

ID: _____ (For office use only)

North Okanagan/Shuswap Respite Provider Registry Application for Registration



Respite Provider Information

Applicant Name(s): _____

Street Address: _____

Apt/Unit: _____ City: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Email: _____ Fax: _____

Please indicate the areas where you have experience: (check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> FASD | <input type="checkbox"/> Autism | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Challenging Behaviours | <input type="checkbox"/> Medically Complex | <input type="checkbox"/> Seizures | <input type="checkbox"/> Assistive Devices |
| <input type="checkbox"/> Alternative Communication | <input type="checkbox"/> Physical (Transfers & Lifts) | <input type="checkbox"/> Personal Care (toileting) | |

Other Experience:

Qualifications:

First Aid Expiry Date: _____ CPR Expiry Date: _____

Mental Health First Aid Expiry Date: _____ CPI Expiry Date: _____

Other Qualifications:

What languages do you speak? _____

Do you have a valid Driver's License? Yes No; D/L Number _____

Are you willing/able to use your own vehicle during respite support? Yes No

Will work in the following area(s): (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Cherryville/Lumby | <input type="checkbox"/> Vernon/Coldstream | <input type="checkbox"/> Falkland/Spallumcheen | <input type="checkbox"/> Armstrong/Enderby |
| <input type="checkbox"/> Salmon Arm/Sorrento/Blind Bay | <input type="checkbox"/> Grindrod/Sicamous | <input type="checkbox"/> Revelstoke | |

Are you legally eligible to work in Canada and prepared to show proof of this eligibility?

Yes No

