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

Dates (m / y) From / To	Ages of Children (years & 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)

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

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

CONDITIONS/DISEASES/SITUATIONS EXPERIENCE AND PREFERENCES:

Special Needs Experience:
- ❑ Cerebral Palsy
- ❑ Muscular Dystrophy
- ❑ Multiple Sclerosis
- ❑ Spinal Injuries
- ❑ Other ________________
- ❑ Other ________________
- ❑ Other ________________

Learning Disabled Experience:
- ❑ Attention Deficit Disorder
- ❑ Attention Deficit Hyperactive Disorder (ADHD)
- ❑ Auditory Discrimination
- ❑ Autism
- ❑ Down's Syndrome
- ❑ Dyslexia
- ❑ Gross Motor Coordination
- ❑ Obsessive Behaviour

Special Needs Preferences:
- ❑ Cerebral Palsy
- ❑ Muscular Dystrophy
- ❑ Multiple Sclerosis
- ❑ Spinal Injuries
- ❑ Other ________________
- ❑ Other ________________
- ❑ Other ________________

Learning Disabled Preferences:
- ❑ Attention Deficit Disorder
- (Attention Deficit Hyperactive Disorder (ADHD)
- (Auditory Discrimination
- (Autism
- (Down s Syndrome
- (Dyslexia
- (Gross Motor Coordination
- (Obsessive Behaviour

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 (_______________)? ❑ Yes ❑ No		
Siblings:	**Sisters:**	**Brothers:**
Number:		
Age:		

OTHER DETAILS:

What are the reasons you want to be a Special Needs care provider? ____

____

What are your plans following your year as a Special Needs care provider? ______________________________________

____

How will being a Special Needs care provider positively affect your future endeavors? _____________________________

____