



ID: \_\_\_\_\_ (For office use only)

## Respite Contractor Application – Cochrane Temiskaming Region

### Respite Contractor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Main Intersection: \_\_\_\_\_  
 Telephone: (h) \_\_\_\_\_ (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"/> Medically Complex | <input type="checkbox"/> Physical Disability    | <input type="checkbox"/> Seizures                   |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Mental Health          | <input type="checkbox"/> Other                      |

Please indicate your experience with the following skills:

- G/J Tube    Epi Pen    Glucose Monitoring

Please indicate your experience in the following types of support:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Behavioural                  | <input type="checkbox"/> Medical           | <input type="checkbox"/> Personal Care                     |
| <input type="checkbox"/> Physical (Transfers & Lifts) | <input type="checkbox"/> Assistive Devices | <input type="checkbox"/> Alternative Communication Devices |

First Aid   Expiry Date: \_\_\_\_\_

CPR   Expiry Date: \_\_\_\_\_

CPI   Expiry Date: \_\_\_\_\_

Other Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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:

Cochrane and Area  Hearst and Area  Iroquois Falls and Area

James Bay and Area  Kapuskasing and Area  Kirkland Lake and District

Timmins and Area  Temiskaming and District

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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				

**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 Respite Contractor can view your availability and request your Respite Contractor profile to be sent to the family. You are responsible for contacting the registry to make any changes to your information. Your classified ad can be identified using the ID# that is on your Respite Contractor profile.

**Respite Contractor Classified Ad**

 Experience and Education:
   
 \_\_\_\_\_
   
 \_\_\_\_\_
   
 \_\_\_\_\_
   
 \_\_\_\_\_

 Respite Contactor Availability:
   
 \_\_\_\_\_
   
 \_\_\_\_\_
   
 \_\_\_\_\_



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How did you hear about the Independent Respite Contractor Registry?

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

YES                       NO

**Please read and sign the following:**

*I am interested in being considered for the Respite Contractor Registry. I agree to have my profile/information shared with interested families for respite purposes.*

*The facts set forth above in my application for work are true and complete. I understand and agree that a false statement may disqualify me from work or result in removal from the registry.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed application form to the:**

**Cochrane Temiskaming Respite Network Coordinator**

**Email: [cochranetemiskamingrespite@gmail.com](mailto:cochranetemiskamingrespite@gmail.com)**

**Telephone: 705 347-2433**

**Fax: 705 337-6538**

In order for Respite contractors to advertise their services on the Cochrane Temiskaming [www.respiteservices.com](http://www.respiteservices.com) site, a Respite Contractor **must provide:**

- A Vulnerable sector's check completed within the last six months
- Three work related references (contact information and/or reference letters)
- Respite Contractors must also sign release and consent forms which will be provided by the Coordinator