



Community Living
VICTORIA

APPLICATION FOR
HOME SHARING AND RESPITE SUPPORT

3861 Cedar Hill Cross Road, Victoria, B.C. V8P-2M7
Phone (250) 477-7231 Fax: (250) 477-6944, email: mjensen@clvic.ca

Position Applied for: Home Sharing Respite Support

Name of Primary Applicant:

Last Name	First Name

Address:

#/ Street/ Avenue	City	Province	Postal Code

Home Phone:

Cell Phone:

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Email Address:

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Additional Information: *Please provide the following information if you have direct relative * or share the same household with an individual employed by Community Living Victoria. *parent, spouse, common law partner, brother, sister, grandparent, son or daughter. Note: This will not impact your eligibility.*

Name /Relationship:	Worksite/ Home or Program:	Position:

Please list the names of all people living in the home where support services will take place:

Name	Relationship

Please state your reason for wanting to provide supports to some one in your home.

Please describe the type of person you envision fitting in with you and your family i.e. male/female; young adult/ middle age adult; active life style/ sedentary lifestyle, love of children etc.

Describe your experience with providing personal care and the degree of personal care you would be willing to accommodate in your home.

Describe the independence level of the person you envision living or staying in your home i.e. independent in the community; takes handi-dart/city bus; individual is able to be home alone/requires 24hr supervision.

Please describe the accommodation that would be available i.e. size of bedroom/suite; shared or private washroom; laundry facilities; furnishings included; etc.

What role are you willing to take in regards to meals?

Check the appropriate box that best describes your experience and level of ability with the following skills, tasks and knowledge.

	Limited	Competent	Could Train Others
Supporting someone in the community			
Advocacy			
Managing health needs			
Non-violent crisis Intervention			
Lifts and transfers			
Providing personal care			
Administering medications			
Liaising with health care professionals			
Creating care plans			
Seizure management			
Diabetes management			
Alternative methods of communication			
Written communications, i.e. record keeping			
Financial management			

Please provide a brief response about your experience or course work in the following areas:

Aggressive behaviors:

Counseling Techniques:

Developmental disabilities:

Physical Disabilities:

Describe your own personal philosophy to supporting a person with a developmental disability.

Education/Training

Name and location	Year attended From:	To:	Diploma or Degree	Program or Courses Completed
High School				
University/college				
Other (specify)				

Do you have any of the following courses?

	Yes	No
Food Safe		
Basics of Medication		
Non-Violent Crisis Intervention		

Professional Associations, Memberships and Community/Volunteer Involvement:

Record of Employment (*last three positions held*)

Position:	From: To:	Name of Employer
Duties:		
Position:	From: To:	Name of Employer
Duties:		
Position:	From: To:	Name of Employer
Duties:		

	Yes	No
Have you ever been fired?		

Reason:

	Yes	No
Have you applied at any other agencies to provide support to individuals?		

Do you possess any of the following?

	Yes	No
Recent Criminal Record Check		
Valid First Aid Certificate		
Valid BC Drivers License		
Class IV drivers license		
New Driver's license		
Date eligible for full Privilege License:		

	Yes	No
Do you currently work at this time?		

If yes where?

Please describe your work/school schedule.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM						
PM						

	Yes	No
I authorize Community Living Victoria to conduct a prior contact check with CLBC.		
I authorize Community Living Victoria to share this application with other service providers in the Victoria Region		

Certificate: *Note: This application is not valid unless signed by the applicant. Please read carefully before signing.*

I certify that the information provided in this application or attachment/resume is true and complete. I understand that if any information in this application or attachment/resume is found to be untrue and incomplete, my application may be rejected or I may be dismissed in the event that I am a successful applicant. By signing this application form you are also authorizing CLV to check references during the home study process.

Signature

Date of application
