

# D Home Care – Caregiver Network Application

Independent Caregiver Referral Network Application

This is NOT an employment application

Download print this form and email [help@dhomecare.ca](mailto:help@dhomecare.ca), It's protected when completed

## SECTION 1: Caregiver Information

Full Legal Name:

Phone Number:

Email Address:

City of Residence:

Legally eligible to work in Canada?

Yes

No

## SECTION 2: Caregiving Experience

Years of caregiving experience:

Types of care you can provide (check all that apply):

Companionship

Personal Care (non-medical)

Overnight Care

## SECTION 3: Independent Contractor Declaration

I confirm I am NOT an employee of D Home Care and operate as an independent contractor.  
All care arrangements and compensation are agreed directly with families.

I acknowledge and agree:

## SECTION 4: Availability

Days

Evenings

Overnight

Live-In

## SECTION 5: Legal Declarations & Consent

I confirm all information is accurate and consent to use for referral purposes only.

Signature (type full name):

Date: