

Applicant Name: _____ Date: _____

Caregiver Has HANDS-ON Experience With:

How many years of
HANDS-ON Caregiving
Experience do you have?

⇒ With Personal Family:

⇒ In Work Environment:

Be Specific: How Much Time
Have You Worked with a
Client With:

- Dressing:
- Oral Hygiene:
- Bed Bath:
- Shampooing:
- Shaving:
- Showers:

Be Specific: How Much Time Have
You Worked with These Tools:

- Gait / Transfer Belt:
- Hospital Bed:
- Hoyer Lift:
- Lift Chair:
- Shower Chair:
- Sliding / Transfer Board:
- Swivel Board:
- Transfer Board:
- Wheel Chairs:

Be Specific: How Much Time
Have You Worked with These
Tools:

- Bed Pan:
- Bedside Commode:
- Depends:
- Ostomy:

- Basic Cooking / Low Fat /
Low Salt

Be Specific: How Much Time Have You Worked with a Client With These
Conditions:

- Arthritis:
- Dementia / Alzheimer's:
- Diabetes:
- Hearing Loss / Hearing Aids:
- Lou Gehrig's (ALS) / Muscular Dystrophy/ MS:
- Parkinson's:
- Stroke:

Comments:
