



DIRECT SUPPORT PROVIDER APPLICATION

Provider Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Main Intersection: _____

Telephone: (h) _____ (other) _____

Email: _____

Gender: FEMALE MALE OTHER

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Challenging Behaviours | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Medically Complex | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Acquired Brain Injury |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> FAS | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Swallowing Difficulties | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Cerebral Palsy | | |

Please indicate which of the following types of support you have had experience in:

- | | |
|---|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Alternative Communication Devices |
| <input type="checkbox"/> Behavioural | <input type="checkbox"/> Assistive Devices (i.e. wheelchairs) |
| <input type="checkbox"/> Physical (Transfers & Lifts) | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Speech & Language/Communication | <input type="checkbox"/> Camp Companion |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Personal Care (toileting) | <input type="checkbox"/> Oral Feeding |
| <input type="checkbox"/> Experience with Applied Behaviour Analysis | <input type="checkbox"/> Sensory Integration |
| <input type="checkbox"/> Family Home | |
| <input type="checkbox"/> Tutoring | |
| <input type="checkbox"/> First Aid | Expiry Date: _____ (must provide a copy) |
| <input type="checkbox"/> CPR | Expiry Date: _____ (must provide a copy) |
| <input type="checkbox"/> CPI | Expiry Date: _____ (must provide a copy) |

Other Experience: _____



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What languages do you speak other than English? _____

*Do you have a valid 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 Any Other

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

Rate of Pay: \$12-15 \$15-18 \$18+
 Negotiable Daily rate

Will Work in the following Regions:

- Manitoulin Chapleau & area
- Sudbury Region Espanola & area
- Sudbury East (ex. Alban, St Charles, Markstay, Wanap)
- Chelmsford, Azilda, Dowling
- Val Caron, Hanmer, Capreol
- Levack, Onaping, Dowling

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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				

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Would you like to have a classified ad posted on respiteservices.com website?

YES NO

Direct Support Provider Classified Ad

Education & Experience: _____

Availability: _____

How did you hear about respiteservices.com?

Are you currently working as a respite provider for a family? Yes No

Are you registering to work with a specific family? Yes No

If so, please indicate your relationship to the child(ren):

Please read and sign the following:

I am interested in being considered for the Support Provider 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.

Signature

Date