



HELPING HANDS CAREGIVER SERVICES



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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

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