant will attend daily English classes at whilst living with a local host family and will provide childcare and household assistance to the family. Please answer the questions truthfully and provide as much detail as possible.

HOW LONG HAVE YOU KNOWN THE APPLICANT?								
IN WHAT CAPACITY DO YOU KNOW THE APPLICANT?	EMPLOYER OR COLLEAGUE		EDUCATION (e.g. teacher)	FRIEND	OTHER (PLEASE SPECIFY)			
HOW OFTEN DO YOU SEE THE APPLICANT?	DAILY		WEEKLY	MONTHLY	YEARLY			
PLEASE DETAIL THE APPLICANT'S STRENGTHS								
PLEASE DETAIL THE APPLICANT'S WEAKNESSES								
IS THE APPLICANT EMPLOYED?	YES NO		If yes, what position does the applicant hold and what are the key duties of their role?					
	UNSURE							
DO YOU THINK THE APPL Please explain	ICANT WILL ADAF	T WE	LL TO LIVING IN AUSTRALIA	WITH A HOST FAMILY?				

International House Sydney | Bondi | Darwin | Melbourne

CRICOS Provider Code 02623G RTO 91109

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DO YOU THINK THE APPLICANT WILL ADAPT WELL TO NEW SITUATIONS, STRESS AND CULTURAL DIFFERENCES? Please explain									
DO YOU HAVE ANY OTHER COMMENTS TO SUPPORT THE ARRIVES AND ASSESSED.									
DO YOU HAVE ANY OTHER COMMENTS TO SUPPORT THE APPLICANT? Please explain									
PLEASE RATE THE APPLICANT'S SKILLS (	tick the relevant box)								
	EXCELLENT	GOOD		ОК	UNKNOWN				
ABLITY TO FOLLOW INSTRUCTIONS									
ABLITY TO MEET A DEADLINE									
ABLITY TO WORK UNDER PRESSURE									
ABLITY TO MULTI-TASK									
ABILITY TO WORK IN A TEAM									
ABILITY TO WORK AUTONOMOUSLY									
RESPONSIBILITY									
USE OF INITATIVE									
ADAPTABILITY									
PUNCTUALITY									
REFEREE FULL NAME			SIGNATURE						
CONTACT NUMBER		EMAIL							
REFEREE ADDRESS			DATE						

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