

APPLICATION FOR PHYSICAL CARE ATTENDANT
(CONFIDENTIAL WHEN COMPLETE)

Date available to begin work: _____

PERSONAL DATA

Last Name: _____ Given Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone Number: _____

Other Telephone Number: _____

E-mail: _____

Are you legally eligible to work in Canada? Yes No

Are you 18 years or older? Yes No

Language: I am able to, Speak English Write English Read English

To determine your qualifications for employment, please provide below and on the reverse, information to your academic and other achievements including volunteer work, as well as employment history.

EDUCATION (If you have provided a RESUME, it is not necessary to complete this section.)

Level of Education Completed

Elementary High School Community College University

Name of Educational Institute _____

Major Subject _____ Length of Program _____

Other courses, workshops, seminars; _____

Other Licenses, Certificates, Degrees; _____

EMPLOYMENT (If you have provided a RESUME, it is not necessary to complete this section.)

Name and Address of present/last employer

Reason for leaving: _____

Job Title: _____ Type of Business: _____

Period of employment: From: _____ To: _____

Functions/Responsibilities: _____

Name of Supervisor: _____

Telephone Number: _____

For an employment reference, may we contact this employer? Yes No

Name and Address of previous employer

Reason for leaving: _____

Job Title: _____ Type of Business: _____

Period of employment: From: _____ To: _____

Functions/Responsibilities: _____

Name of Supervisor: _____

Telephone Number: _____

For an employment reference, may we contact this employer? Yes No

Name and Address of previous employer

Reason for leaving: _____

Job Title: _____ Type of Business: _____

Period of employment: From: _____ To: _____

Functions/Responsibilities: _____

Name of Supervisor: _____

Telephone Number: _____

For an employment reference, may we contact this employer? Yes No

WORK RELATED SKILLS

Please expand upon any relevant experience you have working with persons with disabilities?

What is your view towards persons with disabilities?

Why are you interested in working as a physical care attendant?

On a scale from 1 to 4, 4 being the highest, how would you rate yourself on the following:

- ____ Organizational skills
- ____ Ability to communicate
- ____ Ability to deal with difficult situations
- ____ Ability to take initiative and work independently
- ____ Attendance & punctuality

What is your availability?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days							
Nights							
Evenings							
All shifts							

Are you familiar with body mechanics and proper lifting techniques?

Yes No

Do you have any problems with your back? Yes No

POSITION DESCRIPTION

Position Title: Physical Care Attendant
Supervisor: Housing Co-ordinator
Date Revised: November 2008
Approved by: Human Resources Committee

Mission Statement

To identify, develop and deliver programs and services that maximize opportunities for the contribution, participation and inclusion of people with physical disabilities within the City of Ottawa.

Position Summary:

To provide attendant care, as a member of a team, to physically disabled clients in the Housing Program of The In Community. Attendant care shall mean the provision of such services on a 24 hour basis as may be required by the physically disabled individual in order that all necessary activities of daily living can be accomplished in a reasonable time span.

Position Philosophy:

Duties are performed in accordance with established policies and procedures of The In Community and in a manner which respects the uniqueness, dignity, worth, respect and self determination of every client. These duties are carried out in a capacity which enables the personal and functional independence and integrity of each individual client.

Principle Responsibilities and Duties:

1. Responsible for providing holistic attendant care duties under the direction of the client but not necessarily be limited to the broad categories of services available as follows:
 - 1.1 Personal hygiene:
 - Dressing, undressing;
 - Washing, bathing, showering, bed bath;
 - Mouth care;
 - Hair care;
 - Preventive skin care, including changing of non-sterile dressings;
 - Grooming;
 - Make-up;
 - Shaving;
 - Assistance with medication;
 - Menstrual care;
 - Toileting and bladder care, including emptying and changing of leg and night bags, stoma care, maintenance of external catheter care, and application and maintenance of external condom;
 - Bowel care including, insertion of suppository, digital stimulation and manual disimpaction, stoma care.
 - 1.2 Physical care:
 - Household and personal laundry;
 - Housekeeping;
 - Meal preparation, serving, cutting and feeding of food;
 - Transferring, positioning, and turning;

