

Power of Trades

Participant Application Form

APPLICANT INFORMATION									
First name:				Last name:					
How did you hear about Power of Trades?									
Address:					Apt. #:				
City:				rovince:	Postal code:				
Phone:		E-mail:							
Gender: Female Male Other Age: under 18 18-35 36-50 50+									
Immigration Status: Permanent Resident Convention Refugee CUAET Other (ineligible)									
Country of Origin:				Year of arrival in Canada:					
CAREER INFORMATION									
Desired sector or occupation in Canada:									
Occupation in country of origin:	orking in occupation in co	ng in occupation in country of origin:							
Work experience in the past 5 years:									
JOB TITLE	COMPANY NAME			LOCATION		START YEAR	END YEAR		
						l	1		
EDUCATIONAL INFORMATION									
Highest level of education completed:									
Elementary School Secondary School College/University Trade Certificate Other:									
Specialization: Country:									
Current employment/education situation (check all that apply):									
Unemployed Employed part-time Employed full-time Part-time education (including LINC/ESL) Full-time education Full-time education Imployed full-time education Imployed full-time Full-time education Imployed full-time Imployed full-time education Imployed full-time Imployed full-ti									
ADDITIONAL INFORMATION									
Services currently being used (check all that apply):									
Employment services	Vocational/professional training [C of Q exam preparation					
Settlement services	English lang	uage trainir	Other language training						
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?								
Are you legally entitled to work and study and available to begin full-time employment in Canada?								
PRIVACY STATEM								
I certify that my answer	rs are true	and complete to the best of my knowledg	e.					
The YMCASWO 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 YMCASWO, 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 Trades								
	500 Victoria Avenue, Windsor, ON.							
519-258-9622 Ext. 2648								
	aaron.csele@swo.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				Tir	ime			
Contact attempts (date/outcome)		1.	2.		3.			
Funded by:								

Immigration, Refugees and Citizenship Canada et Citoyo

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