

<h2 style="margin: 0;">GIRLS INC. FOCUS PROGRAM PARTICIPANT APPLICATION</h2>	Date received (m/d/yr): _____ Initials: _____
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Last name: _____ First name: _____ Initial: _____

Address: _____
 City: _____
 Postal Code: _____
 Phone #: _____
 Email: _____
 Do you live near a bus route? Yes No
 Do you have a Driver's License? Yes No
 If yes, what type? _____
 Do you have a reliable vehicle? Yes No
 Do you have any children? Yes No
 If yes, how many and their ages: _____

Date of birth (m/d/yr): _____
 Age: _____
 Do you have a health card? Yes No
 Do you have a S.I.N. card? Yes No
 If yes, may we have the number?
 S.I.N.: _____
 If no, have you applied for one? Yes No
 What is your first language?
 English French Other
 Are you legally entitled to work in Canada?
 Yes No
 Are you: a Canadian citizen
 a Landed Immigrant
 on a Work Permit
 Other _____

SOURCE OF INCOME (check all that apply):

- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Dependent of OW / ODSP
- Workplace Safety & Insurance Board (WSIB)
- In receipt of Employment Insurance (EI)
- Other: Self Supporting
- Parents/Spouse
- Children's Aid Society
- Ministry of Corrections
- No Income

Have you applied for Employment Insurance in the past 52 weeks? Yes No

If yes, at which HRSDC office did you apply?

Is there a potential need for Special Training Supports?
 Yes No
 Specify: _____

Are you receiving service from any of the following?

- Newcomer services
- Regulatory bodies
- Language/credential assessment
- Housing services
- Counselling services
- Childcare
- Financial planning
- Other _____

How did you hear about this program/who referred you to this program: _____



<p>Where did you last have paid employment? _____</p> <p>When did you start there? (m/d/yr) _____</p> <p>When did you leave? (m/d/yr) _____</p> <p>How many hours per week did you work? _____</p> <p>Are you available to work weekends and/or evenings? Yes No</p> <p>If not, what hours are you available to work? _____</p> <p>What type of work most interests you? _____ _____ _____</p> <p>Are you currently registered in any upgrading or training program? Yes No</p> <p>If yes, please specify: High school upgrading/equivalency Literacy ESL / ALF Bridge training Pre-apprenticeship Other government training</p>	<p>What was the last school or training program you attended full time (15 hrs/wk, or more than 2 courses)? _____</p> <p>When were you last there? (m/d/yr) _____</p> <p>What grade level have you completed? Grade 8 Grade 12 Grade 9 College diploma Grade 10 University degree Grade 11 Partial college/university 1 2 3 4</p> <p>Trade certificate, please specify which trade: _____</p> <p>Where was this level of education received? in Canada outside Canada</p> <p>If outside Canada, please specify what level was achieved? _____</p> <p>Are your credentials recognized in Ontario? Yes No</p> <p>Length of time in Canada: ____yrs, ____months</p>
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I, _____, declare that all of the information on this
PRINT NAME

form is true and accurate. My date of birth is (m/d/yr) _____ and I am not attending school and not employed.

I also agree to allow Girls Inc. Limestone to collect and disclose some of this information with Service Canada. Service Canada is authorized to collect this information to assist with the administration and accountability of the Girls Inc. Focus Program.

Signature

Date

Witness

Date