- Cleaning and maintenance care of specialized equipment, including wheelchairs, commode chairs;
 - Range of motion exercises;
 - Assistance with assistive cough devices and assistive cough therapy;
 - Assistance with domestic pet care;
 - Assistance with “Registered Service Animals”.
- 2.1 Carry out employee requirements of health and safety role by:
- 2.1 Following safe work procedures and practices established by The In Community.
 - 2.2 Knowing and complying with all regulations outlined in the Occupational Health and Safety Act.
 - 2.3 Using any equipment, protective devices or clothing made available.
 - 2.4 Reporting any injury or illness immediately.
 - 2.5 Reporting unsafe acts, hazards or faulty equipment which the employee is aware of and which may endanger himself, herself or another employee.
 - 2.6 Not removing any protective devices required by the regulations or by his or her employer, without providing an adequate temporary protective device.
 - 2.7 Not using or operating any equipment, or device that may endanger himself, herself or any other employee.
 - 2.8 Not engaging in any prank, contest or feat of strength, unnecessary running or rough and boisterous conduct.
 - 2.9 Participating in safety awareness training.
 - 2.10 Bringing health and safety issues to the attention of the Health & Safety Representative, Supervisor, and/or Executive Director. Adherence to health and safety procedures is mandatory.
3. Responsible for contributing as an effective member of the team with the goal of providing quality services by:
- 3.1 Maintaining report book on staff time, records of client care and all other documentation as required.
 - 3.2 Reporting problems, concerns, and/or changes of any nature within the Program, to the Team Leader.
 - 3.3 Attending and participating in staff meetings and in-service programs.

DISCLAIMER

This job description indicates the general nature and level of work expected. It is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities required by the incumbent. Incumbent may be asked to perform other duties as required.

JOB SPECIFICATIONS – PHYSICAL CARE ATTENDANT

KNOWLEDGE & SKILLS:

- First-Aid/CPR, & WHMIS;
- Knowledge of health science;
- Perceptive skills in identifying with the diverse and individual care needs of people with disabilities;
- Knowledge of and commitment to quality centered service;
- Communication and interpersonal skills;
- Knowledge of Risk Management procedures;
- Judgment required to act independently as required in the day-to-day provision of care and interpret established guidelines;
- Judgment required in assessing client’s request for assistance, determining priorities and reporting any problems or irregularities concerning the nature of clients care.
- Understands and accepts total responsibility for maintaining confidentiality concerning individual clients’ activities, living conditions, and personal care services being provided.

CERTIFICATIONS:

- First-Aid/CPR

OTHER REQUIREMENTS:

- Criminal reference record;

WORKING CONDITIONS:

- Potential exposure to various cleaning products and/or domestic pets in client's homes on a daily basis;
- Able to perform repetitive tasks, including reaching, bending, pushing, pulling, and standing for long periods of time;
- May be exposed to unpredictable, difficult and emotional situations with clients.
- Occasionally may be exposed to contagious illness, unpleasant hygienic situations, changing circumstances, and various hours/shifts around the clock.

ABILITIES:

Commitment to Task: Able to start, persevere and complete a task in its entirety, while exhibiting a high level of motivation; completes the on-going tasks based on the individual needs of each client.

Interaction: Able to communicate with others in a warm and helpful manner while simultaneously building credibility and rapport.

Perception/Versatility: Able to interpret verbal and non-verbal behaviour; and to modify one's own behavioral style to respond to the needs of others while maintaining one's own objectives and sense of dignity.

Policy & Procedures: Able to relate to routine operations in a manner that is consistent with existing solutions to problems; conform to established policies and procedures; log work activities.

Alertness: Able to be attentive to all aspects of the environment while working; to monitor environment during routine activity.

DISCLAIMER

Because of the changing nature of work and the work to be done, the job specifications may be changed or altered as required.

THE FOLLOWING SECTION MUST BE COMPLETED:

Are you aware of any limitations you may have that would affect your ability to carry out all duties outlined in the job description. (If yes, please provide brief details below.)

Yes No

This is to confirm that should I be offered employment by The In Community, I have read, understand and agree to the duties as outlined in the Physical Care Attendant job description, and that failure to provide these duties to the best of my ability may result in disciplinary action up to and including dismissal.

I further understand, I will re-sign the Physical Care Attendant job description, at my performance review on a yearly basis.

SIGNATURE: _____

REFERENCES

These references should be employment/volunteer, professional or educational only.

1. Name of Reference: _____

Company/Organization Name: _____

Telephone Number: (_____) _____

Email: _____

2. Name of Reference: _____

Company/Organization Name: _____

Telephone Number: (_____) _____

Email: _____

3. Name of Reference: _____

Company/Organization Name: _____

Telephone Number: (_____) _____

Email: _____

Person to contact in case of an emergency

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

PERSONAL INTERESTS AND ACTIVITIES (civic, athletic etc.)

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature: _____ Date: _____

THE IN COMMUNITY

RELEASE OF INFORMATION

I, the undersigned hereby authorize all my references to reveal to **The In Community** all information pertaining to my previous experience, including the reason for leaving, in order to determine my suitability for employment with **The In Community** I hereby release my references and **The In Community** from any claim, liability or responsibility for any damage whatsoever which might be claimed as a result of such disclosures.

DATE: _____

NAME: _____
(please, print full name)

SIGNATURE: _____