

**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

First and Last name:	Former Last name if different:
Date of Birth: MM/DD/YEAR	How many months, or years, have you lived in Canada?
Are you currently working? If yes, how many hours per week? 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
How did you hear about the program?	SIN # _____

<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 # _____
Preferred Start date: _____ Learner Benefits Application given: Y or N
Date Received: _____

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

Are you looking for work in the field of Customer Service? Please circle.

Yes

No

Not sure, maybe

If not in Customer Service what field are you looking for work in?

In the past, what has prevented you from finding or keeping a job? Please check all that apply.

- Health Factors (Mental/Physical) Disability (Mental/Physical) Criminal Record Addiction
 Unstable Housing Lack of transportation Not having Child Care Lack of Support
 Other: _____

PART E

Consent for Bredin Centre for learning to use your information for the purpose of determining eligibility to our WorkSkills program.

DECLARATION/CONSENT for MOBIUS Registration

The information that you provide is collected and managed under the Freedom of Information and Protection of Privacy Act (FOIP).

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.

Signature

Date (mm/dd/yyyy)

Declaration for Accurate Information

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.

By signing, I have read and understood the above declaration and agree to its conditions.

Signature

Date (mm/dd/yyyy)