



Community Living  
VICTORIA

**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:**

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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 describe the type of person you envision supporting 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 provide when necessary:*

*Describe the independence level of the person you envision supporting in the community: i.e. able to use public transportation, someone with mobility issues, an individual with challenging behaviors, etc.*

*Please describe your means of transportation: i.e. you always drive, you only take the bus, you can sometimes use your own vehicle, etc.*

Please describe why you are interested in becoming an individual support worker for Community Living Victoria:

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*

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

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 two positions held)*

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.		

**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.

Signature

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Date of application

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