

Direct Support Provider - Registration Form

Direct Support Provider Information				
First Name: _____				
Last Name: _____				
Address: _____		Apartment/Unit: _____		
City: _____		Postal Code: _____		
Main Intersection: _____				
Community Region				
<input type="checkbox"/> Barrhaven	<input type="checkbox"/> Central	<input type="checkbox"/> East	<input type="checkbox"/> Kanata	<input type="checkbox"/> Nepean
<input type="checkbox"/> Orleans	<input type="checkbox"/> South	<input type="checkbox"/> Stittsville	<input type="checkbox"/> West	
Telephone: (h) _____		(Other): _____		
E-mail: _____				
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other				
Are you legally eligible to work in Canada and prepared to show proof of this eligibility?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Qualifications
Occupation: _____
Education/Training: _____

Please indicate the areas where you have related experience :		
<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Allergies	<input type="checkbox"/> Asperger Syndrome
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Challenging Behaviours
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> Dual Diagnosis	<input type="checkbox"/> Fetal Alcohol Syndrome (FAS)	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Medically Complex	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Neuro-muscular Disorders
<input type="checkbox"/> OCD	<input type="checkbox"/> ODD	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Swallowing Difficulties	<input type="checkbox"/> Visual Impairment

Please indicate your experience with the following skills:		
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Catheterization	<input type="checkbox"/> Colostomy Care
<input type="checkbox"/> Epi Pen	<input type="checkbox"/> G/J Tube	<input type="checkbox"/> Glucose Monitoring
<input type="checkbox"/> Inhalation Therapy	<input type="checkbox"/> Insulin Injections	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Suctioning		

Please indicate your experience in the following types of support:

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<input type="checkbox"/> Alternative Communication	<input type="checkbox"/> ABA	<input type="checkbox"/> Assistive Devices (i.e. wheelchairs)
<input type="checkbox"/> Behavioural	<input type="checkbox"/> Camp Companion	<input type="checkbox"/> Community Integration
<input type="checkbox"/> CPI/NVCI	<input type="checkbox"/> CPR	<input type="checkbox"/> First Aid
<input type="checkbox"/> Intensive Behavioural Intervention	<input type="checkbox"/> Job Support	<input type="checkbox"/> Life Skills
<input type="checkbox"/> Lift/Transfers	<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Oral Feeding
<input type="checkbox"/> Personal Care (toileting)	<input type="checkbox"/> Physio/Occupation Therapy	<input type="checkbox"/> Sensory Integration
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Speech & language/ Communication	<input type="checkbox"/> Sports
<input type="checkbox"/> Transportation		<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:

Spoken Languages:

<input type="checkbox"/> Afrikaans	<input type="checkbox"/> Arabic	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Cree
<input type="checkbox"/> Dutch	<input type="checkbox"/> English	<input type="checkbox"/> Farsi	<input type="checkbox"/> Finnish
<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Greek	<input type="checkbox"/> Hindi
<input type="checkbox"/> Italian	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Ojibway	<input type="checkbox"/> Other
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Russian	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Spanish	<input type="checkbox"/> Tamil	<input type="checkbox"/> Urdu	

If other, please specify: _____

Do you have a valid Driver's License? Yes No
 Are you willing to use your own vehicle during respite support? Yes No

Please list your comments/ hobbies/ interests :

What special skills and/or strengths would you bring to this position?

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

Preferences (select all that apply):

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

Age preference:

<input type="checkbox"/> Preschool (0 - 5)	<input type="checkbox"/> School Aged (6 – 12)
<input type="checkbox"/> Adolescents (13 – 17)	<input type="checkbox"/> Young Adults (18 – 21)
<input type="checkbox"/> Adults (22 – 30)	<input type="checkbox"/> Adults (31 – 50)
<input type="checkbox"/> Seniors (51 – 64)	<input type="checkbox"/> Seniors (65+)

Rate of Pay:

<input type="checkbox"/> Negotiable	<input type="checkbox"/> 24 hr Per Diem	<input type="checkbox"/> Daily Rate
<input type="checkbox"/> \$14+	<input type="checkbox"/> \$15 - \$18	<input type="checkbox"/> \$18 - \$20

Will work in the following community/regions:

<input type="checkbox"/> Barrhaven	<input type="checkbox"/> Central	<input type="checkbox"/> East	<input type="checkbox"/> Kanata	<input type="checkbox"/> Nepean
<input type="checkbox"/> Orleans	<input type="checkbox"/> South	<input type="checkbox"/> Stittsville	<input type="checkbox"/> West	

Are you available for Family Searches? Yes No

Do you want to receive community information through our e-broadcast system? Yes No

Availability (select all that apply):

Before School

<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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Morning

<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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Afternoon

<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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After School

<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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Evening

<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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Overnight						
<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
Saturday						
<input type="checkbox"/> Any	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Overnight		
Sunday						
<input type="checkbox"/> Any	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Overnight		
Holidays						
<input type="checkbox"/> Yes		<input type="checkbox"/> No				
March Breaks						
<input type="checkbox"/> Yes		<input type="checkbox"/> No				
Relief Shifts						
<input type="checkbox"/> Yes		<input type="checkbox"/> No				
Summers						
<input type="checkbox"/> Any	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Overnight	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

