

**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

<b>First and Last name:</b>	<b>Former Last name if different:</b>
<b>Date of Birth:</b> MM/DD/YEAR	<b>How many months, or years, have you lived in Canada?</b>
<b>Are you currently working?</b> If yes, how many hours per week? How long have you worked there?	<b>Citizenship status:</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Permit  <input type="checkbox"/> Landed Immigrant/Refugee
<b>How did you hear about the program?</b>	<b>SIN #</b> _____

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

