



Citizenship and Immigration Canada

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Guide—LIVE-IN CAREGIVER EMPLOYER/EMPLOYEE CONTRACT (Form EMP5498)

Please **do not** return this guide with the employment contract when applying for a Labour Market Opinion. The Live-In Caregiver Program (LCP): [Guide for completion of Employment Contract Template \(PDF, 91 Kb\)](#).

See the [Employment Contract Template](#).

EMPLOYER #1 Information

- **Name (Last name – Given name (s))**
Provide your last name and given name(s), as per official documents (for example, birth certificate, citizenship ID, driver's licence).
- **Relationship to the person(s) receiving care**
Indicate your relationship with the person(s) receiving care (for example, parent, son, daughter, spouse, self)
- **Street Address (Number/Street/P.O. box #)**
Provide your complete street address.
- **City**
Indicate the city or town where you reside.
- **Province/Territory**
Indicate the province or territory where you reside.
- **Postal Code**
Indicate the postal code for your residence.
- **Telephone (home)**
Provide your telephone number at home.
- **Telephone (work)**
Provide your telephone number at which you can be reached during business hours.
- **Email**
Provide the email address where you can be reached, if applicable.

[\[End of text version - back to EMPLOYER #1 Information\]](#)

EMPLOYER #2 Information

Provide same information as above requested for employer #1.

[\[End of text version - back to EMPLOYER #2 Information\]](#)

EMPLOYEE—Job Offer of Employment—Live-in Caregiver

- **Name (Last name – Given name (s))**
Provide last name and given name(s) of live-in caregiver, as per official documents (for example, passport, citizenship ID, driver's permit).
- **Date of birth**
Indicate date of birth of foreign live-in caregiver.
- **Street Address**
Provide, if known, live-in caregiver's current address (including street address, city, province/territory, country, postal code) in Canada or in the current country of residence as well as telephone number at home, at work and the email address.

1. EMPLOYEE’S PLACE OF WORK

Indicate if the live-in caregiver will work at the employer’s residence as indicated above by checking the appropriate box. If the live-in caregiver will work at a different address, that is, at the residence of the person(s) receiving the care, please provide the street address, city, province/territory, postal code, home and work telephone numbers of the location where the employee will work and reside as well as the email address.

Description of the house and the household where care will be provided

Indicate total number of rooms in the house where live-in care will be provided and the total number of bedrooms in the relevant space. Please list all household members (adults and minors) where live-in care will take place by entering the surname, given name(s) and age of each one in the table provided.

[\[End of text version - back to 1. Employee’s place of work\]](#)

The PARTIES agree as follows:

2. Duration of contract

Indicate the number of months and the anticipated start date for this employment contract.

[\[End of text version - back to 2. Duration of contract\]](#)

3. Work permit

Carefully review statement agreeing that this contract is conditional upon the employee obtaining a valid work permit and his/her entry into Canada under the LCP.

[\[End of text version - back to 3. Work permit\]](#)

4. Job description

Enter last name, given name(s), age and type of care (child, elderly or disabled) for each person requiring care in the table provided.

In the space below the table, describe the care responsibilities/duties that the live-in caregiver will perform. Specify if there will be meal preparation, shopping, driving, housekeeping, pet care, etc., in the provided space.

[\[End of text version - back to 4. Job description\]](#)

5. Work schedule and wages

1. Enter the number of hours per week that the employee will work.
2. Enter the daily start and end dates of the employee’s workday, or if the schedule varies by day, specify the work hours in the space provided.
3. Enter the time in minutes that the employee will have for each meal break and specify if it will be paid or unpaid by checking the appropriate box.
4. Enter the number of health breaks and the time in minutes for each break. Specify if the health break(s) will be paid or unpaid by checking the appropriate box.
5. Enter the number of day(s) off per week that the employee will be entitled to and specify the day(s).
6. Enter the number of vacation days the employee will be entitled to by year and the number of weeks in advance the schedule shall be confirmed by both you and the employee.
7. Enter the number of sick days per year that the employee will be entitled to and if they will be paid or unpaid by checking the appropriate box.
8. Please carefully read the statement to the effect that the employee shall be entitled to all applicable

statutory and public holidays with pay.

9. Enter the gross wages amount, before deductions, per hour worked, in dollars and the equivalent amount in dollars per week.
10. Enter the frequency of payments; that is, weekly, biweekly and monthly by checking the appropriate box.
11. Carefully review all statements regarding your agreement on overtime hours, prevailing wage rates requirements, room and board charges, taxes and deductions prescribed by law.

Read carefully NOTES on overtime and prevailing wage rate.

[\[End of text version - back to 5. Work schedule and wages\]](#)

6. Recruitment Fees

Carefully review policy regarding recruitment fees.

[\[End of text version - back to 6. Recruitment Fees\]](#)

7. Accommodation

1. Carefully review policy on suitable accommodation that you agree to provide to the employee.
2. Enter the dollar amount for cost of the room and specify if this is daily, weekly, or monthly in the appropriate box. Note that the amount cannot exceed provincial/territorial labour/employment standards. Refer to HRSDC's Wages and Working Conditions table.
3. If applicable, enter the dollar amount for cost of meals and specify if this is per meal, daily, weekly, or monthly in the appropriate box. Note that the amount cannot exceed provincial/territorial labour/employment standards. Refer to HRSDC's Wages and Working Conditions table.
4. Carefully review policy on accommodation regarding a room with lock, key and safety bolt from within.
5. Carefully review the agreement to provide independent access to the residence where employee resides.
6. Check appropriate boxes to indicate if you are providing the employee with private bathroom, telephone (and if charges apply), radio, television, Internet access (and if charges apply). Although these features are not mandatory it would be important to indicate if provided. Give a description of the employee's room and furnishings in the space provided.

[\[End of text version - back to 7. Accommodation\]](#)

8. Transportation costs

Use appropriate clause that is, #1 where live-in caregiver resides abroad or #2 where he/she resides in Canada and strike out clause that does not apply. Please review carefully transportation requirements applicable to the relevant situation and the note regarding transportation policy.

[\[End of text version - back to 8. Transportation costs\]](#)

9. Health care insurance

Carefully review your agreement on health care insurance policy.

[\[End of text version - back to 9. Health care insurance\]](#)

10. Workplace safety insurance

Carefully review your agreement on workplace safety insurance policy.

[\[End of text version - back to 10. Workplace safety insurance\]](#)

11. Notice of resignation

The employer will enter the amount in weeks of advance notice to be provided by the employee as per relevant provincial/territorial employment standards in the space provided.

[\[End of text version - back to 11. Notice of resignation\]](#)

12. Notice of termination of employment

The employer will enter amount in weeks of advance notice to be provided to the employee as per relevant provincial/territorial employment standards in the space provided.

[\[End of text version - back to 12. Notice of termination of employment\]](#)

SIGNATURE OF ALL EMPLOYERS

Read the 5 declarations carefully.

EMPLOYER #1

Print your given name and surname, sign and date the contract.

EMPLOYER #2

If applicable, add same information as requested for employer #1, sign and date the contract.

[\[End of text version - back to SIGNATURE OF ALL EMPLOYERS\]](#)

SIGNATURE OF EMPLOYEE

Read the 3 declarations carefully. Print your given name and surname, sign and date the contract.

[\[End of text version - back to SIGNATURE OF EMPLOYEE\]](#)

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