



ID: _____ (For office use only)

Private Support Worker Application

Private Support Worker Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Main Intersection: _____

Telephone: (h) _____ (other) _____

Email: _____

Qualifications

Occupation: _____

Education/Training: _____

Please indicate the areas where you have experience:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Autism | <input type="checkbox"/> PDD |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Acquired Brain Injury |
| <input type="checkbox"/> Challenging Behaviours | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> ADD <input type="checkbox"/> ADHD | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Fetal Alcohol Syndrome (FAS) |
| <input type="checkbox"/> OCD <input type="checkbox"/> ODD | <input type="checkbox"/> Neuro-Muscular Disorder | <input type="checkbox"/> Medically Complex |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Alzheimer Disease | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Multiple Sclerosis (MS) |
| <input type="checkbox"/> Parkinson Disease | <input type="checkbox"/> Dementia/Cognitive Impairment | |

Please indicate your experience with the following skills:

- | | | | |
|-----------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> G/J Tube | <input type="checkbox"/> Epi Pen | <input type="checkbox"/> Catheterization | <input type="checkbox"/> Insulin Injections |
|-----------------------------------|----------------------------------|--|---|

Please indicate your experience in the following types of support:

- | | | | |
|--|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> CPI/NVCI | <input type="checkbox"/> CPR | <input type="checkbox"/> First Aid | <input type="checkbox"/> Physical (Transfers & Lifts) |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Behavioural | | <input type="checkbox"/> Assistive Devices |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Job Support | | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Pharmacology | | |
| <input type="checkbox"/> Personal Care (i.e. toileting) | <input type="checkbox"/> Oral Feeding | | |
| <input type="checkbox"/> Alternative Communication Devices | | | |
| <input type="checkbox"/> Assistive Communication (ie.PECS) | | | |
| <input type="checkbox"/> Applied Behaviour Analysis (ABA) | | | |
| <input type="checkbox"/> Speech & Language / Communication | | | |

- | | |
|------------------------------------|--------------------|
| <input type="checkbox"/> First Aid | Expiry Date: _____ |
| <input type="checkbox"/> CPR | Expiry Date: _____ |
| <input type="checkbox"/> CPI | Expiry Date: _____ |



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Other Experience: _____

What languages do you speak in addition to 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 Other Any

Preschoolers (0-5) School Aged (6-12) Adolescents (13-17)
 Young Adult (18-21) Adult (22-30) Adult (31-50)
 Seniors (51-64) Seniors (50+) Seniors (65+)

Rate of Pay: \$11.25-\$12 \$12-\$15 \$15+
 Negotiable Daily Rate



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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 Private Support Workerbank?

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

Agency Requests:

Occasionally, the Private Support Workerbank will receive requests from community agencies for a Private Support 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 Private Worker Database to choose a Private Support Worker.

I agree to have my profile forwarded to/reviewed by agencies registered with the Private Worker Database: yes no



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Classified Ad

Would you like to have a classified ad posted on our website? Yes No

Please fill out this form for your classified advertisement on our website. By having a classified advertisement posted, families currently looking for a Private Support Worker can view your availability and request your Private Support Worker profile to be sent to the family. You are responsible for contacting respiteservices.com to make any changes to your information. Your classified ad can be identified using the ID# that is on your Private Support Worker profile.

Do not include any identifying information e.g. Names, phone number, address, email

Private Support Worker Classified

Experience and Education:

Worker Availability:



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Please read and sign the following:

I am interested in being considered for the Private 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 activation meeting) may disqualify me from work or result in removal from the registry.

Signature

Date

Please return completed registration form with consents to respiteservices.com. (See address below)

Hosted by Community Living North Grenville

respiteservices.com is committed to protecting the privacy, confidentiality and security of your personal information. We respect your privacy and adhere to all legislative requirements. We do not rent, sell or trade our mailing lists. The information you provide to us will be used to connect you to suitable families, keep you informed about our activities and other respite opportunities or training and to send update forms. Please visit our website www.respiteservices.com for a complete version of our Privacy Statement,

Privacy Policy and Terms of Use.

Community Living North Grenville 2830 County Road 43 P.O. Box 1430 Kemptville, ON, K0G 1J0
Attn: respiteservices.com Krista Beaupre Program Coordinator



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Private Support Worker Consent Form

Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided

The information collected directly from you when applying to be listed as a Private Support Worker will be forwarded to respiteservices.com (hosted by Community Living North Grenville). By signing this consent form, you will be consenting to the collection, use and disclosure of personal information contained in the application form in accordance with the respiteservices.com Privacy Policy and the Terms of Use.

The information that you provide will be used for the following purposes:

- to determine your suitability for providing respite services to families;
- to facilitate the process of connecting you with a family in need of respite services;
- to send you information, documents or forms required to keep your information up-to-date; and
- for quality assurance purposes, including feedback on how effective and helpful our services have been, to allow us to improve our services

Consent

I _____, have reviewed and fully understood the Statement of Purpose for the Collection, Use, and Disclosure of Personal Information. I understand that I can refuse to provide consent. I also understand that at any time I can access and change my information or withdraw my consent by providing notice in writing to Community Living North Grenville. I authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

Withholding Consent

If there are there any restrictions regarding the collection, use, and disclosure of the information provided please provide the details below.

Date: _____

Signature of Private Support Worker

Witness Signature



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PRIVATE SUPPORT WORKER AGREEMENT and RELEASE

TO: Community Living North Grenville

**THIS IS AN IMPORTANT DOCUMENT.
PLEASE READ IT CAREFULLY BEFORE SIGNING IT.**

By signing this Agreement I acknowledge and agree that:

I am **not** a Community Living North Grenville employee, agent or representative or under its supervision or control. I am an independent contractor (Private Support Worker) and will work directly for the parent(s)/guardian(s) of the individual(s) I am contracted to provide respite support to through the Private Worker Database. I am not authorized to represent or speak for Community Living North Grenville.

Community Living North Grenville is not responsible for any issues that may arise while I am engaged to provide respite services by the parent(s)/guardian(s) that hire me and I will resolve any issues between myself and the family directly with them. If Community Living North Grenville is notified of a concern or action by me they consider to be unprofessional or otherwise inappropriate my name may be removed from the Private Support Workerbank at any time, in the sole discretion of the coordinator Community Living North Grenville.

I will provide an up-to-date Vulnerable Sector Screening (VSS) Police Reference Check and reference contact information or letters of reference to Community Living North Grenville and confirm the accuracy and completeness of those references Community Living North Grenville will use their own discretion whether or not to check my references. The parent(s)/guardian(s) who hire me may also check my references and are encouraged to do so.

As a Private Support Worker providing support to individuals and families that hire me as a result of my posting in the Private Worker Database, I understand that I may receive access to confidential information about the individual(s) and the family that I provide respite service to. By signing this statement, I am indicating my understanding of my responsibilities to maintain that confidentiality and agree that:

- Any identifying information about the individual and the family I am supporting will be kept completely confidential and will only be disclosed by me with the consent of the individual or family or as required or permitted by law.

Furthermore, I acknowledge and agree that:

- I am solely responsible for any private vehicle I use to transport the persons I serve; and
- I am responsible for my own health, accident and liability insurance, payment of taxes, contributions to Employment Insurance and CPP, and other benefits plans.

By signing this Agreement and Release I release and discharge Community Living North Grenville (which in this Agreement and Release includes and all persons for which Community Living North Grenville is legally responsible, including without limitation the employees, agents, officers, and directors of Community Living North Grenville from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising directly or indirectly from my dealings with the individual(s) I support as a Private Support Worker and their parent(s)/guardian(s) that hire me while I am engaged by them to provide respite services. I agree to indemnify Community Living North Grenville from all liabilities, loss, claims, demands, costs and expenses incurred by it/them as a result of my actions and conduct in providing the respite services referred to above. I also agree



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that I will make no claim against any party that may claim contribution or indemnity from Community Living North Grenville.

This Agreement and Release is binding on my heirs, executors and other legal personal representatives.

If any provision of this Agreement and Release is found to be invalid or unenforceable in whole or in part that provision is to be severed from this Agreement and Release and shall not affect the validity or enforceability of the remainder of this Agreement and Release which shall continue in full force and effect.

I HAVE READ AND UNDERSTOOD ALL OF THIS AGREEMENT AND RELEASE AND I AGREE TO ALL OF ITS TERMS.

Dated: _____

Signature of Private Support Worker

Printed Name

Signature of Witness

Printed Name of Witness