



Awasis Agency of Northern Manitoba

100-701 Thompson Drive, Thompson, Manitoba R8N 2A2
 Phone: (204) 677-1500 Fax: (204) 778-8428 Toll Free: 1-800-667-4734

SUPPORT SERVICE PROVIDER APPLICATION

Demographics of the Applicant			
Name:		DOB:	
Address:		S.I.N. #:	
Home Phone:		Cell Phone:	
Level of Education:		Current Occupation:	

Service Provision		
What Support Position are you applying for or interested in working (check all that apply):		
<input type="checkbox"/> Parent-aide	<input type="checkbox"/> Respite	<input type="checkbox"/> Intervenor
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Escort	<input type="checkbox"/> Driver

General Information	
Do you have a valid driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have access to a vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Availability			
Please indicate the number of hours per week you would be available to work:			
Please check your availability below (all that apply)			
<input type="checkbox"/> Days	<input type="checkbox"/> A.M.	<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
<input type="checkbox"/> Evenings	<input type="checkbox"/> P.M.	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Weekdays	<input type="checkbox"/> Overnight	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Weekends	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Thursday	<input type="checkbox"/> All
<input type="checkbox"/> All of the above			

Training/Experience
Please provide some information on your skills/expertise:
What are your strengths and weaknesses?
What type of relevant training/workshops have you completed:
Are you willing to participate in training offered by the agency? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is there specific training you would like to receive, please list:

References – List three		
Name:	Telephone #:	Relationship to Applicant:

For Office use only

Item	Date	Outcome
Resume Received		
Local Rotary Check		
Central Rotary Check		
Criminal Name Check		
Child Abuse Registry Check		
Prior Contact Check		
Reference Check 1		
Reference Check 2		
Reference Check 3		