



**Demi Pair Childcare Reference Form**

The applicant is applying to become a Demi Pair in Australia. The applicant will attend daily English classes at International House, whilst living with a local host family and providing childcare and household assistance to them. Please answer the questions truthfully and provide as much detail as possible. If this check is **not** completed in English, an English translation must be provided.

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| **NAME OF APPLICANT** |  | | | | |  | | | | |
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| **RELATIONSHIP TO APPLICANT** |  | | | | |  | | | | |
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| **HOW LONG HAVE YOU**  **KNOWN THE APPLICANT?** |  | | | | |  | | | | |
| **WHEN DID THE APPLICANT WORK FOR YOU?** | **DURATION** | | |  | |  | | | | |
|  | **DATE (FROM-TO)** | | |  | |  | | | | |
| **HOW OFTEN DID THE**  **APPLICANT PROVIDE CARE?** | **DAILY** | |  | **WEEKLY** |  | **MONTHLY** |  | **OTHER** *(Please explain)* | | |
|  | |  | |  |  | |  | | |
| **DETAILS OF CHILDREN** | **NUMBER OF CHILDREN** | | |  |  |  | | | | |
| **AGE OF CHILDREN** | | |  |  |  | | | | |
| **GENDER OF CHILDREN** | | |  |  |  | | | | |
| **WHEN DID THE APPLICANT PROVIDE CARE?** | **MORNING** |  | | **EVENIN** | **G** |  | **APPLICANT’S**  **CARE GIVING ABILITY** | | **SOLE CARE** |  |
| **AFTERNOON** |  | | **OVERNIG** | **HT** |  | **PARENT HELP** |  |

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| **PLEASE EXPLAIN THE APPLICANT’S CHILDCARE DUTIES AND RESPONSIBILITIES** |
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| **PLEASE DETAIL THE APPLICANT’S STRENGTHS AND WEAKNESSES** |
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| **HAS THE APPLICANT EVER HELPED WITH HOUSEHOLD DUTIES? (E.g. laundry, cleaning)** *please explain* |
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| **DO YOU THINK THE APPLICANT WILL ADAPT WELL TO LIVING IN AUSTRALIA WITH A HOST FAMILY?**  *Please explain* |
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| **DO YOU THINK THE APPLICANT WILL ADAPT WELL TO NEW SITUATIONS, STRESS AND CULTURAL DIFFERENCES?** *Please explain* |
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| **WHY DO YOU RECOMMEND THE APPLICANT FOR A DEMI PAIR POSITION?** |
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| **PLEASE TICK STATEMENTS** | **EXCELLENT** | **GOOD** | **OK** | **N/A** | **PLEASE TICK**  **STATEMENTS** | **EXCELLENT** | **GOOD** | **OK** | **N/A** |
| **LOVE FOR CHILDREN** |  |  |  |  | **ABILITY TO WORK WITH ADULTS** |  |  |  |  |
| **UNDERSTANDING**  **OF CHILDREN** |  |  |  |  | **ABILITY TO**  **FOLLOW**  **INSTRUCTIONS** |  |  |  |  |
| **USE OF INITATIVE** |  |  |  |  | **ADATABILITY** |  |  |  |  |
| **PUNCTUALITY** |  |  |  |  | **FLEXIBILTY** |  |  |  |  |
| **HONESTY** |  |  |  |  | **RELIABILTY** |  |  |  |  |

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| **REFEREE FULL NAME** |  | **SIGNATURE** |  |
| **CONTACT NUMBER** |  | **EMAIL ADDRESS** |  |
| **REFEREE ADDRESS** |  | **DATE OF COMPLETION** |  |