eduCARE IN AMERICA®

Academic Reference

(Required for EduCare companions)

Membership no 2005

Office use only

NAME OF APPLICANT – AS IT APPEARS IN PASSPORT

Last Name | First Name | Other Initials

To be completed by academic referee (teacher) – use black ink.

Name of referee *(please print)* _____ **Profession** _____

Address _____

Telephone Day _____ Evening _____ Mobile _____

The Au Pair in America Interviewer or American host family may wish to telephone you to discuss this reference.

Do you speak English? Yes ☐ No ☐ Best time to call _____

Are there any dates in the near future when you will not be contactable? *(e.g. vacation)* _____

Are you related to the applicant? Yes ☐ No ☐ *(relatives may not complete this form)*

Please note: *References are checked and falsifying a reference may result in the applicant being withdrawn from the program.*

How long have you known the applicant? _____ How do you know the applicant? _____

When were you last in contact with the applicant? _____

What level of education did they study at your establishment? _____

Please describe the applicant's particular academic interests and abilities _____

Please explain how the applicant related to other class members _____

Please rate the applicant's qualities in the following areas: *1 = poor, 2 = below average, 3 = satisfactory, 4 = good, 5 = excellent*

Responsibility ☐ Maturity ☐ Warmth/Compassion ☐ Ability to work with adults ☐

Ability to carry out instructions ☐ Punctuality ☐ Initiative ☐

Please give your opinion of the applicant's ability to handle new situations and possible stress, culture shock, etc. _____

To the best of your knowledge, has the applicant ever been involved in any criminal offence? Yes ☐ No ☐

If yes, give details _____

Has the applicant any health or family problems? Yes ☐ No ☐ If yes, give details _____

Would you recommend the applicant for a placement as an au pair or companion in the USA caring for children? Please give your reasons in as much detail as possible _____

Please provide any additional information about the applicant which would be helpful to a prospective family _____

Signature _____ **Date** _____

PLEASE RETURN TO THE APPLICANT ONCE COMPLETED