



On-Line Respite Provider Application Sample

Respite Provider 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"/> 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"/> 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:

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

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

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 area:

☐ Clinton and Area ☐ Exeter and Area ☐ Goderich and Area
☐ Seaforth and Area ☐ Wingham and Area

**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				

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 an 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 an Independent Respite Provider.

I agree to have my profile forwarded to/reviewed by agencies registered with the Respite Provider registry: ☐ yes ☐ no

How did you hear about the respireservices.com registry?

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 an 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

Experience and Education:

Respite Provider Availability:

Agency Information:

Current Agency Employee? _____

Current Agency Name _____

Current Agency Phone Number _____

Are you interested in independent respite work? _____

Are you willing to work for / with an agency in the future? _____

Types of Work

___Agency Respite Home ___Camp ___Community ___Daycare

___Host Family Home ___In-home ___One-on-One ___Out-of-home