

EXPERIENCE (please detail any medical, eldercare, caregiver etc. experience):

Dates (m / y)		Ages of Elders (years and months when started)	Position	Responsibilities (bathing, feeding, assistance with personal hygiene etc.)	How Often (how many hours/week, daily, weekly, monthly)	Referee (please include telephone number)
From	To					

EMPLOYMENT HISTORY (don't list jobs already listed in the EXPERIENCE section):

Dates (m / y)		Employer / Company (please include address and phone)	Position / Duties (start with present occupation)
From	To		

CONDITIONS/DISEASES/SITUATIONS EXPERIENCE AND PREFERENCES:

<p>Experience (check appropriate groups):</p> <p><u>Special Needs</u></p> <p><input type="checkbox"/> Ambulatory <input type="checkbox"/> Parkinson</p> <p><input type="checkbox"/> Stroke <input type="checkbox"/> Alzheimers</p> <p><input type="checkbox"/> Lupus <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Dementia <input type="checkbox"/> Other _____</p> <p>Describe special care provided: _____</p>	<p>Preferences (check as many as desired):</p> <p><u>Special Needs</u></p> <p><input type="checkbox"/> Ambulatory <input type="checkbox"/> Parkinson</p> <p><input type="checkbox"/> Stroke <input type="checkbox"/> Alzheimers</p> <p><input type="checkbox"/> Lupus <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Dementia <input type="checkbox"/> Other _____</p> <p>Special care preferred: _____</p>
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DETAILS ON FAMILY BACKGROUND:

Parents:	Mother:	Father:
Surname:		
First Name:		
Occupation:		
City / Zip Code:		
Country:		
Phone Number:		
Are they supportive of your decision to come to foreign country (_____)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Siblings:	Sisters:	Brothers:
Number:		
Age:		

OTHER DETAILS:

What are the reasons you want to be an Eldercare provider? _____

What are your plans following your year as an Eldercare provider? _____

How will being an Eldercare provider positively affect your future endeavors? _____