

(For office use only)

FM ID: _____

IN ID: _____



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RESPITE WORKER REGISTRATION PACKAGE

Respite Worker Information

Name: _____

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Main Intersection: _____

Telephone: _____ Other: _____

Email: _____

Male/Female/Other: _____

Community Region: *(where you live)*

- Cape Breton County - Bras'dor
- Cape Breton County - Coxheath/Westmount
- Cape Breton County - Dominion
- Cape Breton County - Eskasoni
- Cape Breton County - Glace Bay/Reserve
- Cape Breton County - Louisburg/Mira
- Cape Breton County - New Waterford/River Ryan
- Cape Breton County - Sydney Mines/North Sydney
- Cape Breton County - Sydney/Sydney River/Howie Center
- Inverness County - Inverness
- Inverness County - Mabou
- Inverness County - Port Hood
- Inverness County - Whycomagh
- Inverness County - Port Hawkesbury
- Richmond County - Arichat
- Richmond County - Chapel Island
- Richmond County - Isle Madame
- Richmond County - St. Peters
- Victoria County - Baddeck
- Victoria County - Cheticamp
- Victoria County - Ingonish
- Victoria County - Middle River
- Victoria County - Neils Harbour
- Victoria County - Wagmatcook

Hosted by Cape Breton Community Respite 77 Kings Road Sydney, Nova Scotia B1P 6H2 Attn: Carla Jackson - Respite Coordinator

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Qualifications

Occupation: _____

Education/Training: _____

Please indicate the areas where you have experience:

- | | |
|---|---|
| <input type="checkbox"/> 22q13.3 Disorder | <input type="checkbox"/> Impulse Control and Addiction Disorders |
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Aggressive Behaviours | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Lou Gehrig's disease (ALS) |
| <input type="checkbox"/> Alzheimer Disease | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Mood Disorders |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Multiple Sclerosis (MS) |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Muscular Dystrophy (MD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Neuro-muscular Disorders |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) |
| <input type="checkbox"/> Attention Deficit Hyper Disorder (ADHD) | <input type="checkbox"/> Oppositional Defiant Disorder (ODD) |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Palliative |
| <input type="checkbox"/> Cerebral Palsy (CP) | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Challenging Behaviours | <input type="checkbox"/> Parkinson Disease |
| <input type="checkbox"/> Challenging Sexual Behaviours | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> Chronic Illnesses | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Complex Medical Issues | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Dementia/Cognitive Impairment | <input type="checkbox"/> Prevention and Management of Aggressive Behaviour (PMAB) |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Psychotic Disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Somatic Symptom Disorders |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Stress Response Syndromes |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Swallowing Difficulties |
| <input type="checkbox"/> Fetal Alcohol Syndrome (FAS) | <input type="checkbox"/> Tic Disorders |
| <input type="checkbox"/> Food Avoidance Emotional Disorder (FAED) | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Frail/Elderly | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Impairment | |
| <input type="checkbox"/> Heart Disease | |

Skills:

- | | |
|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Insulin Injections |
| <input type="checkbox"/> Catheterization | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Central Line (CVC) | <input type="checkbox"/> Suctioning |
| <input type="checkbox"/> Colostomy Care | <input type="checkbox"/> TPN Feeding |
| <input type="checkbox"/> Epi Pen | <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> G/J Tube | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Glucose Monitoring | |
| <input type="checkbox"/> Inhalation Therapy | |

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Types of Support:

- Not Applicable
- Alternative Communication Devices
- Applied Behaviour Analysis/Intensive Behavioural Intervention (ABA/IBI)
- Approved Alternative Family Support Provider
- Assistive Communication (i.e. PECS)
- Assistive Devices (wheelchair, etc.)
- Behavioural
- Camp Companion
- Cardio Pulmonary Resuscitation (CPR)
- Community Integration
- CPI/NVCI
- CPR
- Crisis Prevention & Intervention (CPI)
- Family Home/Associate Living
- First Aid
- Host Home
- In a Respite Apartment
- In the Community
- In the Individual's Home
- Intensive Behavioural Intervention

- Job Support
- Life Skills
- Lift/Transfers
- Meal Preparation
- Medical Appointments/Other Medical Support
- Medication Administration
- Medication Management
- Mobility
- NCI/SMG
- Nursing
- Oral Feeding
- Personal Care (toileting)
- Physical (transfers & lifts)
- Physio/Occupational Therapy
- Sensory Integration
- Sign Language
- Social Network Building
- Speech & Language / Communication
- Sports
- Transportation
- Tutoring

