



## ELDERCARE REFERENCE

All references must be translated into English on this form with the original attached.  
Please type or write clearly on this form using **BLACK** ink.

**Name of applicant:** \_\_\_\_\_

**Name of person providing reference:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_

**Street address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Postal code:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

**In what capacity do you know the applicant\*? (*employer, friend, neighbour*)** \_\_\_\_\_

Dates of Care			
From	To	Special Care required	Responsibilities
		(e.g. Stroke, Lupus, Dementia, Ambulatory, Parkinson, Alzheimers, other)	(e.g. bathing, assisting with personal hygiene etc. Please <u>feel free to attach a separate sheet</u> of paper with further details)

**Please describe the applicant's personality:** \_\_\_\_\_

\_\_\_\_\_

**Why would you recommend/not recommend the applicant for placement as a Caregiver?**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Please note: People related to the applicant may not provide a mandatory reference but CAN provide an additional reference for you!*