



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:*

|  |  |
|--|--|
|  |  |
|--|--|

*Email Address:*

|  |
|--|
|  |
|--|

*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.*

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

*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<br/>From:</i> | <i>To:</i> | <i>Diploma or<br/>Degree</i> | <i>Program or Courses<br/>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)*

|                                  |                            |                         |
|----------------------------------|----------------------------|-------------------------|
| <i>Position:</i>                 | <i>From:</i><br><i>To:</i> | <i>Name of Employer</i> |
| <i>Duties:</i>                   |                            |                         |
| <i>Position:</i>                 | <i>From:</i><br><i>To:</i> | <i>Name of Employer</i> |
| <i>Duties:</i>                   |                            |                         |
|                                  | Yes                        | No                      |
| <i>Have you ever been fired?</i> |                            |                         |

*Reason:*

|  | Yes | No |
|--|-----|----|
| <i>Have you applied at any other agencies to provide support to individuals?</i> |     |    |

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

\_\_\_\_\_

Date of application

\_\_\_\_\_