First Aid

Expiry Date: _____

CPR

Expiry Date: _____

Crisis Prevention Intervention

Expiry Date: _____

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:

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Do you have additional special skills and/or strengths? _____

Additional Notes (restrictions, concerns, preferences, etc.): _____

Preferences:

Are you willing to work with ...? Male Female Other Any

Ages:

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

Rate of Pay:

\$11.25-\$12 \$12-\$15 \$15
 \$15-18 \$15+ Negotiable
 24 per hr Diem Daily Rate

Will work in the following community/regions:

- Cape Breton County - Bras'dor
- Cape Breton County - Coxheath/Westmount
- Cape Breton County - Dominion
- Cape Breton County - Eskasoni
- Cape Breton County - Glace Bay/Reserve
- Cape Breton County - Louisburg/Mira
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RESPITE WORKER REGISTRATION PACKAGE

Worker Availability (select all that apply)

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|--------|---------|-----------|----------|--------|----------|--------|
| Before School | | | | | | | |
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| After School | | | | | | | |
| Evening | | | | | | | |
| Overnight | | | | | | | |

| Other: | Summer (months) | | | | March Break | Holidays | Relief |
|--------|-------------------------------|--------------------------------|------------------------------|------------------------------|-------------|----------|--------|
| | Morn <input type="checkbox"/> | After <input type="checkbox"/> | Eve <input type="checkbox"/> | Wkd <input type="checkbox"/> | | | |

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, Respite Program Database families currently looking for a respite worker can view your availability and request your respite worker profile to be sent to the family. You are responsible for contacting the Respite Program Database to make any changes to your information. Your classified ad can be identified using the ID# that is on your Respite Worker profile.

Do not include any identifying information i.e. Names, email, phone number, addresses.

Experience and Education: _____

Availability: _____

How did you hear about respiteservices.com? _____

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Additional Questions *(*indicates a mandatory field)*

*Do you have an up to date copy of your resume ready to attach before completing your application? Yes

*How many hours per week are you looking to provide respite services? _____

What days and times can you provide respite support? (e.g. Sunday from 5-7pm)

Are you flexible with these days and times? Yes No

If you indicated that you can provide overnight support, please select if you are willing to provide overnight awake respite and/or overnight sleep respite? Overnight Awake Overnight Sleep Not Applicable

Would you also be willing to provide temporary respite on short notice? (This is optional) Yes No

Are you an Approved Alternative Family Support Provider? Yes No

I am interested in being considered for the Respite Program 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 registration are true and complete. I understand and agree that a false statement (on my resume, application form or during my activation) may disqualify me & result in removal from the registry.

Signature

Date

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

The information collected directly from you will be forwarded to *respiteservices.com/ supportyourway.ca* hosted by *Cape Breton Community Respite* (the “Agency”) and included in the **Respite Program Database** (the Agency, *respiteservices.com*, *supportyourway.ca*, and the *Respite Program Database* are together called the “**Respite Program Database**”). By signing this information, you are consenting to collection, use, disclosure and retention of personal information contained in the ‘Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided’ 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

Some of the information collected will be summarized periodically to facilitate community/provincial planning activities. Such information summaries will not include personal identifiers (e.g., name, address, phone number, etc.).

Consent

I _____, have reviewed and understand the above Statement of Purpose for the Collection, Use, Disclosure and Retention of Personal Information. I understand that I can refuse to provide my consent. I also understand that I can access and change the information I have provided or withdraw my consent by providing notice in writing to [Carla Jackson - Respite Coordinator at *autismres@ns.sympatico.ca*]. I authorize the collection, use, disclosure and retention of my personal information for all the purposes identified above, consistent with the *respiteservices.com* Privacy Policy and the Terms of Use which I hereby acknowledge have been provided to me and which I have read and understood.

Withholding Consent

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

If you do not authorize the disclosure of your information to other respite agencies, please indicate those agencies below

Date: _____

Respite Program Database

Witness Signature

Printed Name

Printed Name

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ID: _____



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RESPIRE WORKER AGREEMENT and RELEASE

This Agreement is between:

- a. [_____] (the “**Respite Worker**”); and
Respite Worker
- b. [Cape Breton Community Respite] (The “**Agency**”), Respite Program Database (“**Respite Program Database**”), Respiteservices.com/Supportyourway.ca (together the “**Program Providers**”).

