

ID: _____

Worker Application

Worker Information

Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Main Intersection: _____
 Telephone: (h) _____ (other) _____
 Email: _____

Are you legally eligible to work in Canada and prepared to show proof of this eligibility? YES NO

Qualifications

Occupation: _____
 Education/Training: _____

Please indicate the areas where you have experience:

- Autism/PDD Challenging Behaviours Developmental Disabilities
 Dual Diagnosis Medically Complex Physical Disability
 Seizures

Please indicate your experience with the following skills:

- G/J Tube Oxygen Suctioning Tracheotomy Ventilator

Please indicate your experience in the following types of support:

- ABA Alternative Communication Behavioural Medical Assistive Devices (i.e. wheelchairs) Physical (Transfers & Lifts) Sign Language Speech & Language

- First Aid Expiry Date: _____ (must provide a copy)
 CPR Expiry Date: _____ (must provide a copy)
 CPI Expiry Date: _____ (must provide a copy)

Are you willing to provide Personal Care (i.e. toileting)? _____

Other Experience: _____



ID: _____

What languages do you speak other than English? _____

Do you have a Driver's License? Yes No

Are you willing/able to use your own vehicle during respite support? Yes No

Please list your interest/hobbies:

What special skills and/or strengths would you bring to this position?

Additional Comments (restrictions, concerns, preferences, etc):

Preferences:

Are you willing to work with Male Female

Preschoolers (0-5) School Aged (6-12) Adolescents (13-17)

Young Adult (18-25) Adult (26-50) Seniors (50+)

Rate of Pay: _____

Will Work in the following Regions:

Central East North West Durham

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ID: _____

Availability (other than summer months): *(Please be as specific as possible)*

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before School 7am to 9 am							
Morning 9am to 12pm							
Afternoon 12pm to 4pm							
After School 3pm to 5pm							
Evening 5pm to 11pm							
Overnight							
Summer:	Mornings	Afternoon	Evenings	Weekends	Overnight	Saturday	Sunday
Other:	March Break	Holidays	Relief				

How did you hear about the CHAP Program? _____

Agency Requests:

Occasionally, the CHAP Program will receive requests from community agencies for a CHAP worker to provide respite for a family or a program run by the agency. Approved agency staff may be given a password to search the Worker Database to choose a worker.

I agree to have my profile forwarded to/reviewed by agencies registered with the CHAP Program: yes no

Please read and sign the following:

I am interested in being considered for the CHAP Program Worker Database. I understand that the information provided will be used to facilitate the process of matching myself with families. I agree to have my profile/information shared with the family for matching purposes.

The facts set forth above in my application for work are true and complete. I understand and agree that a false statement (on my resume, application form or during my interview) may disqualify me from work or result in dismissal.

Signature

Date

Please return your completed application form with resume to the CHAP Program. (see address and fax # below)

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