



SOUTH SHORE WORK ACTIVITY PROGRAM

"Turning Abilities Into Opportunities"

Application for Admission

SECTION 1

PERSONAL INFORMATION

Name: _____

Address: _____

_____ Postal Code: _____

Email: _____ Date of Birth: _____

Phone Number: _____ Cell Number: _____

Social Insurance Number: _____ Sex: Male Female Other

SECTION 2

LIFE SITUATION

Marital Status: _____ Dependents: Yes No

Names & Relationship (s) of dependents: _____

If you have children, do you have available child care? Yes No

Do you live: Alone With Parents With Spouse/Partner
 Roommate Children Other: _____

How well do you get along with the people you live with?

Very Well Quite Well Poorly Very Poorly

Do you have a life situation or circumstance that affects your ability to work or participate in training?

Do you presently have or within the last 3 years have had contact with any of the following agencies:

Please check all that apply

- Addiction Services Mental Health Services Correctional Services
 Probation Office Family & Children's Services Community Services

Have you ever been convicted of an offense of which you were not granted a pardon? Yes No

Do you have charges pending? Yes No

Are you on probation or parole? Yes No

Are you bondable? Yes No

Are there any specific restrictions on your availability that will impact/limit work options and, or your ability to participate in training? Yes No

If yes, please describe: _____

SECTION 3**HEALTH & DISABILITY INFORMATION**

Do you have health or physical problems that may affect the type of work you might be able to do or your ability to participate in training full time?

Yes No Unsure

If you answered yes to the previous question, what is the maximum number of hours per week that you can work or attend training? _____

Do you have a mental health issue that affects/limits your ability to work or participate in training?

Yes No Unsure

If you have a disability, what is your primary disability type? _____

If you have a disability that limits work, what is the maximum number of hours per week that you can work or attend training? _____

Are you currently receiving any treatments or are on medications that could affect/limit your ability to work or participate in training? Yes No

Please list all current medications:

Are you under the care of a medical professional or community worker? Yes No

Family Doctor: _____ Phone Number: _____

Community Worker: _____ Phone Number: _____

Do you require any particular accommodations or devices in order to secure employment or attend training? Yes No Please explain, _____

Have you ever had to leave work or school because of your health issue or disability? _____

SECTION 4**EDUCATION BACKGROUND**

Do you have a Grade 12 or GED? Yes No Year Attained: _____

If no, Highest Grade completed: _____ Year: _____ School: _____

What subject did you like the best? _____

What subject did you not do well in? _____

If you left school before completing grade 12, please explain why: _____

Have you completed any training programs outside of school? Yes No

If yes, please describe: _____

Are you interested in continuing your education? Yes No

SECTION 5**WORK EXPERIENCE**

Starting with the present, go back three (3) years and describe what you have done. Include all **jobs** as well as **volunteer work**. Also include all **time in school, training courses**, time receiving **employment insurance and income assistance**.

Employer/School/Agency	Type of Work	Start Date	End Date

Are you currently unemployed? Yes No

Where have you looked for work in the last three (3) months? (Circle all that apply)

Newspaper Door to door Employment Centre Internet

Resume Mail Out Job Bank Job Fair

If you have not looked for work, please explain why: _____

Describe any hobbies you have: _____

Do you have any ideas about what type of work you would like to be doing? Yes No

If you have ideas, please list them: _____

SECTION 6**INCOME SUPPORT**

- Income Support – Dep't of Community Services
- EI Benefits
- Canada Pension (Disability or Orphan's Allowance)
- Worker's Compensation Benefits
- Employment Services Support
- Employment Income
- Rely on Family Supports

Case Worker: _____

Claim Expiry Date: _____

Case Worker _____

Employer: _____

SECTION 7	LEGAL CONFLICTS
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Have you ever been in conflict with the law? Yes No

If yes, please provide the following information:

Charge	Date	Outcome/Sentence

Do any of the following apply to you?

- Probation
 Parole Order
 Peace Bond
 Unpaid Fines
 Unresolved Charges
 Incomplete community service hours
 Unpaid restitution

SECTION 8	RELEASE OF INFORMATION
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I understand that all information on this application will be treated as confidential and that it will be used to determine my eligibility as a candidate for the South Shore Work Activity Program. I certify that it is correct to the best of my knowledge and I permit the South Shore Work Activity Program to check this information as they require. Specifically, I consent to allow South Shore Work Activity Program to contact the following individuals or agencies to receive relevant information from my records as part of its consideration of my application and participation should I be accepted.

Agency Name or Worker Name	Applicant's Initials
e.g.: Dep't of Community Services - Bob Jones	JDM

Emergency Contact Name and Phone Number: _____

COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

COLLECTION: Personal information provided with your intake form/application for funding is collected under the authority of the *Nova Scotia Freedom of Information & Protection of Privacy Act* and the *Employment Insurance Act of Canada* and will be used only for the administration of the service for which you are applying.

DISCLOSURE: The personal information collected will only be used and disclosed in keeping with the access and privacy provisions of the *Nova Scotia Freedom of Information and Protection of Privacy Act* and the *Nova Scotia Personal Information International Disclosure Protection Act*. Such uses may include: determining services appropriate to the needs of the client, determining eligibility for programs and funding, ensuring compliance with funding agreement terms, case management, tracking progress during an agreement funded by the Nova Scotia Department of Community Services and to provide statistical information to agencies providing funding support to the services offered.

ACCESS: Under the privacy provisions of the *Nova Scotia Freedom of Information and Protection of Privacy Act* individuals have the right to protection of, and access to, their personal information. To obtain access to, or correction of personal information used and collected, individuals must submit a written request to the Nova Scotia Department of Community Services. Requests should be directed to the Department of Community Services Agreement Manager.

I acknowledge that I have read and understand the above information regarding the collection, use and disclosure of my personal information:

Client Name (Please Print) _____

Client Signature

Date