Whereas:

- a. The Respite Program Database is a free information service that support organizations throughout Ontario provide for the benefit of people with disabilities, their families and individual service providers in the community;
- b. Respiteservices.com/Supportyourway.ca is a website portal which the Respite Program Database is made available;
- c. The Agency is a not-for-profit charitable organization responsible for facilitating the Respite Program Database, Respiteservices.com/Supportyourway.ca in the Northern Nova Scotia region;
- d. The Respite Worker is an independent individual with skill and experience providing respite services to people with disabilities and families, and who offers these skills as a service to people in the community;
- e. The Respite Worker wishes to post the Respite Program Database’s profile and availability through the Program Providers and to take part in and have the benefit of the information made available through the Respite Program Database, and the Program Providers wish to allow the Respite Worker to do so;

Now therefore, in consideration for being permitted access to and participation in the Respite Program Database, the Respite Worker acknowledges and agrees as follows:

1. The Respite Program Database is comprised of a database through which the Respite Worker can make their services and availability known, and through which people requiring support (known as “**Database Users**”) can connect with Respite Program Databases in the community, including the Respite Worker.
2. The Program Providers do not represent or warrant that any information provided through the Respite Program Database is accurate or current, and the Respite Worker acknowledges and agrees that the Respite Worker is solely responsibility for ensuring the accuracy and currency of any information related to him or her in the Respite Program Database.
3. The Respite Worker expressly understands and agrees that he/she is not and will not become an employee, contractor, agent, representative or partner of any of the Program Providers, and will not misrepresent his/her relationship with any of the Program Providers at any time to any person. The Respite Worker agrees that he/she is not authorized to represent or speak for any of the Program Providers.
4. The Respite Worker acknowledges and agrees that he/she has no right or entitlement to be included in the Respite Program Database and that he/she may be removed from the Respite Program Database at any time at the discretion of the Program Providers for any reason, including but not limited to, to acts or omissions which in the opinion of the Program Providers are incompatible with providing supports to vulnerable people.

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5. The Respite Worker will provide an up-to-date Vulnerable Sector Screening (VSS) Police Reference Check and reference contact information or letters of reference to the Program Providers and confirm the accuracy and completeness of those references, which may or may not be checked by the Program Providers. Database Users engaging with the Respite Worker may also check references and background screenings, and are encouraged to do so.
6. The Program Providers are in no way responsible for the Respite Worker, any relationship the Respite Worker may have with any Database User or any other person to whom the Respite Worker may provide services, or with whom the Respite Worker may interact in the course of providing any services.
7. The Respite Worker also agrees, represents, and warrants that in the event that the Respite Worker provides service to any Database User the Respite Worker shall have no claim against the Program Providers in respect of any such services, including but not limited to any amounts payable to the Respite Worker for or in respect of the services or in relation to the service relationship between the Respite Worker and the Database User.
8. The Respite Worker acknowledges and agrees that he/she may receive confidential information about Database Users through the use of the Respite Program Database. By signing this Agreement, the Respite Worker agrees to maintain the confidentiality of any personal information received and agrees not to collect, use or disclose such information except for the purposes of independent engaging with a Database User, or as otherwise consented to by the Database User or as required or permitted by law.
9. By signing this Agreement, the Respite Worker releases the Program Providers, including all of their directors, officers, employees, volunteers, agents, or assigns from all actions, causes of action, proceedings, claims, demands, losses, harm, injuries, damages, costs, interest, awards, and liabilities of every nature and kind arising directly or indirectly from the Respite Program Database's dealings, interactions, services to, or relationship with the any Database User (or any person at the direction of a Database User) at any time, and/or from the Respite Program Database's use of, or participation in, the Respite Program Database, respiteservices.com or supportyourway.com. The Respite Worker further agrees to make no claim against anyone that may claim contribution or indemnity from the Program Providers.
10. The Respite Worker agrees to indemnify and hold harmless the Program Providers, including without limitation, all of their directors, officers, employees, volunteers, agents, or assigns, from all liabilities, harm, loss, claims, demands, damages, awards, fines, penalties, interest, costs and expenses incurred by any of them as a result of the Respite Program Database's acts or omissions in relation to any Database User, or any other person, or in respect of the Respite Worker's use of the Respite Program Database, respiteservices.com, or supportyourway.ca

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This Agreement and Release is binding on the Respite Worker's 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/WE HAVE READ AND UNDERSTOOD ALL OF THIS AGREEMENT AND RELEASE AND I/WE AGREE TO ALL OF ITS TERMS.

Dated: _____

Signature of Respite Worker

Signature of Witness

Printed Name

Printed Name