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APPLICATION FORM FOR CAREGIVERS

PERSONAL DATA

Details of Applicant

Name.....

Age.....

Home address.....

Telephone Number.....

Email address.....

Next of kin

Name.....

Home address.....

Telephone Number.....

Email address.....

Relationship.....

Are you married?

- Yes
- No

Do you have children less than 18 years?

- Yes
- No

Do you have any known illnesses or allergies?

- Yes
- No

JOB HISTORY

Kindly indicate what jobs you have held (if any) in the last three years.

Job

Duration.....

Location.....

Date of resignation.....

Reason for resignation.....

Can the Agency contact your previous employer?

- Yes
- No

If yes, provide contact details.....

LEGAL HISTORY

Have you ever been arrested?

- Yes
- No

Have you ever been brought before a court or tribunal

- Yes
- No

Have you ever been involved in substance abuse?

- Yes
- No

WORK SPECIFICATIONS

Are you available to live in the client's home?

- Yes
- No

If No, are you available to work for 12 hours daily?

- Yes
- No

Are you available to travel to live in the client's home in any part of Nigeria?

- Yes
- No

Are you able to perform any of the underlisted functions is properly trained? (Tick as appropriate)

- Caring for an elderly person
- Caring for a person with a medical condition
- Bathing, Cleaning & Dressing
- Feeding
- Cooking & washing
- House keeping
- Driving

Others.....

Do you have reservations to performing any of the functions not ticked?

- Yes
- No

Kindly provide explanations:.....

DETAILS OF GUARANTORS TO BE FILLED IN BY THE GUARANTORS

Details of First Guarantor

Name.....

Occupation.....

Relationship to Applicant.....

Number of years you have known the Applicant.....

Home address.....

Telephone Number.....

Email address.....

Sign.....

Details of Second Guarantor

Name.....

Occupation.....

Relationship to Applicant.....

Number of years you have known the Applicant.....

Home address.....

Telephone Number.....

Email address.....

Sign.....

In providing your details as a guarantor, you undertake to be responsible for any damage caused by the Applicant including theft or other illegal conduct.

APPLICANT DECLARATION

- I confirm that the information on this form is true and correct and that I am of full age and have the legal capacity to enter into a Caregiving Contract. I indemnify DOXA EMPOWERMENT FOUNDATION for actions carried out while relying on this information.