

Live-in Caregiver “Nanny” Application Form

Completing this questionnaire in its entirety and returning it to us will allow us to better evaluate your candidacy for a Live-in Caregiver position. The more detailed the information you provide, especially with respect to your education and work experience, the more accurate our evaluation will be. Please forward two(2) photographs with your application: one head shot and one full body standing.

Please note: all information will be kept strictly confidential.

I. PRELIMINARY INFORMATION

Family Name:		Date of birth: D		M		Y		Age:	
First Name:		Civil status:					Sex:		
N° and street:			Height:			Weight:			
City:			Children? #:			Ages:			
Country:			Do you have family in Quebec or Canada?						
N° of years at current address:			Name and address of relative/friend here in Canada:						
Nationality:									
Telephone:									
Mobile phone:	Are you a member of a professional association (nursing, midwives, physiotherapy etc.)? Please specify:								
Fax number:									
E-mail:									
Can you drive?	Yes:		No:		Can you swim?	Yes:		No:	

II. PRESENT EMPLOYMENT: provide a description of your tasks and responsibilities.

Name of Employer:

Address:	Tel:
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Dates Worked - from:	to:
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# of children/elderly/handicapped persons and their ages:	
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What are your duties and responsibilities? Be clear and precise:

III. PREVIOUS EMPLOYMENT (during the last **3 years** only) :

1. Name of Employer:

Address:	Tel:
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Dates Worked - from:	to:
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# of children/elderly/handicapped persons and their ages:	
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What did you do? Be clear and precise:

Reason for leaving:

2. Name of Employer:

Address:	Tel:
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Dates Worked - from:	to:
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# of children/elderly/handicapped persons and their ages:	
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What did you do? Be clear and precise:

Reason for leaving:

Total work experience equivalent to full time: _____ years _____ months.

Total work experience **in your profession** following your final diploma: _____ years _____ months.

IV. TYPE OF EMPLOYMENT BEING SOUGHT:

Please answer ALL questions:		Very Well	Well	Little	None
I care for					
	Newborn (0-6 months)				
	Infants (6 - 2 yrs)				
	Preschoolers (2 - 5 yrs)				
	School-age (5+ yrs)				
	Well Elderly				
	Frail elderly				
	Alzheimers				
	Handicapped				
I carry out these tasks:					
	Laundry				
	Ironing				
	Vacuuming				
	Dusting				
	Sewing/mending				
	Meal preparation				
	Cooking				
	Pet Care				

V. LANGUAGE KNOWLEDGE: Indicate your level of knowledge.

	Beginner					Intermediate					Advanced						
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
English:																	
Oral comprehension																	
Oral expression																	
Writing skills																	
Reading skills																	
French:																	
Oral comprehension																	
Oral expression																	
Writing skills																	
Reading skills																	

VI. EDUCATION – a) Dates & No. of years:

Indicate the number of years (equivalent to full time) and the dates of your education.	N° years	From			To		
		D	M	Year	D	M	Year
Name of the school:							
Secondary:							
Post-secondary							
Technical school/college:							
University:							
Formal Apprenticeship (specify):							

b) Diplomas received :

	Diploma	Specialty
Secondary:		
Technical college:		
University:		

Other studies: (Caregiving courses, language courses, professional development, CPR/First Aid, etc)

Additional Information (Any details you might consider important with respect to your education and work experience)

Please write a short essay about yourself and your previous work experiences as a caregiver.

V. DOCUMENTS REQUESTED BY AGENCY (PLEASE PROVIDE THE FOLLOWING):

Documents required	For Office Use Only	
Two Photos (Smiling Please !!) :-) 1: face only; 2: face & body (standing)	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____
Digital photos must be 300dpi in .jpg, or tiff formats.		
Two copies of: 1. College Diploma 2. Official College Transcript of marks 3. Birth Certificate 4. Passport (including pages with visa stamps) 5. Reference letters, if available 6. Employment contracts 7. Any training certificates 8. Professional card (nurse, mid-wife, etc)	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
(one copy must be an original stamped Certified true copy , and second copy can be a photocopy of the Certified copy).		
Completed Forms: 1. Interview Questionnaire 2. "Dear Family" letter - (hand written)	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____

Thank you for completing this form. Please make sure that all questions are answered completely. This will make it easier for Canada Global to assess your application and avoid unnecessary delays.

In signing this form:

- You allow Canada Global Immigration Services to forward any relevant information to prospective employers;
- You permit us to verify any of the information listed on this application form;
- You agree that all information on this form is true and complete to the best of your knowledge.

The above information is confidential and will be used solely for the purpose of finding you employment.

_____ Signature of Applicant	_____ City	_____ Date
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You may send the application by e-mail as an attachment to info@canada-global.com

Or by fax to:	1-514-277-4729
Or by regular mail or courier to:	Canada Global Immigration Services 4823 Esplanade Ave. Montreal, Quebec, CANADA H2T 2Y8 Tel: 1-514-992-1567