

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 YY	DD MM YY			
/ /	/ /			
/ /	/ /			
/ /	/ /			

* 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	YY	DD	MM	YY	
/	/		/	/		
/	/		/	/		
/	/		/	/		

* Use additional sheets if necessary

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

Yes No

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 YY	DD MM YY			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

* 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.

Personal Information:

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

Indicate relationship:

No

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

Yes (fill out table below)

No

Name of Agency	Address	Contact number
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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.