



### FOREIGN LIVE- IN CAREGIVER APPLICATION

**FILL OUT THIS APPLICATION ONLY IF:** You are an employer (or an authorized third party) who has made an offer of employment to a foreign live-in caregiver. Please note the new regulatory requirement for a signed employment contract with the foreign live-in caregiver. (A sample contract can be found on the CIC site at: <http://www.cic.gc.ca/english/pub/caregiver/caregiver-4.htm#3> Information on this form should match information on the employment contract.

In completing this form, please keep in mind the definition of a live-in caregiver as stated in the *Immigration and Refugee Protection Act and Regulations*:

A "live-in caregiver" means a person who resides in and provides child care, senior home support care or care of the disabled without supervision in the private household in Canada where the person being cared for resides.

EMPLOYER INFORMATION										
1	Employer ID # (if applicable)	2	Given Name(s)	3	Family Name					
4	Telephone (Home) ( ) -	5	Telephone (Work) ( ) -	6		Address (Number/Street/PO Box #)				
7	City	8	Province	9	Postal Code	10	E-Mail			
11	Fax ( ) -	12			Have you previously employed a foreign live-in caregiver?	13		Preferred Official Language of Correspondence?		
		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> English		<input type="checkbox"/> French		
EMPLOYER'S SPOUSE										
Complete this section only if spouse's address is not the same as the employer's										
14	Given Name(s)			15		Family Name				
* THIRD PARTY INFORMATION (if applicable)										
16			Company Name			17			Third Party Representative authorized to act for employer	
18				Preferred Official Language of Correspondence		19				Address (Number/Street/PO Box #)
<input type="checkbox"/> English				<input type="checkbox"/> French						
20	City	21	Province	22		Postal Code				
23	Telephone Number ( ) -	Extension	24	Fax Number ( ) -	25					E-Mail
* If you are a third party representative acting on behalf of an employer, written authorization from the employer to act on his/her behalf is required. Employers who wish to have third party representation should fill out the "Appointment of Representative" sheet attached to this form. HRSDC reserves the right to contact the employer directly if necessary.										
DETAILS OF JOB OFFER										
26						Expected duration of employment				
						months		years		
27			Relationship of designated individual (person being cared for) to Employer							
						The live-in caregiver must provide care for at least one designated individual. A designated individual is defined as: a child (person under 18), an elderly person (65 or older), or a person with a disability.				
						Details of individuals to be cared for are as follows:				
			Child Care <input type="checkbox"/>		Care of senior citizen <input type="checkbox"/>		Care of person with disability <input type="checkbox"/>			
			Child Care <input type="checkbox"/>		Care of senior citizen <input type="checkbox"/>		Care of person with disability <input type="checkbox"/>			
			Child Care <input type="checkbox"/>		Care of senior citizen <input type="checkbox"/>		Care of person with disability <input type="checkbox"/>			
			Child Care <input type="checkbox"/>		Care of senior citizen <input type="checkbox"/>		Care of person with disability <input type="checkbox"/>			
			Child Care <input type="checkbox"/>		Care of senior citizen <input type="checkbox"/>		Care of person with disability <input type="checkbox"/>			

**DETAILS OF JOB OFFER (con't)**

**Note: To meet the regulatory requirement of the live-in caregiver program the live in caregiver's main duties must involve care of a designated individual.**

**28 .Main duties of job**

**A live-in caregiver is required to have a high school education.  
A live-in caregiver is required to have the ability to both speak and write in at least one of the official languages.**

29 Language requirements:

Oral:  English       French       Other      Written:  English       French       Other

If Other, please explain

30 Hourly wage / Monthly wage	31 Total hours of work per day	32 Total hours of work per week	33 Number of days off per week
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**IN THE EVENT THAT THE FOREIGN LIVE-IN CAREGIVER WORKS LESS THAN FULL-TIME HOURS IN ANY PARTICULAR WEEK, SHE/HE MUST BE COMPENSATED FOR FULL-TIME WORK.**

**A FOREIGN LIVE-IN CAREGIVER IS CONSIDERED TO BE WORKING IF REQUIRED TO BE IN THE EMPLOYER'S HOME.**  
(Please note that foreign live-in caregivers cannot be on call 24 hours/day.)

34 Room & board \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	35 Number of paid vacation days	36 Number of paid sick days	37 Private furnished accommodation provided ? <input type="checkbox"/> Yes <input type="checkbox"/> No	38 Other benefits
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39 Have you attempted to recruit Canadians/permanent residents for this job? (Check with HRSDC office in your region to determine if this requirement is mandatory.)

- Yes      If yes, provide details of your recruitment efforts and the results.  
(Attach supporting documentation such as advertisements in local newspapers, etc.)
- No      If no, please explain.

**FOREIGN LIVE-IN CAREGIVER INFORMATION**

40 Name of Live-in Caregiver Family Name	41 Given Name(s)	42 <input type="checkbox"/> Male <input type="checkbox"/> Female
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43 Date of Birth (yyyy-mm-dd)	44 Country of Residence (where worker currently lives)	45 Citizenship
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46 If the live-in caregiver is currently in Canada, please indicate the immigration status:

foreign worker (live-in caregiver)     foreign worker (not live-in caregiver)     refugee claimant     visitor     student

## DECLARATION OF EMPLOYER

I understand the information contained on this form and on any sheet attached thereto, including information that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other information and personal information collected by Human Resources and Skills Development Canada (HRSDC) for the purpose of providing a labour market opinion pursuant to the *Immigration and Refugee Protection Regulations* shall be used by HRSDC and shared with Citizenship and Immigration Canada (CIC) solely for that purpose. I understand that this information may also be shared with federal, provincial, and/or territorial departments or agencies as well as with municipal governments, unions, associations and other appropriate organizations for the same purpose. Finally, I understand that this information may also be used by HRSDC and shared with CIC for policy analysis, research and/or evaluation in relation to the entry and hiring of foreign workers to Canada or the *Immigration and Refugee Protection Act*.

I understand that I have no obligation to complete and sign this application, but that failure to do so may prevent HRSDC from providing a labour market opinion as required by the *Immigration and Refugee Protection Regulations*.

Authority to collect the information contained on this form and on any sheet attached thereto, including any information that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other information and personal information collected by HRSDC for the purposes described above is provided under the *Department of Human Resources Development Act* and the *Immigration and Refugee Protection Act*. Once under the control of HRSDC, the information contained in this form and on any sheet attached thereto that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other personal information collected by HRSDC for these purposes is administered in accordance with the *Privacy Act*. The *Privacy Act* gives individuals the right to access their personal information under the control of a federal government institution. Instructions for making formal requests are outlined in the publication *Info Source*, copies of which are located at all Human Resources Centres of Canada or at the following internet address: <http://infosource.gc.ca>. The personal information collected by HRSDC for the purposes described above will be retained in Personal Information Bank "HRDC PPU 440".

I certify that the information provided in this application is true and accurate.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Printed Name of Employer

\_\_\_\_\_  
Date

## SIGNATURE OF THIRD PARTY (if applicable)

I certify that the information provided in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Third Party Representative

\_\_\_\_\_  
Printed Name of Third Party Representative

\_\_\_\_\_  
Date

## INFORMATION FOR EMPLOYERS

Please forward this application to the HRSDC office responsible for processing foreign worker applications.

For the list of appropriate HRSDC offices consult the National Foreign Worker website at:

[http://www.hrsdc.gc.ca/en/gateways/where\\_you\\_live/menu.shtml](http://www.hrsdc.gc.ca/en/gateways/where_you_live/menu.shtml)

or

consult the blue pages of your telephone directory under Government of Canada.

Once an Officer assesses this application, the employer will be notified of the decision.

**APPOINTMENT OF REPRESENTATIVE**

To Human Resources and Skills Development Canada:

**FOR THE PURPOSES OF AN APPLICATION FOR A FOREIGN LIVE-IN CAREGIVER.**

I, \_\_\_\_\_, residing at  
(name of employer)

\_\_\_\_\_  
\_\_\_\_\_  
(full address)

Telephone Number: ( ) - \_\_\_\_\_

Fax Number: ( ) - \_\_\_\_\_

hereby appoint \_\_\_\_\_  
(name of representative)

of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(full address)

Telephone Number: ( ) - \_\_\_\_\_

Fax Number: ( ) - \_\_\_\_\_

as my representative to act on my behalf in relation to obtaining from Human Resources and Skills Development Canada a temporary employment confirmation of an offer of employment for

\_\_\_\_\_  
(name of individual to whom employment has been offered)

I hereby agree to ratify and confirm all that my representative shall do or cause to be done by virtue of this appointment.

This appointment shall remain in full force and effect until \_\_\_\_\_ unless due notice in writing of its revocation has been given to HRSDC.

\_\_\_\_\_  
(signature of employer)

\_\_\_\_\_  
date (yyyy-mm-dd)

\_\_\_\_\_  
(print name of employer)

Personal Information is administered in accordance with the Privacy Act. It will be retained in Personal Information Bank HRDC PPU 440. Individuals have the right to access their personal information. For instructions, please consult the government publication Info Source found in Human Resources Centres and available at the web site: <http://infosource.gc.ca>