



SOUTH SHORE WORK ACTIVITY PROGRAM

"Turning Abilities Into Opportunities"

Application for Admission

Please complete as many parts of this application as you can. Your referring agency or our Program Leader will help you complete the parts that you are unsure about.

SECTION 1

PERSONAL INFORMATION

Name: _____

Address: _____

_____ Postal Code: _____

Check here if you do not have a permanent address.

Email: _____ Date of Birth: _____

Phone Number: _____ Cell Number: _____

Social Insurance Number: _____

SECTION 2

LIFE SITUATION

Marital Status: _____ Dependents: Yes No

Names & Relationship (s) of dependents: _____

If you have children, do you have available childcare during weekdays? 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? If so, please explain:

Do you presently have or within the year have you had contact with any of the following agencies?

Please check all that apply:

- Child Protection (Community Services) Mental Health and Addiction Services Correctional Services
 Probation Office Disability Supports (Community Services) Income Assistance (DCS)

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

How many days per week are you able to attend the Work Activity Program? 5 4 3 or less

If less than 5, please explain why: _____

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 or have you been told you have a disability? Yes No

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

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

Family Doctor: _____ Phone Number: _____

Community/Support Worker: _____ Phone Number: _____

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

SECTION 4 EDUCATION BACKGROUND

What is the highest grade completed in school: Grade _____ What year: _____

School: _____

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 list: _____

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 Agency Internet
 Résumé Mail Out Job Bank Job Fair

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

List 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 Case Worker: _____
- EI Benefits Claim Expiry Date: _____
- Canada Pension (Disability or Orphan’s Allowance)
- Worker’s Compensation Benefits
- Employment Support Services Case Worker _____
- Employment Income Employer: _____
- Rely on Family Supports

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

Do any of the following apply to you?

Please check any that apply:

- 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	<i>JDM</i>

Emergency Contact Name and Phone Number: _____

Applicant Signature

Date