



## **COVER LETTER AU PAIR APPLICATION PART TWO**

**Due to privacy policy and the Reform of EU data protection rules, we ask to receive sensitive documents in a separate document.**

**A complete application (part two) must include:**

- Medical information, Part 1
- Medical certificate, Part 2
- Police clearance no older than 6 months
- Consent from au pair candidate
- ID and drivers license

**Please send the documents to us as one PDF.**

The sensitive documents will not be handed out to potential host families, but will be kept by Atlantis Exchange, as long as the candidate is waiting for a placement or is placed with a host-family.

If the au pair chooses to withdraw his/her application or when the au pair is finished with the cultural exchange, the sensitive documents will be deleted. NB: Police clearance will be confirmed and deleted immediately upon receipt.

\*If you (the sending organization) can no longer send the police clearance (due to the GDPR regulations), we ask you to fill out the confirmation on the last page, stating that you have seen a copy of the clearance and guarantee that it is clear.

As an Au Pair, the applicant will be living with a family in a foreign country and take care of their children. It is therefore important that we are advised of any physical or mental health problems that may have a bearing on the applicant's ability to participate in the program.

Please consult with the Atlantis Au Pair Manual if you have any doubts or questions regarding our health policies, or contact us via [aupair@atlantis.no](mailto:aupair@atlantis.no)

## Medical information, Part 1 (to be completed by the applicant)

Full Name of applicant:

Date of birth:

Height:

Weight:

1. Are you currently suffering from, or have you ever suffered from any of the following medical conditions? Please tick the appropriate box.

**The following medical conditions will not be accepted on the au pair program.**

- |                          |         |        |
|--------------------------|---------|--------|
| • Epilepsy               | Yes     | No     |
| • Narcolepsy             | Yes     | No     |
| • Diabetes               | Yes     | No     |
| • Bipolar disorders      | Yes     | No     |
| • Anxiety disorders      | Yes     | No     |
| • Alcohol/drug addiction | Yes     | No     |
| • Migraine               | Yes     | No     |
| • Tuberculosis           | Yes     | No     |
| • Autism                 | Yes     | No     |
| • Hepatitis B            | Yes     | No     |
| • Hepatitis C            | Yes     | No     |
| • AIDS/HIV               | Yes     | No     |
| • ADHD / ADD             | Yes     | No     |
| • Heart disease          | Yes     | No     |
| • Blindness              | Yes     | No     |
| <br>• Are you pregnant?  | <br>Yes | <br>No |

2. Are you currently suffering from or have been suffering from the following conditions over the past 5 years? Please tick the appropriate box.

- |                                 |     |    |
|---------------------------------|-----|----|
| • Eating disorder               | Yes | No |
| • Depressions                   | Yes | No |
| • Chronic fatigue syndrome (ME) | Yes | No |

If yes, please give details:

3. Are you currently suffering from any of the following medical conditions to a degree that will affect your ability to perform the expected tasks as an au pair? Please tick the appropriate box.

- |                  |     |    |
|------------------|-----|----|
| • Asthma         | Yes | No |
| • Arthritis      | Yes | No |
| • Kidney disease | Yes | No |
| • Allergies      | Yes | No |

- Other illnesses, physical or psychological conditions?

Yes

No

If yes, please give details:

4. Do you have any other physical or psychological conditions apart from those listed in this medical form, which may prevent you from performing the expected tasks as an au pair?

Yes No

If yes, please give details including dates:

5. Have you undergone surgery the past year?

Yes No

If yes, please give details including dates:

6. Are you currently taking any medication?

Yes No

If yes, please give details:

7. Do you have any chronic or recurring illnesses, apart from the ones listed in this medical form?

Yes No

If yes, please give details:

**By signing this document, I hereby certify that all information given is correct, given to the best of my knowledge and that I have been completely honest. I understand that withholding or falsifying any information may result in immediate termination of the au pair contract and stay in Norway.**

Date and place: \_\_\_\_\_ Signature: \_\_\_\_\_

**Medical certificate, Part 2** (to be completed by a Medical Doctor)

***As an Au Pair, the applicant will be living with a family in a foreign country and take care of their children. It is therefore important that we are advised of any physical or mental health problems that may have a bearing on the applicant's ability to participate in the program.***

Please review the information provided by the applicant in **Part 1** and give your opinion of the applicant's state of health.

