

## APPLICANT'S EXPERIENCE

Please tick the areas of care (if any) that you have experience of providing:

Medical Condition		Personal Care	
	Diabetes		Washing & Dressing (including strip-washing, bed baths, bathing & showering)
	Dementia/Alzheimer's		
	Blindness/Deafness		Moving & Handling/Hoisting
	Stroke/Heart Attack		Pressure Areas
	Multiple Sclerosis		Catheter/Stoma
	Parkinson's		Medication
	Epilepsy		Commodes/Toileting
	Alcoholism/Drug Abuse		Live-in Care
	Mental Illness		Food Preparation/Feeding
	Terminal Illness		Companionship
	Physical Disability & Wheelchair Use		Rehabilitation
			Overnight (waking nights)
			Overnight (sleep-ins)
	Other:		
<b>Domestic Care</b>			
	Housework		Money Handling
	Shopping		Pensions and Bills
	Food Hygiene		Laundry
	Other:		

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_