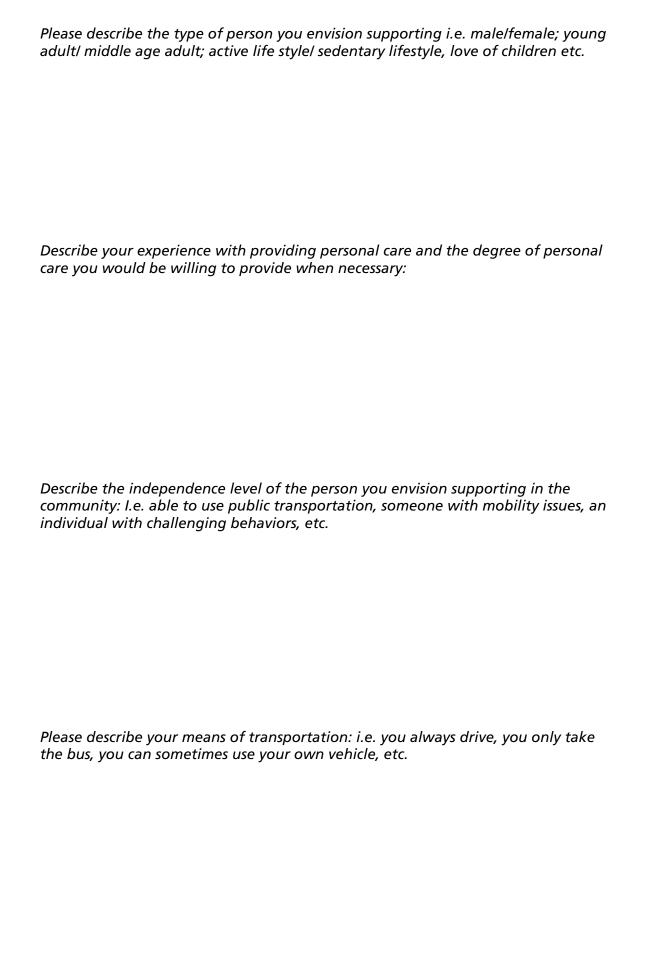


## APPLICATION FOR INDIVIDUAL SUPPORT WORKERS

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

Name of Primary Applicant:						
Last Name	First Name					
Address:						
#/ Street/ Avenue	City	Province	Postal Code			
Home Phone:	Cell Phone:					
Email Address:						
		7				
		_				
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 Progran	n: Po	osition:			



for Community Living Victoria:	aiviauai s	шррогт wo	rker
Check the appropriate box that best describes your experwith the following skills, tasks and knowledge.	ence and	l level of al	oility
with the following skills, tasks and knowledge.			
			Could Train
	Limited	Competent	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 following areas:	course w	ork in the	
Aggressive behaviors:			
riggi conve benaviors.			

Counseling Techniques:				
Developmental disabilities:				
Physical Disabilities:				
Describe your own personal pidevelopmental disability.	hilosophy	/ to supp	orting a perso	on with a
Education/Training				
Name and location	Year attended From:	То:	Diploma or Degree	Program or Courses Completed
High School			-g	
University/college				

Other (specify)

Do you have any	of the	followina	courses?
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	Yes	No
Food Safe		
Basics of Medication		
Non-Violent Crisis Intervention		

Professional Associations, Memberships and Community/Volunteer Involvement:

## Record of Employment (last two positions held)

Position:	From:	Name of Employer
	То:	
Duties:		
Position:	From:	Name of Employer
	То:	
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 pos	ssess any of t	the following?						
					Yε	25	No	
Recent Crir	minal Record	l Check						
Valid First	Aid Certifica	te						
Valid BC Di	rivers License	e						
Class IV dri	vers license							
New Drive	r's license							
Date eligible	for full Privileg	ge License:						
					Υε	es	No	
Do you cur	rently work	at this time?						
								ļ
If yes wher	e?							
Please desc	ribe your w	ork/school sche	dule.					
Monday	Tuesday	Wednesday	Thursday	Fric	day	Sa	turday	Sunday
AM								
PM								
					Yε	es	No	
I authorize	Community	Living Victoria	to conduct	 а				
	ct check wit	•						
					I			I
Certificate: signing.	Note: This appli	ication is not valid ur	nless signed by th	e applica	ant. Ple	ease r	ead carefull	y before
true and co	omplete. I u t/resume is f	nation provided nderstand that found to be unt smissed in the e	if any inform true and inco	matior omplet	in th te, my	nis a / ap	pplicatio plication	n or may be
Signature								_

"Community Living Victoria supports people with developmental disabilities together with their families and support networks by promoting their full citizenship and inclusion in the community"

Date of application