

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

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: _____

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 \$500.00 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