

ID: _____ (For office use only)



Family Respite Services Windsor / Essex
Service de répit familial Windsor / Essex
3295 Quality Way, Unit 101A Windsor, ON N8T 3R9

Tel (519) 972-9688 Fax (519) 972-8902
www.familyrespite.org



respiteservices.com

Respite Provider Application

Respite Provider Information

First Name: _____ Last Name: _____ Initial: _____
Apt/Unit: _____ City: _____ Postal Code: _____
Main Intersection: _____
Telephone: _____ Other: _____
Email: _____ Fax: _____

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"/> Seizures | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Acquired Brain Injury (ABI) | <input type="checkbox"/> Asperger's Syndrome |
| <input type="checkbox"/> FASD | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> OCD |
| <input type="checkbox"/> ODD | <input type="checkbox"/> Other | |

Please indicate your experience with the following skills:

- G/J Tube Oxygen Suctioning Tracheotomy Ventilator Other

Please indicate your experience in the following types of support:

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Alternative Communication | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Medical | <input type="checkbox"/> Behavioural |
| <input type="checkbox"/> Speech & Language | <input type="checkbox"/> ABA | <input type="checkbox"/> Physical (Transfers & Lifts) | |
| <input type="checkbox"/> Personal Care (toileting) | <input type="checkbox"/> Assistive Devices (i.e. wheelchairs) | | |
| <input type="checkbox"/> Sensory Integration | <input type="checkbox"/> Other | | |

- First Aid Expiry Date: _____
 CPR Expiry Date: _____
 CPI Expiry Date: _____

Other Experience: _____

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Please return completed registration form, to the Respite Provider Registry: Family Respite Services 3295 Quality Way
Unit 101A Windsor, Ontario N8T 3R9 Phone: 519-972-9688 ext. 136 Fax: 519-972-8902 or email sluelo@familyrespite.org

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What languages do you speak in addition to 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 Either

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 area(s) (check all that apply):

Windsor

Tecumseh

Amherstburg

Belle River

Cottam

Essex

Harrow

Kingsville

LaSalle

Leamington

Woodslee

Puce

St. Joachim

Stoney Point

Emeryville

Comber

McGregor

Ruthven

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	Note:			

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How did you hear about the Respite Provider Registry?

Are you legally eligible to work in Canada and prepared to show proof of this eligibility?

YES NO

Agency Requests:

Occasionally, the Respite Provider Registry will receive requests from community agencies for a Respite Provider to provide respite for a family or a program run by the agency. Approved agency staff may be given a password to search the Respite Provider Registry to choose a Respite Provider.

I agree to have my profile forwarded to/reviewed by agencies registered with the Respite Provider Registry:

Yes
 No

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

RESPITE PROVIDER CLASSIFIED DETAILS

Experience and Education:

Respite Provider Availability:

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Please read and sign the following:

I am interested in being considered for the Respite Provider Registry. 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.

Dated: _____

Respite Provider Signature

Print Name

Please return completed & signed forms to the Respite Provider Registry

**Respite Provider Registry:
Family Respite Services 3295 Quality Way Unit 101A
Windsor, Ontario
N8T 3R9**

1. **Application Form**
2. **Respite Provider Agreement & Release Form**
3. **Respite Provider Consent Form**
4. **3 Separate Reference Check Forms**
5. **Police check including the Vulnerable Persons screening current within 3 months**

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