**FREELANCE CAREGIVER AND CLIENT AGREEMENT**

**Client:**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_Cell Number: \_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caregiver:**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_

The Parties agree as follows:

1. **Duration of Contract**

This contract shall have duration of \_\_\_\_\_\_\_\_ months from the date THE CAREGIVER assumes his/her duties. The “CAREGIVING SERVICES”)

Both parties agree that this contract is conditional upon THE CAREGIVER obtaining a valid work permit pursuant to the Immigration Regulations.

2. **Job Description**

THE CAREGIVER agrees to carry out the tasks as outlined in their job title/description.

3. **Work Schedule**

THE CAREGIVER shall work \_\_\_\_\_\_\_\_ hours per week. He/she shall receive \_\_\_\_\_\_\_% more than the regular wages for any hours worked over this limit. His/her workday shall begin at \_\_\_\_\_\_\_\_\_ and end at \_\_\_\_\_\_\_\_\_, or, if the schedule varies by day, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

THE CAREGIVER shall be entitled to \_\_\_\_\_\_\_\_ minutes per day of break time (lunch, coffee breaks etc…..)

THE CAREGIVER shall be entitled to \_\_\_\_\_\_\_ day(s) off per week, on \_\_\_\_\_\_\_\_\_\_\_\_\_

THE CAREGIVER shall be entitled to \_\_\_\_\_\_\_\_\_\_\_ weeks of paid vacation.

THE CAREGIVER shall be entitled to \_\_\_\_\_\_\_\_\_\_\_ days of sick leave per year.

4. **Wages and Deductions**

THE CLIENT agrees to pay THE CAREGIVER, for his/her work, wages of

$\_\_\_\_\_\_\_\_\_ per week, or $\_\_\_\_\_\_\_\_\_per hour. These shall be paid at intervals of \_\_\_\_\_\_\_\_\_\_\_.

5. **Notice of Termination of Employment**

THE CLIENT must give written notice before terminating the contract of THE CAREGIVER if this Caregiver has completed 3 months of uninterrupted service with THE CLIENT and if the contract is not about to expire. This notice shall be provided at least one week in advance.

6. **Non-Solicitation of Clients**

THE CAREGIVER agrees not to solicit or accept independently any clients of THE CLIENT during their employment with THE CLIENT and for a period of \_\_\_\_\_ after termination of employment with THE CLIENT.

IN WITNESS WHERE OF the parties state that they have read, understand and accepted all the terms and conditions stipulated in the present agreement/contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Caregiver Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client Date