

# Live-in Caregiver Program Recruitment Efforts and Results

This template should be submitted in conjunction with the application for a Live-in Caregiver and the proof of advertisements (copies of ads on the National Job Bank and any additional advertisement source)

Please use the space below to describe your recruitment efforts, provide details of your recruitment activities for Canadians, permanent residents and in-land foreign caregivers, and describe the sources where you advertised to hire your live-in Caregiver. Use the additional information block to explain your recruitment efforts, results and decision. Employers are instructed to fill the report in details.

Employers are required to keep their records of advertisement (i.e., resumes of candidates, and rationale for decisions). They may be required at a later stage by HRSDC.

## LIVE-IN CAREGIVER POSITION DETAILS

Employer's Name \_\_\_\_\_

Third Party (If applicable) \_\_\_\_\_

Type of Care (Please mark when applicable)

**Disabled** \_\_\_\_\_

**Elderly** \_\_\_\_\_

**Childcare** \_\_\_\_\_

## ADVERTISEMENT DETAILS

### National Job Bank:

National Job Bank Ad #: \_\_\_\_\_

Date of Initial Advertising \_\_\_\_\_

### Additional Advertising Source:

<u>Date</u>	<u>Publication Name</u>
_____	_____
_____	_____

Other publication/internet site \_\_\_\_\_

Other publication/internet site \_\_\_\_\_



# Live-in Caregiver Program Recruitment Efforts and Results

## ADVERTISEMENT RESULTS

Did any candidate apply for the live-in caregiver position advertisement? YES \_\_\_\_\_  
NO \_\_\_\_\_

Please fill in the table below for each candidate who applied for the position

Candidate	Status in Canada	Interviewed		Selected		Reason for Decision
		Yes	No	Yes	No	
Name of candidate not required for this report	(In-land Live-in Caregiver; Canadian, Permanent Resident)					
1.						
2.						
3.						
4.						

### Additional Comments

---



---



---



---

## THIRD PARTY REPRESENTATIVE (IF APPLICABLE)

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## EMPLOYER'S DECLARATION

I certify that the information provided in this document is true and complete

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_