

CAREGIVER APPLICATION FORM 1 - BASIC

Applicant(s) Name(s): _____

Date: _____

Phone No.: _____ Alternate Phone No(s): _____

Email: _____

Who lives in your home?

Do you have any pets?

Does anyone smoke in your home? Yes No

Why do you want to be a Home Living Caregiver?

What experiences do you bring?

Geographic location (What city / neighbourhood do you live in?): _____

Languages Spoken and Fluency:

Preferred gender to support: Male Female

Please describe your home and the space you have available. For example: size of bedroom / suite; shared or private washroom; furnishings included; etc.

Do you have a personal relationship with anyone affiliated with BeConnected Support Services (e.g. an employee, consumer, or family member)? Yes No

If yes, please describe:

*Please note: Answering yes to this question will **not** disqualify your application.

Have you, or anyone living in your home, had any previous or present involvement with CLBC, MCFD, or VIHA (Licensing)? Yes No

If yes, please describe the involvement:

Please provide the names, experiences, qualifications, and the geographic location of individuals and families you intend to use for respite.

Could you tell us who / where you were referred to BeConnected Support Services?

Thank you for your application. We will keep it on file for 6 months. If we determine that your profile may be a match for an individual requiring service, we will ask you to complete a detailed application and come in for an interview. The screening requirements for caregivers are extensive.

Please be aware that, if successful, you will be required to complete (non-exclusive):

1. A detailed application form
2. Criminal record search
3. Valid First aid/CPR certification
4. Driver Abstract
5. Medical Fitness
6. Background references
7. A thorough home study
8. Authorizations
9. Any additional as per NHL Checklist

Please remember to submit your **Resume(s) with this application form to BeConnected Support Services.*

CERTIFICATION

This application is not valid unless the applicant(s) sign it.

I/We certify that the information provided in this application, attachments, resume(s) is true and complete. I/We understand that this application is not a commitment by either BeConnected or applicant(s) and that the application process must first be completed. I/We understand that if any information in this application or attachments/resume is untrue or incomplete that my/our application will be rejected. I/We understand that if successful at acquiring contracting with BeConnected Support Services and in the future the information in my/our application is proven untrue, my/our contract will be terminated.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

★ ***Thank you for your interest in BeConnected Support Service's Network of Home Living program.*** ★

Please return your completed application form and Resume to BeConnected Support Services Ltd.:

- Victoria Office: 240-4243 Glanford Ave. Victoria BC, V8Z 4B9 Fax (250) 721-2571
- Duncan Office: 202-321 Festubert St., Duncan BC, V9L 3T1 Fax (250) 748-3859