



Power of Trades

Participant Application Form

APPLICANT INFORMATION

First name:		Last name:	
How did you hear about Power of Trades?			
Address:		Apt. #:	
City:		Province:	Postal code:
Phone:		E-mail:	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>		Age: under 18 <input type="checkbox"/> 18-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 50+ <input type="checkbox"/>	
Immigration Status: Permanent Resident <input type="checkbox"/> Convention Refugee <input type="checkbox"/> CUAET <input type="checkbox"/> Other (ineligible) <input type="checkbox"/>			
Country of Origin:		Year of arrival in Canada:	

CAREER INFORMATION

Desired sector or occupation in Canada:				
Occupation in country of origin:			# of years working in occupation in country of origin:	
Work experience in the past 5 years:				
JOB TITLE	COMPANY NAME	LOCATION	START YEAR	END YEAR

EDUCATIONAL INFORMATION

Highest level of education completed:	
Elementary School <input type="checkbox"/> Secondary School <input type="checkbox"/> College/University <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Other: <input type="checkbox"/>	
Specialization:	Country:
Current employment/education situation (check all that apply):	
Unemployed <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed full-time <input type="checkbox"/> Part-time education (including LINC/ESL) <input type="checkbox"/> Full-time education <input type="checkbox"/>	

ADDITIONAL INFORMATION

Services currently being used (check all that apply):		
Employment services <input type="checkbox"/>	Vocational/professional training <input type="checkbox"/>	C of Q exam preparation <input type="checkbox"/>
Settlement services <input type="checkbox"/>	English language training <input type="checkbox"/>	Other language training <input type="checkbox"/>
Service provider (organization/school):		

ADDITIONAL INFORMATION (continued)Primary mode of transportation: Own vehicle Bus Other:

Canadian Language Benchmark (if known):

Date of most recent language assessment (if applicable):

Are you available and willing to attend class Monday to Friday 9AM-4PM for 4 weeks?

YES NO

Are you legally entitled to work and study and available to begin full-time employment in Canada?

YES NO **PRIVACY STATEMENT & SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

The YMCA of Three Rivers and the program funder are committed to respecting the personal privacy of individuals who provide information on Power of Trades application forms. The purpose of collecting the personal information requested in this form is to obtain your contact information and work-related data for statistical and program delivery improvement purposes. By signing this form on the space indicated below, you consent to the use of the personal information that you have provided for that purpose. Your personal information, as provided, will only be shared with the staff and partners of the YMCA of Three Rivers, and will not be disclosed without your consent.

Signature

Date

Please sign and complete this form, and return by e-mail or in person to:

Power of TradesChaplin Family YMCA Cambridge, 250 Hespeler Rd,
Cambridge, ON.Phone: 226 448 0637
marian.rozman@ytr.ymca.ca

Power of Trades staff will contact you to book an interview after receiving your application.

Please bring proof of immigration status to your interview**STAFF USE ONLY**

Interview Date

Time

Language Assessment Date :

Time

Contact attempts
(date/outcome)

1.

2.

3.

Funded by:

Immigration, Refugees
and Citizenship CanadaImmigration, Réfugiés
et Citoyenneté Canada