



**Awasis Agency of Northern Manitoba**

315 McGee Street, Winnipeg, Manitoba R3G 1M7

Phone: (204) 790-4400 Fax: (204) 790-4410

**SUPPORT SERVICE PROVIDER APPLICATION**

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

**A. IDENTIFYING INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ S.I.N.#: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

LEVEL OF EDUCATION: \_\_\_\_\_

**B. SERVICE PROVISION**

1. What support worker position are you applying for:

- PARENT-AIDE                       RESPITE                       INTERVENOR  
 HOMEMAKER                       ESCORT

2. Please provide some information on your skills/expertise:

**C. GENERAL INFORMATION:**

1. Do you have a valid driver's license?

- Yes                       No

2. Do you have access to a vehicle?

- Yes                       No

3. What are your strengths and weaknesses?

**D. AVAILABILITY:**

1. Please indicate the number of hours per week you would be available to work? \_\_\_\_\_

2. Please indicate your preferred schedule for availability?

- Days
- Evenings
- Weekdays
- Weekends
- All of the above

3. Which shifts would you be available to work?

- A.M.
- P.M.
- Overnight
- Other (specify): \_\_\_\_\_

4. Which days are generally available?

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> All      |

**E. TRAINING:**

1. What type of relevant training/workshops have you completed?

2. Would you be willing to participate in further training offered by the agency?

- Yes
- No

3. Is there specific training you would like to receive? Please list.

**F. REFERENCES** (Please list 3 references):

1. Name:  
Telephone #:  
Relationship to Applicant:
  
2. Name:  
Telephone #:  
Relationship to Applicant:
  
3. Name:  
Telephone #:  
Relationship to Applicant:

---

**For Office Use Only:**

Resume Included?  Yes  No

**REFERENCE FINDINGS:**

1. Local Rotary Check Date: \_\_\_\_\_ Outcome:  
\_\_\_\_\_
2. Central Rotary Check Date: \_\_\_\_\_ Outcome:  
\_\_\_\_\_
3. Criminal Name Check Date: \_\_\_\_\_ Outcome:  
\_\_\_\_\_
4. Child Abuse Registry Check Date: \_\_\_\_\_ Outcome:  
\_\_\_\_\_
5. Prior Contact Check Date: \_\_\_\_\_ Outcome:  
\_\_\_\_\_
6. Character References: