

APPLICATION FOR WORKSKILLS INTEGRATED TRAINING PROGRAM

Please print clearly in ink and complete all sections.

PART A:

Name, Contact, Address, Source of Income, and Citizenship Status

First and Last name:	Former Last name if different:
Date of Birth: MM/DD/YYYY	How many months, or years, have you lived in Canada?
Are you currently working? If yes, how many hours per week? <hr style="width: 30%; margin-left: 0;"/> How long have you worked there?	Citizenship status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Permit <input type="checkbox"/> Landed Immigrant/Refugee

<p>Contact Information:</p> <p>Phone #: () _____ Cell: () _____</p> <p>Email: _____</p> <p>Street Address: _____, Apt/Suite # _____ Province: _____</p> <p>Postal Code: _____ City: _____</p> <p>Secondary Contact person:</p> <p>Name: _____</p> <p>Phone Number: Cell: _____ Home: _____</p> <p>Email: _____</p> <p>What is your current source of income?</p> <p><input type="checkbox"/> Income Support (Alberta Works) <input type="checkbox"/> Employment Insurance -If yes, when does your claim end?</p> <p><input type="checkbox"/> AISH <input type="checkbox"/> Other: _____</p>
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OFFICE USE ONLY:	
EIID # _____	SIN _____
Preferred Start date: _____	Learner Benefits Application given: Y or N
Date Received: _____	

**PART B:
Employment goal(s) and barriers**

<p>Are you looking for work in the field of Customer Service? Please circle.</p> <p style="text-align: center;">Yes No Not sure, maybe</p> <p>If not in Customer Service what field are you looking for work in?</p>

<p>In the past, what has prevented you from finding or keeping a job? Please check all that apply.</p>
<p><input type="checkbox"/> Health Factors (Mental/Physical) <input type="checkbox"/> Disability (Mental/Physical) <input type="checkbox"/> Criminal Record <input type="checkbox"/> Addiction</p> <p><input type="checkbox"/> Unstable Housing <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of Child Care <input type="checkbox"/> Lack of Support</p> <p><input type="checkbox"/> Other: _____</p>

**PART E
Consent for Bredin Centre for Learning to use your information for the purpose of determining eligibility to our WorkSkills program.**

<p><i>DECLARATION/CONSENT for MOBIUS Registration</i></p>	
<p>The information that you provide is collected and managed under the Freedom of Information and Protection of Privacy Act (FOIP).</p> <p>I hereby understand that my personal information may be shared with an authorized employee, agent or contractor of Alberta Human Services or Human Resources and Social Development Canada for the purpose of assisting in determining eligibility for programs and services; for monitoring, assessing and evaluating the effectiveness of services provided and for evaluating the results of provincial programs.</p>	
_____	_____
Signature	Date (mm/dd/yyyy)

<p><u>Declaration for Accurate Information</u></p>	
<p>You are responsible for accurate information. If at any point in the application process, the information you provide proves false you may not be accepted. If at any point throughout the program, the information you provide proves false, you may have to leave the program.</p> <p>By signing, I have read and understood the above declaration and agree to its conditions.</p>	
_____	_____
Signature	Date (mm/dd/yyyy)