

Application form

Teach & Play

| Name & Surname | | | | | | | |
|----------------------------------|---------------------|--------|------------------|---------------------|--------|------|--------|
| Region preferred | Town | Suburb | | Countryside | 9 | | |
| Are you flexible with region? | | Yes | No | | | | |
| First date available to start | Г | | | | | | |
| Last date available to start | F | | | | | | |
| Last date available to stay in S | Spain | | | | | | |
| Contact Informatio | on | | | | | | |
| Full Address | | | | | | | |
| Email | | | Mob | ile number | | | |
| Skype | | | Hom | e number | | | |
| Personal Information | on | | | | | | |
| Passport/ID | | | Natio | onality | | | |
| Date of Birth | | Age | | | Gender | Male | Female |
| Full driving license? Y | es No ive in Spain? | | Date lice Yes | ense obtained No | | | |
| Do you have any crimina | I record? | | | Yes | s No | | |
| If YES, please explain | | | | | | | |

| Are you in good health? | Yes | No | If NO, please explain | | | | | |
|----------------------------|----------------------|-----------|-----------------------------|--------------|------|-----|-------------|--------|
| Any disabilities? | Yes | No | If YES, please explain | | | | | |
| Any medication? | Yes | No | If YES, please explain | | | | | |
| Any serious allergies? | Yes | No | If YES, please explain | | | | | |
| Do you like pets? | Yes | No | If NO, please explain | | | | | |
| | | | | | | | | |
| Any special diet? | Yes | No | If YES, please explain | | | | | |
| If you are a vegetari | an or vegan, will y | ou be wi | lling to cook meat for the | children? | | Yes | No | |
| Do you smoke? | Yes | No | If YES, how many daily? |) | | | | |
| If you do smoke would yo | u accept NOT to s | smoke in | the house or in front of th | ne children? | | Yes | No | |
| | | | | | | | | |
| Your religion | | | Practising? | Yes | No | Sp | pecial occa | ssions |
| | d you accept a fa | mily with | another religion? | Yes | No | | | |
| Can you swim? | Yes | No | | | | | | |
| Knowledge of first aid? | Yes | No | Do you have a first | aid certific | ate? | | Yes | No |
| Are y | ou able / willing to | o provide | e medical help, such as inj | ect insulin? | | | Yes | No |
| | | | | | | | | |
| Do you have any previous e | xperience in a f | oreign o | country? | | | Yes | No | |

What are your future plans?

Languages Spoken

How long studied for?

| Fair | Good | Fluent |
|------|------|--------|
| Fair | Good | Fluent |
| Fair | Good | Fluent |
| Fair | Good | Fluent |

Educational Background

Attended school/College

How many years?

Type of graduation

Your current occupation

If you are currently employed what is your profession

Current employer and company, if any

Your position

Employed until / or notice period

Hobbies & Interests

| Writing | Theatre | TV | Animals | Swimming | Running | Cooking |
|---------|---------|------------|---------|----------|----------|----------|
| Reading | Cinema | Art | Plants | Skiing | Cycling | Sewing |
| Piano | Singing | Handcrafts | Nature | Skating | Football | Knitting |
| Other/s | | | | | | |

Your family

Parent's address (if different)

Parent's phone number

Your father's occupation

Your mother's occupation

Sibblings (name & age)

Childcare Experience

| Please, indicate the age groups you have experience with | | | | | | | | |
|--|---------------|-----------------|------------------|---------------------|--|--|--|--|
| Newborn | 9 - 24 months | 2 - 5 vears old | 5 - 10 vears old | Older than 10 years | | | | |

| Do you ha | ve experience | with children with special | I needs or handicapped? | | | | | |
|-----------|--|----------------------------|-------------------------|--|--|--|--|--|
| Yes | No | If YES, please explain | | | | | | |
| Any furth | Any further information that would assist a family in deciding to invite you | | | | | | | |

Please, list details of your childcare experience

Name & Age Type of childcare Start /end (Aprox. dates) Activities of children Frequency (How often?

Host family preferences

| Please, indicate | the | age | groups | you | would | like | to | care | for |
|------------------|-----|-----|--------|-----|-------|------|----|------|-----|
|------------------|-----|-----|--------|-----|-------|------|----|------|-----|

Newborn 9 - 24 months 2 - 5 years old 5 - 10 years old Older than 10 years

Do you think you are capable of taking care of children with special needs?

Yes No If YES, please explain

Would you accept a single parent family? Single mother Yes No

Single father Yes No

Any other preferences?

In case of emergency, please call:

| Contact 1: | Contact 2: |
|------------|------------|
|------------|------------|

Name & Surname Name & Surname

Mobile number Mobile number

Next of kin Next of kin

Would you like Club RCI to book a Spanish course in Madrid for you?

Yes No If yes, how many weeks?

Health & Travel Insurance CHECK CONDITIONS HERE.

Non-EU citizens (compulsory)

Private health and accident insurance is COMPULSO-RY for Non-EU citizens. We provide you a special flat rate of 20€/week with Guard me (multirisk).

| Number of weeks |
|-----------------|
| |
| |

EU citizens (optional)

We recommend EU citizens to get private insurance. We could provide you a multirisk Guard Me at a flat rate of 10€/week. Would you like us to book you insurance to cover your stay in Spain?

| lf | yes, | how | many | weeks? | |
|----|------|-----|------|--------|--|
| Г | | | | | |

Yes No

Declaración | Disclaimer

Confirmo que la información dada es veraz y estoy de acuerdo con las condiciones del programaTeach & Play de Club RCI, de las cuales he sido debidamente informado para participar en el I herewith confirm the given information is true to the best of my knowledge and I agree with the terms of business of Club RCI; I've been properly informed about the conditions to join the Teach & Play in Spain programme.

By submitting this form you are agreeing to our privacy policy.

Name & Surname

Passport number

Date

Signature

Marketing preferences

Sign up for our newsletter emails, news, events and special offers.

Sign up to hear mor about other work travel opportunities Club RCI offer via email.



Documents needed

- **Diplomas or certificates** of qualifications you may have achieved.
- **Criminal record**
- Photocopy of passport
 - **Curriculum Vitae** in Spanish or English.

- 3 pictures of you Smile
 - **Doctor Certificate** proving you are in good health. Download form
- References 2 childcare references forms Download form

Once you've gathered all the documents needed, please submit them to us via email: spain@clubrci.es, including your application form in word/pdf document.

Please, state your full name in the subject field when emailing us.

Where have you heard from Club RCI?

Google/Other search engine









Other Participant (Name, please)

Others (Please, specify)











