



# HELPING HANDS CAREGIVER SERVICES



*Mailing Address: 1032 Nellie Little Cres  
Newmarket, ON L3X 3E4*

*Markham/Unionville 905-294-2499  
Newmarket/Aurora 905-853-4752  
Vaughan : 905-851-5733  
Toll Free: 1-877-636-6437  
Fax: 905-853-7408*

## **EMPLOYER REGISTRATION FORM**

Helping Hands Caregiver Services is York Region's Premiere Nanny/Caregiver Agency. As our motto states, we focus on "Putting Your Family First." We take the frustration out of the process of finding "the right person." We look at your lifestyle, goals, values and interests. We locate and screen applicants by the job description, qualities, priorities and characteristics you are looking for. We tailor our search by using a questionnaire and/or an interview with the family prior to making a match. At Helping Hands Caregiver Services we put forward to you our reputable, experienced opinion of which nannies would best suit your family and your needs. The result is that you are put in a position of making an informed pragmatic decision. We will only present you with qualified, high quality nannies. Each nanny is personally interviewed overseas and verification of work history, performance level, education, as well as criminal and medical screening is performed prior to arriving in Canada.

We fill out the necessary paperwork and ensure all the necessary documentation is completed and filed both in Canada and abroad as required. Please make sure you put aside some time to complete the form with as much detail as possible. This will ensure the best match for your family and your needs.

**Registration Form**

Employer's First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone number : \_\_\_\_\_

Work Phone number : \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

**Parent #1**

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

**Parent# 2 (If applicable)**

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

**FAMILY INFORMATION**

Do either parents work from home? \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

What type of nanny/caregiver are you looking for?

- Nanny (childcare)
- Senior care
- Disability care
- Housekeeper
- Other

Please note: we specialize in full time live in caregivers, but will try to meet your needs if you require any options listed below.

- Full-time, live in
- Full time, live out
- Part time, live in
- Part time, live out

**CHILD(REN) or SENIOR INFORMATION**

1. **Name:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_  
**Age:** \_\_\_\_\_

**Special care requirements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Name:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_  
**Age:** \_\_\_\_\_

**Special care requirements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Name:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_  
**Age:** \_\_\_\_\_

**Special care requirements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Name:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_  
**Age:** \_\_\_\_\_

**Special care requirements:** \_\_\_\_\_

---

---

Are you expecting? \_\_\_\_\_  
If yes, when is your due date? \_\_\_\_\_

Number of adults in the household: \_\_\_\_\_

Other hired Domestic Help: \_\_\_\_\_

Is English the primary language spoken in the home? \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Please, indicate your family's interests and hobbies: \_\_\_\_\_

---

---

---

## **POSITION REQUIREMENTS**

Schedule of hours: \_\_\_\_\_

---

Starting Date: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Do you require that the Caregiver has a valid Driver's License? \_\_\_\_\_

Own car? \_\_\_\_\_

Special skills required (i.e. swimming, etc.): \_\_\_\_\_

---

---

Do you prefer a female or a male caregiver? \_\_\_\_\_

Indicate if you have a preference of caregiver's nationality (ies): \_\_\_\_\_

## **CAREGIVER'S DUTIES AND RESPONSIBILITIES**

In addition to childcare, the caregiver will be expected to:

- |   |   |
|---|---|
| <input type="checkbox"/> Perform light housekeeping | <input type="checkbox"/> Full housekeeping            |
| <input type="checkbox"/> Do family laundry          | <input type="checkbox"/> Run errands                  |
| <input type="checkbox"/> Drive children to school   | <input type="checkbox"/> Prepare meals for the family |
| <input type="checkbox"/> Children's meals only      | <input type="checkbox"/> Pet care                     |
| <input type="checkbox"/> Other: _____               |   |

## **HOME INFORMATION**

List Pets, if any: \_\_\_\_\_

Does anyone smoke in the house? \_\_\_\_\_

Will the Caregiver be allowed visitors? \_\_\_\_\_

Will a car be provided? \_\_\_\_\_

Will a car be available for Caregiver's personal use? \_\_\_\_\_

Will the Caregiver have:

- |  |   |
|--|---|
| <input type="checkbox"/> Private Bedroom | <input type="checkbox"/> Private Bathroom |
| <input type="checkbox"/> Own TV          | <input type="checkbox"/> Cable            |
| <input type="checkbox"/> Own Phone       | <input type="checkbox"/> Internet access  |
| <input type="checkbox"/> Other: _____    |   |

Will a bicycle be provided? \_\_\_\_\_

Location of Home:

- |   |  |
|---|--|
| <input type="checkbox"/> Rural            | <input type="checkbox"/> Quiet Residential |
| <input type="checkbox"/> Busy Residential | <input type="checkbox"/> Main Road         |

Approximate square footage of home: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

Other Rooms: \_\_\_\_\_

**ADDITIONAL INFORMATION**

How did you hear about our agency \_\_\_\_\_

Please, share any comments that you think would be helpful to us:

---

---

---

---

---

---

---

**CONTACT INFORMATION**

Markham/Unionville: 905-294-2499

Newmarket/Aurora: 905-853-4752

Vaughan: 905-851-5733

Toll free: 1-877-636-6437

Email:

info@helpinghandscanada.com

Mailing Address:

1032 Nellie Little Crescent

Newmarket, Ontario

Canada

L3X 3E4