

**ABLE NANNIES AND CAREGIVERS LTD.**

#2 - 514 Sixth Avenue,  
New Westminster, BC, Canada  
V3L 1V3  
Tel: 604 540 7453  
Fax: 604 540 7459

Email: [ablenannies@telus.net](mailto:ablenannies@telus.net)

**PLEASE COMPLETE EVERYTHING TO THE BEST OF YOUR ABILITY** – These questions are asked because they are required on your LMIA paperwork.

The salary offered: \_\_\_\_\_

Revenue Canada Business Number: \_\_\_\_\_ RP0001

Date you obtained this number: \_\_\_\_\_ If you don't know, or don't have a number please call Revenue Canada – 1 800 959 5525. Request your PD7A at the same time

**Primary Employers name as it appears with Revenue**

**Canada:** \_\_\_\_\_

Have you previously applied to advertise on the National Job Bank? \_\_\_\_\_, if yes, you will be asked to add Able Nannies to your dashboard. If no, we will set up the account for you.

Primary Employers Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE # \_\_\_\_\_

Primary email: \_\_\_\_\_

Please note: the primary email will be used for the Job Bank advertising, if you prefer it to go to an alternate email please advise us of this email: \_\_\_\_\_

Co Employers Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE # \_\_\_\_\_

Primary email: \_\_\_\_\_

Have you hired a live in caregiver or temporary foreign worker in the past: if yes, when was the LMIA approved: \_\_\_\_\_ Did you lay the worker off? \_\_\_\_\_ If yes, when and why? \_\_\_\_\_

Do you currently employ a caregiver? \_\_\_\_\_ If yes, what is the wage being paid? \_\_\_\_\_ Is this caregiver leaving your employment when the new caregiver begins? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Do you have Work Safe BC: If yes, please advise us of the number: \_\_\_\_\_

Are there any special needs in your home we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Please describe the hours of work you would like the caregiver to work: \_\_\_\_\_

PAGE TWO:

Tell us about your children:  
(If the position is for Elderly Care, please proceed to the next sections)

NAME: \_\_\_\_\_ Age: \_\_\_\_\_ NAME: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Activities Preferred: \_\_\_\_\_ Activities Preferred: \_\_\_\_\_

NAME: \_\_\_\_\_ Age: \_\_\_\_\_ NAME: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Activities Preferred: \_\_\_\_\_ Activities Preferred: \_\_\_\_\_

Please list all household members in primary employers home: Include full name and ages.

1. \_\_\_\_\_ Age: \_\_\_\_\_  
2. \_\_\_\_\_ Age: \_\_\_\_\_  
3. \_\_\_\_\_ Age: \_\_\_\_\_  
4. \_\_\_\_\_ Age: \_\_\_\_\_

**\*ELDERLY CARE CLIENTS:**

**NAME OF PERSON TO BE CARED FOR:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please give details regarding nature of care required: \_\_\_\_\_

Do you require assistance with lifting: \_\_\_\_\_ Bathing: \_\_\_\_\_  
Walking: \_\_\_\_\_

Please give brief description of previous caregiver arrangements: \_\_\_\_\_  
\_\_\_\_\_

Is there evening care required: \_\_\_\_\_ if yes, how often: \_\_\_\_\_

Are you willing to pay extra or give time off in lieu? \_\_\_\_\_

Are you willing to give any additional holidays? \_\_\_\_\_

Will you accept a moderate smoker? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ If yes, please describe any care required: \_\_\_\_\_

Do you require a driver? \_\_\_\_\_ Do you supply a car? \_\_\_\_\_

Do you require a swimmer? \_\_\_\_\_ Do you have a pool? \_\_\_\_\_

**HOUSEHOLD DUTIES LIKELY TO BE ASSIGNED TO YOUR CAREGIVER:**

Do you require your caregiver to prepare meals: \_\_\_\_\_

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Approximately how often and for whom: \_\_\_\_\_

Laundry: How often and for whom: \_\_\_\_\_

Groceries: \_\_\_\_\_ Vacuuming: \_\_\_\_\_ Washing

Floors: \_\_\_\_\_ Bathrooms: \_\_\_\_\_

Are there any additional duties or responsibilities you would like your caregiver to perform: \_\_\_\_\_

If you travel for business or pleasure, is your nanny required to travel with you? \_\_\_\_\_

If yes, how often? \_\_\_\_\_ Will your caregiver be responsible for  
24 hour care? \_\_\_\_\_ If yes, how often?

\_\_\_\_\_

Please give us a brief description of your lifestyle and expectations for you  
caregiver: \_\_\_\_\_

\_\_\_\_\_

If there is anything further you would like tell us about your position that would be  
helpful, please let us know: \_\_\_\_\_

**ACCOMODATION OF CAREGIVER:**

Please give a brief description of your accommodation and include square footage:

\_\_\_\_\_

\_\_\_\_\_

How many rooms are in your home? \_\_\_\_\_

How many bedrooms? \_\_\_\_\_

**WHERE DID YOU HEAR OF ABLE NANNIES:** \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT  
BETWEEN  
ABLE NANNIES AND CAREGIVERS LTD.**

**And  
EMPLOYER**

**Inasmuch the EMPLOYER has requested that ABLE assist them with the  
placement of a Caregiver**

ABLE'S complete fee for services of a live in/out caregiver is \$1700.00 plus GST. The full amount is due and payable upon acceptance of the job offer by the caregiver. A deposit of \$300.00 is due and payable upon advertising for the purposes of an LMIA only. If you choose a caregiver from Able Nannies and Caregivers, this deposit is deducted from the above fee of \$1700.00. If you do not choose a caregiver through Able Nannies, this fee is non refundable.

HRSDC - Service Canada also charges an additional \$1000.00 if your family income is above \$150,000 or your care is for children above 13 yrs of age. payable directly to HRSDC – this is not an Able Nanny charge. If you hire a Canadian caregiver or someone not requiring an LMIA, there are no additional fees.

Should the chosen caregiver fail to take up employment with the EMPLOYER the EMPLOYER is entitled to re choose another applicant. The EMPLOYER understands that this is a replacement contract and that no cash refund will be available should the EMPLOYER choose to cancel.

Should the chosen caregiver not complete the one year contract, ABLE agrees to replace the caregiver if the employer chooses, after the first 90 days a prorated fee will be charged based on however many months are left on the initial agreement.

The employer is responsible for any cost incurred for a replacement with respect to required advertising if a new LMIA is required and lawyer's fees, not to exceed \$600.00.

The employer understands that Able Nannies representatives are not immigration lawyers or consultants and therefore do not give immigration advice.

ABLE will do its best to ensure your caregiver commences employment as quickly as possible However, ABLE cannot accept any responsibility for Government delays and therefore the EMPLOYER will have no claim whatsoever against ABLE for a delay in commencement of employment by the caregiver.

**The EMPLOYER has read and clearly understands this agreement and hereby  
Acknowledges receipt of a copy of the same.**

**Signed in New Westminster, British Columbia this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_\_.**

\_\_\_\_\_  
**ABLE NANNIES REPRESENTATIVE      EMPLOYER/EMPLOYER REP**