**General state of health:**                      Excellent ☐                      Good ☐                      Poor ☐

**How long have you known the applicant?** \_\_\_\_\_

**Is the applicant currently taking any medication?** Please specify:

**Does the applicant have any infectious disease or suffer from any chronic illness?**

**Has the applicant ever received treatment for nervous or emotional problems?**

**I hereby confirm that (please add the applicant's name)**

**appears to be in good physical and mental health that allows him/her to work with children in a foreign country.**

Date, Location

Doctor's signature and stamp

*Due to a change in the data protection law, we are no longer able to forward copies of their au pair applicants' police checks. As the au pair's sending agency, we are allowed to view a copy of the original document to confirm that it is clear but cannot make copies or pass it on.*

Dear Host Family,

I hereby confirm that I have seen a copy of a clear police check for applicant:

If you would also like to see a copy of the document, please contact the au pair directly.

Regards,

## TO BE COMPLETED BY THE AU PAIR CANDIDATE

### Consent from Au Pair candidate

By signing this document, I consent to the following:

1. My application being registered and handled by Atlantis Exchange in Norway for the purpose of facilitating my au pair stay.
2. I consent to Atlantis Exchange registering in their database all necessary personal and sensitive information about me that is written in the submitted application form and attachments. The application will be deleted within 2 years after I have ended my stay on the program, unless otherwise is required by laws and regulations. Due to program regulations, my name, costumer number, host family, partner organization, program and period of stay, will be until Atlantis cease to exist.
3. Part of my application will be shared with potential Norwegian host families for the purpose of finding me an au pair placement, including my e-mail address for contact purposes, and all attachments I have chosen to attach to part 1 of my application.
4. My personal information, like address, birth date, emergency contact person etc. being shared with the host family inviting me.
5. Atlantis Exchange presenting me on their web page with my first name, application number, country and a summary of my application, including dietary requirements, allergies and information about smoking habits.
6. Atlantis Exchange contacting me while I participate on the au pair program, as well as after in case of practical or legal matters related to my stay.
7. Atlantis Exchange sharing my e-mail address with other participants while I'm on the program, for the purpose of getting in touch with other participants on the Atlantis Exchange program staying in Norway at the same time as myself.

### Confirmation

I hereby confirm that:

**I accept the terms and conditions for handling the personal data and information of potential host families' and the host family inviting me, and confirm that I will act in accordance with the terms and conditions listed below:**

### The au pairs' obligations:

- a. The au pair must delete all documents and communication with potential host families, both electronic and printed documents as well as e-mails, within 8 weeks after the information is received
- b. The au pair must delete all communication with the host family with whom she/he has a signed contract within 2 year after her/his stay with them has ended, unless otherwise is

agreed with the host family.

- c. The au pair must not save any information or pictures about potential host families on any electronic devices.
  - d. The au pair must not share any documents from potential host families or their children with third parties, except my sending organization.
  - e. The au pair must not print any documents received by potential host families.
  - f. The au pair must store all printed documents from the host family who invites him/her by contract safely and away from unauthorized third people.
  - g. The au pair must not share any personal information about the host family inviting him/her with third parties, except the Sending Organization or next-of-kin, except if agreed upon with the host family or regulated by law.
  - h. The au pair must not accept an invitation from a host family in Norway without the involvement of Atlantis Exchange.
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- 1. I confirm that I have been completely honest when filling in the application form and answered the questions to the best of my knowledge. I confirm to have written the personal letter myself.
  - 2. I confirm that I have filled out the medical form part 1 myself, and that I have not withheld any relevant information regarding my health.
  - 3. I confirm that I'm aware that incorrect or false information will lead to rejection from the program and immediate termination of the contract, before and after arrival in Norway.
  - 4. I confirm that I am not married and do not have children, as only single applicants without children can apply.

By ticking this box, and signing this document, you confirm to have read page 1 & 2, understood and accepted the terms and conditions of the program Au pair in Norway, that you will comply with the rules and regulations of the program and to consent and confirm to the statements above.

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Place and date

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Name in capital letters

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Signature