Classified Ad
Would you like to have a classified as posted on respiteservices.com website? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Education and Experience: <hr/> <hr/> <hr/> <hr/>
Availability: <hr/> <hr/> <hr/> <hr/>

Agency Information
Current Agency Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Agency Name: _____
Current Agency Phone Number: (_____) _____ - _____ x _____
Are you interested in independent respite work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work for / with an agency in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No
Types of work:
<input type="checkbox"/> Adult Day Program <input type="checkbox"/> Camp <input type="checkbox"/> Community

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Daycare
 One-on-One
 Worker's Home

Group
 Out-of-home

In-home
 School

Referral Source

How did you hear about respireservices.com?

Community Questions:

Which language would you prefer to be contacted in? English French

Additional Questions:

Are you available to work with families? Yes No

Have you recently been hired by a family? Yes No

Privacy Policy

I accept: Yes No

Please read and sign the following:

I am interested in being considered for the Worker Bank 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 application for work are true and complete. I understand and agree that a false statement (on my resume, application form or during my interview) may disqualify me from work or result in dismissal.

Signature

Date

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DIRECT SUPPORT PROVIDER CONSENT

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 *Service Coordination for People with Developmental Disabilities / Coordination des services pour les personnes ayant une déficience intellectuelle* (the “**Agency**”) and included in the **Support Provider Database** (the Agency, *respiteservices.com*, *supportyourway.ca*, and the Support Provider Database are together called the “**Support Provider 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 *Service Coordination for People with Developmental Disabilities / Coordination des services pour les personnes ayant une déficience intellectuelle*. 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.

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

Date: _____

Support Provider Database

Witness Signature

Printed Name

Printed Name

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DIRECT SUPPORT PROVIDER AGREEMENT and RELEASE

This Agreement is between:

- a. *Direct Respite Support Provider* (the “**Direct Support Provider**”); and
- b. *Service Coordination for People with Developmental Disabilities / Coordination des services pour les personnes ayant une déficience intellectuelle* (The “**Agency**”), Support Provider Database (“**Support Provider Database**”), Respiteservices.com/Supportyourway.ca (together the “**Program Providers**”).

Whereas:

- a. The Support Provider 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 Support Provider Database is made available;
- c. The Agency is a not-for-profit charitable organization responsible for facilitating the Support Provider Database, Respiteservices.com/Supportyourway.ca in the Ottawa region;
- d. The Direct Support Provider 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 Direct Support Provider wishes to post the Support Provider 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 Support Provider Database, and the Program Providers wish to allow the Direct Support Provider to do so;

Now therefore, in consideration for being permitted access to and participation in the Support Provider Database, the Direct Support Provider acknowledges and agrees as follows:

1. The Support Provider Database is comprised of a database through which the Direct Support Provider can make their services and availability known, and through which people requiring support (known as “**Database Users**”) can connect with Support Provider Databases in the community, including the Direct Support Provider.
2. The Program Providers do not represent or warrant that any information provided through the Support Provider Database is accurate or current, and the Direct Support Provider acknowledges and agrees that the Direct Support Provider is solely responsible for ensuring the accuracy and currency of any information related to him or her in the Support Provider Database.
3. The Direct Support Provider 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 Direct Support Provider agrees that he/she is not authorized to represent or speak for any of the Program Providers.

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4. The Direct Support Provider acknowledges and agrees that he/she has no right or entitlement to be included in the Support Provider Database and that he/she may be removed from the Support Provider 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.
5. The Direct Support Provider 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 Direct Support Provider may also check references and background screenings, and are encouraged to do so.
6. The Program Providers are in no way responsible for the Direct Support Provider, any relationship the Direct Support Provider may have with any Database User or any other person to whom the Direct Support Provider may provide services, or with whom the Direct Support Provider may interact in the course of providing any services.
7. The Direct Support Provider also agrees, represents, and warrants that in the event that the Direct Support Provider provides service to any Database User the Direct Support Provider shall have no claim against the Program Providers in respect of any such services, including but not limited to any amounts payable to the Direct Support Provider for or in respect of the services or in relation to the service relationship between the Direct Support Provider and the Database User.
8. The Direct Support Provider acknowledges and agrees that he/she may receive confidential information about Database Users through the use of the Support Provider Database. By signing this Agreement, the Direct Support Provider 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 Direct Support Provider 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 Support Provider 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 Support Provider Database's use of, or participation in, the Support Provider Database, respiteservices.com or supportyourway.com. The Direct Support Provider further agrees to make no claim against anyone that may claim contribution or indemnity from the Program Providers.
10. The Direct Support Provider 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 Support Provider Database's acts or omissions in relation to any Database User, or any other person, or in respect of the Direct Support Provider's use of the Support Provider Database, respiteservices.com, or supportyourway.ca

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This Agreement and Release is binding on the Direct Support Provider'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 Direct Support Provider

Signature of Witness

Printed Name

Printed Name

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