

ADDITIONAL FORM FOR LIVE-IN CAREGIVER

1. Please provide your phone numbers where you can be contacted during the day; also include your email address.

Area code	Number	Email Address
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Education and training Information:

2. On what basis are you submitting your application?
 Caregiver course Employment experience Educational background (nursing degree, etc.)

3. Details of your education – secondary and post-secondary:

Dates		Name, address and telephone number of school	Type of degree/ certificate/diploma issued	Number of credits/units obtained
From	To			
DD MM YYYY	DD MM YYYY			
/ /	/ /			
/ /	/ /			
/ /	/ /			

* Use additional sheets if necessary

4. Please provide the name and address of the school where you attended caregiver training.

Name of School	Address
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5. What is the exact duration of your caregiver training?

From	To
DD / MM / YYYY	DD / MM / YYYY

6. What time and days of the week did you attend your classes?

Day	Time	
	From	To
Monday	AM / PM	AM / PM
Tuesday	AM / PM	AM / PM
Wednesday	AM / PM	AM / PM
Thursday	AM / PM	AM / PM
Friday	AM / PM	AM / PM
Saturday	AM / PM	AM / PM
Sunday	AM / PM	AM / PM

You must provide complete, truthful and accurate information. The information provided may be verified. Providing incomplete, false or misleading information will likely result in a refusal of your application.

7. Did you do any on-the-job training or practicum? If yes, please indicate the exact duration, time and days of the week of your on-the-job training or practicum.

Yes (fill out table below) No

From			To			OJT Institution / Days of the Week / Time OJT Started and Ended (EXAMPLE: "Rizal Hospital, Mon-Fri, 8am – 5pm")
DD	MM	YYYY	DD	MM	YYYY	
/	/		/	/		
/	/		/	/		
/	/		/	/		

* Use additional sheets if necessary

8. If you have a degree in Nursing, are you licensed?

Yes No
 Yes PRC #

9. Employment details for the last 10 years, including self-employment:

Dates						Name, address and telephone number of employer	Your position	Monthly salary
From			To					
DD	MM	YYYY	DD	MM	YYYY			
/	/		/	/				
/	/		/	/				
/	/		/	/				
/	/		/	/				

* Use additional sheets if necessary

10. Travel Information:

Do you have any previous overseas travels in the last ten years?

Yes (fill out table below) No

Country	Duration					
	From			To		
	DD	MM	YYYY	DD	MM	YYYY
	/	/		/	/	
	/	/		/	/	
	/	/		/	/	

* Use additional sheets if necessary

You must provide complete, truthful and accurate information. The information provided may be verified. Providing incomplete, false or misleading information will likely result in a refusal of your application.

11. What is your current marital status? Single Married Widowed Legally Separated Annulled In a common-law relationship

12. Please provide details about your family members:

Name	Relationship	Date of birth	Place of residence	Occupation
	Spouse/ Common-law partner	DD MM YYYY / /		
	Son/Daughter	/ /		
	Son/Daughter	/ /		
	Son/Daughter	/ /		
	Son/Daughter	/ /		
	Father	/ /		
	Mother	/ /		
	Brother/Sister	/ /		
	Brother/Sister	/ /		
	Brother/Sister	/ /		
	Brother/Sister	/ /		

* Use additional sheets if necessary

13. Please list any of your relatives living in other countries (i.e. not in the Philippines):

Name	Country of residence	Exact relationship to you

14. Are you related to your prospective employer in Canada?

Yes No Indicate relationship:

15. Did you use an agency/third party for this application?

Yes (fill out table below) No

Name of Agency	Address	Contact number

I declare that I have answered all required questions in this application fully and truthfully.

Printed Name and Signature of Applicant

Date

Please note that failure to complete all required questions will result to delays in the processing of your application.